Driver & Vehicle Licensing Agency

Assessing fitness to drive

– a guide for medical professionals

www.gov.uk/dvla/fitnesstodrive

March 2019

Amendments

Chapter 1: Neurology:

Narcolepsy has been characterised into Type 1 (narcolepsy) and Type 2 (narcolepsy with cataplexy).

Provoked seizures – a minimum time off driving has been stipulated following provoked seizures affecting both Group 1 and Group 2 drivers.

There has been clarification of the medical standards for fitness to drive for various brain tumours, including the use of immunotherapy or other targeted therapies.

Chapter 2: Cardiovascular:

Categorisation of myocardial infarction into Type and Type 2 infarction

Clarification regarding coronary artery disease and Group 2 driving

Chapter 3: Diabetes mellitus:

Introduction of guidance for the use of continuous glucose monitoring systems for Group 1 driving

Advice regarding severe hypoglycaemia occurring whilst driving

Chapter 4: Psychiatric disorders:

No changes

Chapter 5: Alcohol and Drugs:

Update on guidance regarding Methadone/Buprenorphine treatment programmes

Chapter 6: Visual disorders:

Introduction of guidance for nystagmus

Chapter 7: Renal and respiratory disorders:

No changes

Chapter 8: Miscellaneous conditions:

No changes

Appendices:

Appendix G: list of mobility centres and driving assessment centres replaced with new search tool on the Driving Mobility website.

Contents

Introduction

The impact of medical conditions on driving

Driving involves a complex and rapidly repeating cycle that requires a level of skill and the ability to interact simultaneously with both the vehicle and the external environment.

Information about the environment is via the visual and auditory senses and is acted on by many cognitive processes (including short-and long-term memory, and judgement) to effect decisions for the driving task in hand. These decisions are enacted by the musculoskeletal system, which acts on the controls of the vehicle and its relation to the road and other users.

The whole process is coordinated by complex interactions involving behaviour, strategic and tactical abilities, and personality. In the face of illness or disability, adaptive strategies are important for maintaining safe driving.

Safe driving requires, among other elements, the involvement of:

- vision
- visuospatial perception
- hearing
- attention and concentration
- memory
- insight and understanding
- judgement
- adaptive strategies
- good reaction time
- planning and organisation
- ability to self-monitor
- sensation
- muscle power and control
- coordination.

Given these requirements, it follows that many body systems need to be functional for safe driving – and injury or disease may affect any one or more of these abilities. Notwithstanding this, many short term conditions do not require notification to the DVLA.

The guidelines and their development

The drivers' medical section within the DVLA deals with all aspects of driver licensing when there are medical conditions that impact, or potentially impact, on safe control of a vehicle.

To do this, the DVLA develops and works within guidance, and this publication summarises the national medical guidelines on fitness to drive. It is intended to assist doctors and other healthcare professionals in advising their patients:

- whether or not the DVLA requires notification of a medical condition
- what the licensing outcome from the DVLA's medical enquiries is likely to be.

Some of the guidelines – for example, those around diabetes mellitus, epilepsy and vision – are set against legislative requirements (see Appendix A, page 115 for details) but others are the result of advice from the six Honorary Medical Advisory Panels to the Secretary of State, which cover:

- cardiology
- neurology
- diabetes
- vision
- alcohol or substance misuse and dependence
- psychiatry.

Each panel consists of acknowledged experts in the relevant area and includes DVLA and lay membership. The panels meet biannually and, between meetings, give continual advice to the Secretary of State and the DVLA.

The medical standards are continually reviewed and updated when indicated in light of recent developments in medicine generally, and traffic medicine in particular. The most up-to-date version of this guide will always be online on GOV.UK

General information

General information

UK driver licensing

Licensing and licence groups

The UK medical standards for driver licensing refer to Group 1 and Group 2 licence holders:

- Group 1 includes cars and motorcycles
- Group 2 includes large lorries (category C) and buses (category D).

In most cases, the medical standards for Group 2 drivers are substantially higher than for Group 1 drivers. This is because of the size and weight of the vehicle and the length of time an occupational driver typically spends at the wheel.

Drivers who were awarded a Group 1 category B (motor car) licence before 1st January 1997 have additional entitlement to categories C1 (medium-sized lorries, 3.5t to 7.5t) and D1 (minibuses, 9 to 16 seats, not for hire or reward). Drivers with this entitlement retain it only until their licence expires or it is revoked for medical reasons. On subsequent renewal or reapplication, the higher medical standards applicable to Group 2 will apply.

Under certain circumstances, volunteer drivers may drive a minibus of up to 16 seats without category D1 entitlement. The DVLA outlines the rules for such circumstances on the GOV.UK website (see Driving a minibus).

Age limits for licensing

Group 1

Licences are normally valid until 70 years of age (the 'til 70 licence) unless restricted to a shorter duration for medical reasons.

There is no upper age limit to licensing, but after 70 renewal is required every 3 years.

A person in receipt of the mobility component of Personal Independence Payment can hold a driving licence from 16 years of age. (A person can't apply for PIP until their 16th birthday.)

Group 2

Group 2 entitlement to drive lorries (category C) or buses (category D) is normally given to people over 21 and is valid until the age of 45. Group 2 licences issued since 19th January 2013 are valid for a maximum of five years. Group 2 licences must be renewed every 5 years or at age 45 whichever is the earlier until the age of 65 when they are renewed annually without an upper age limit. Shorter licences may be issued for medical reasons.

There are exceptions, such as driving in the armed forces, and people of a minimum age of 18 can drive lorries and buses after gaining, or training towards, the Driver Certificate of Professional Competence (CPC).

All initial Group 2 licence applications require a medical assessment by a registered medical practitioner (recorded on the D4 form). The same assessment is required again at 45 years of age and on any subsequent reapplication.

Police, fire, ambulance and health service driver licensing

The same medical standards apply for drivers of police, fire, coastguard, ambulance and health service vehicles as they do for all drivers holding Group 1 and 2 licences. Any responsibility for determining higher medical standards, over and above these licensing requirements, rests with the individual force, service or other relevant body.

Taxi licensing

Responsibility for determining any higher standards and medical requirements for taxi drivers, over and above the driver licensing requirements, rests with Transport for London in the Metropolitan area, or the Local Authority in all other areas.

Decisions taken by employers on the use and application of the UK standards on fitness to drive in particular circumstances and as they relate to employees are for the employer to make. Any responsibility for determining higher medical standards, over and above these licensing requirements, rests with the individual force, service or other relevant body.

Interpretation of EU and UK legislation

The advice of the Honorary Medical Advisory Panels on the interpretation of EU and UK legislation and its appropriate application is made within the context of driver licensing.

Sudden disabling events

Anyone with a medical condition likely to cause a sudden disabling event at the wheel, or who is unable to control their vehicle safely for any other reason, **must not drive**.

The DVLA defines the risk of a sudden disabling event as:

- 20% likelihood of an event in 1 year for Group 1 licensing
- 2% likelihood of an event in 1 year Group 2 licensing.

These figures, while originally defined by older studies, have since been revalidated by more recent risk-of-harm calculations.

DVLA notification by drivers or healthcare professionals

Applicants and licence holders have a legal duty to:

- notify the DVLA of any injury or illness that would have a likely impact on safe driving ability (except some short-term conditions, as set out in this guide)
- respond fully and accurately to any requests for information from either the DVLA or healthcare professionals
- comply with the requirements of the issued licence, including any periodic medical reviews indicated by the DVLA.

They should also adhere, with ongoing consideration of fitness to drive, to prescribed medical treatment, and to monitor and manage the condition and any adaptations.

Doctors and other healthcare professionals should:

- advise the individual on the impact of their medical condition for safe driving ability
- advise the individual on their legal requirement to notify the DVLA of any relevant condition
- treat, manage and monitor the individual's condition with ongoing consideration of their fitness to drive
- notify the DVLA when fitness to drive requires notification but an individual cannot or will not notify the DVLA themselves.

Of course, this last obligation on professionals may pose a challenge to issues of consent and the relationship between patient and healthcare professional. The GMC and The College of Optometrists offer guidance on this which is summarised below.

In law it is the duty of the licence holder or applicant to notify the DVLA of any medical condition that may affect safe driving. This notification by people with licences issued by the DVLA (because they live in England, Scotland or Wales) may be done via GOV.UK – see **Medical conditions, disabilities and driving.**

For people with licences issued by the Driver and Vehicle Agency in Northern Ireland, the options for direct notification are given on the www.nidirect.gov.uk page on **How to tell DVA about a medical condition.**

Circumstances may arise in which a person cannot or will not notify the DVLA. It may be necessary for a doctor, optometrist or other healthcare professional to consider notifying the DVLA under such circumstances if there is concern for road safety, which would be for both the individual and the wider public.

The General Medical Council and The College of Optometrists offer clear guidance about notifying the DVLA when the person cannot or will not exercise their own legal duty to do so.

The GMC guidelines 2017 (reproduced with permission) state:

1. *In our guidance Confidentiality: good practice in handling patient information we say:*

   1. Trust is an essential part of the doctor-patient relationship and confidentiality is central to this. Patients may avoid seeking medical help, or may under-report symptoms, if they think that their personal information will be disclosed by doctors without consent, or without the chance to have some control over the timing or amount of information shared.

   60. Doctors owe a duty of confidentiality to their patients, but they also have a wider duty to protect and promote the health of patients and the public.

62. You should ask for a patient's consent to disclose information for the protection of others unless it is not safe or practicable to do so,[1] or the information is required by law. You should consider any reasons given for refusal.

64. If it is not practicable to seek consent, and in exceptional cases where a patient has refused consent, disclosing personal information may be justified in the public interest if failure to do so may expose others to a risk of death or serious harm. The benefits to an individual or to society of the disclosure must outweigh both the patient's and the public interest in keeping the information confidential.

68. If you consider that failure to disclose the information would leave individuals or society exposed to a risk so serious that it outweighs patients' and the public interest in maintaining confidentiality, you should disclose relevant information promptly to an appropriate person or authority. You should inform the patient before disclosing the information, if it is practicable and safe to do so, even if you intend to disclose without their consent.

About this guidance

2. *Doctors owe a duty of confidentiality to their patients, but they also have a wider duty to protect and promote the health of patients and the public.[2] This explanatory guidance sets out the steps doctors should take if a patient's failure or refusal to stop driving exposes others to a risk of death or serious harm.*

Fitness to drive: doctors' and patients' responsibilities

3. *The Driver and Vehicle Licensing Agency (DVLA) in England, Scotland and Wales and the Driver and Vehicle Agency (DVA) in Northern Ireland are legally responsible for deciding if a person is medically unfit to drive. This means they need to know if a person holding a driving licence has a condition or is undergoing treatment that may now, or in the future, affect their safety as a driver.*

4. *The driver is legally responsible for telling the DVLA or DVA about any such condition or treatment. Doctors should therefore alert patients to conditions and treatments that might affect their ability to drive and remind them of their duty to tell the appropriate agency. Doctors may, however, need to make a decision about whether to disclose relevant information without consent to the DVLA or DVA in the public interest if a patient is unfit to drive but continues to do so.*

Assessing a patient's fitness to drive

5. *When diagnosing a patient's condition, or providing or arranging treatment, you should consider whether the condition or treatment may affect their ability to drive safely. You should:*
   - *refer to the DVLA's guidance Assessing fitness to drive – a guide for medical professionals [4], which includes information about disorders and conditions that can impair a patient's fitness to drive*
   - *seek the advice of an experienced colleague or the DVLA's or DVA's medical adviser if you are not sure whether a condition or treatment might affect a patient's fitness to drive[5].*

Reporting concerns to the DVLA or DVA

6. *If a patient has a condition or is undergoing treatment that could impair their fitness to drive, you should:*
   a. explain this to the patient and tell them that they have a legal duty to inform the DVLA or DVA

b. tell the patient that you may be obliged to disclose relevant medical information about them, in confidence, to the DVLA or DVA if they continue to drive when they are not fit to do so

c. make a note of any advice you have given to a patient about their fitness to drive in their medical record.

7. If a patient is incapable of understanding this advice – for example, because of dementia – you should inform the DVLA or DVA as soon as practicable.

8. If a patient refuses to accept the diagnosis, or the effect of the condition or treatment on their ability to drive, you can suggest that they seek a second opinion, and help arrange for them to do so. You should advise the patient not to drive in the meantime. As long as the patient agrees, you may discuss your concerns with their relatives, friends or carers.

9. If you become aware that a patient is continuing to drive when they may not be fit to do so, you should make every reasonable effort to persuade them to stop. If you do not manage to persuade the patient to stop driving, or you discover that they are continuing to drive against your advice, you should consider whether the patient's refusal to stop driving leaves others exposed to a risk of death or serious harm. If you believe that it does, you should contact the DVLA or DVA promptly and disclose any relevant medical information, in confidence, to the medical adviser.

10. Before contacting the DVLA or DVA, you should try to inform the patient of your intention to disclose personal information. If the patient objects to the disclosure, you should consider any reasons they give for objecting. If you decide to contact the DVLA or DVA, you should tell your patient in writing once you have done so, and make a note on the patient's record.

Responding to requests for information from the DVLA or the DVA

11. If you agree to prepare a report or complete or sign a document to assist the DVLA's or the DVA's assessment of a patient's fitness to drive, you should do so without unreasonable delay.

See the full guidance at the GMC website, **Confidentiality: patients' fitness to drive and reporting concerns to the DVLA or DVA (2017)**.

The College of Optometrists offers similar guidance, available in full at its website under the **confidentiality section** of its Guidance for Professional Practice (use the subsection on 'disclosing information about adults without their consent').

This guidance includes the following (reproduced with permission of The College of Optometrists):

(C73) If you think the patient may be engaging in an activity where they pose a very real risk of danger to the public or themselves, such as the patient driving when they are not fit to drive, but you are not sure whether you should act, ask yourself:

1. what might the outcome be in the short or longer term if I do not raise my concern?

2. how could I justify why I did not raise the concern?

(C74) If you decide to proceed, you should:

1. first advise the patient that they are unfit to engage in the activity in question and give the reasons

2. advise the patient to tell the appropriate authority

3. put your advice in writing to the patient, if appropriate

4. keep a copy of any correspondence to the patient on the patient record.

Notification can be provided by healthcare professionals in the above circumstances, in confidence:

medadviser@dvla.gov.uk

Telephone: 01792 782337
Medical Business Support
D7 West
DVLA
Swansea
SA6 7JL

How the DVLA responds to notification and applies the medical standards

Once the DVLA is notified of a medical condition and obtains consent, it will make medical enquiries as required.

The Secretary of State (in practice, the DVLA) is unable to make a licensing decision until all the relevant medical information is available and has been considered. Exceptions to this do exist, specifically the DVLA's ability to revoke a licence immediately in the interests of road safety and without detailed enquiry if individual case circumstances dictate this.

The DVLA's medical enquiries procedure is generally a two-stage process:

1. Information on the medical condition is sought from the licence holder or applicant, either by paper questionnaire or online
2. Information is sought from relevant healthcare professionals, either by questionnaire or provision of medical notes.

In some circumstances the DVLA will require independent review by a DVLA-appointed doctor or optician/optometrist. Depending on individual circumstances, a licence applicant may also require a driving assessment and/or appraisal.

Driving during medical enquiries

The time taken to obtain all necessary reports can be lengthy but a licence holder normally retains entitlement to drive under Section 88 of the Road Traffic Act 1988. However, a driver whose last licence was revoked or refused because of a medical condition or is a High Risk Offender re-applying after a drink/drive disqualification from 1 June 2013 would not, however, be eligible to drive until they are issued with a new licence.

The driver may be covered to drive but this carries implications for road safety in that the licence holder may continue to drive with a medical condition that, on completion of the DVLA's enquiries, may ultimately result in licence withdrawal.

It is for the patient to assure themself that they are fit to drive. Medical professionals asked for an opinion about a patient's fitness to drive in these circumstances should explain the likely outcome by reference to this guide. The final decision in relation to driver licensing will, however, rest with the DVLA.

By reference to the DVLA's guidance, the doctor in charge of an individual's care should be able to advise the driver whether or not it is safe for them to continue to drive during this period.

Patients must be reminded that if they choose to ignore medical advice to stop driving this may affect their insurance cover. Doctors are advised to formally and clearly document the advice given.

The DVLA is solely reliant on doctors and other healthcare professionals for the provision of medical information. To make timely licensing decisions that impact on the safety of the individual and the public, the DVLA needs information to be provided as quickly as possible.

When the DVLA holds all relevant information, a decision can then be made as to whether or not the driver or applicant satisfies the national medical guidelines and the requirements of the law. A licence is accordingly issued or refused/revoked.

Outcome of medical enquiries

The DVLA does not routinely tell doctors of the outcome of a medical enquiry. Drivers are always informed of the outcome, either by being issued a licence or by notification of a refusal or revocation.

For cases in which the driver may not have the insight and/or memory function to abide by the refusal or revocation of their licence – for example, in cognitive impairment, dementia or a mental health condition – the DVLA would usually send a decision letter to the GP.

When a notification is received from a doctor in accordance with the GMC guidelines, unless relevant to one of these conditions affecting mental capacity, the DVLA will send an acknowledgement letter only to the GP, to confirm receipt of the original notification.

Medical notification form for use by healthcare professionals

The **medical notification form** for use when patients cannot or will not notify the DVLA themselves is available, for use by healthcare professionals only, on GOV.UK. This form is only for patients living in England, Scotland or Wales who hold a driving licence issued by the DVLA.

The completed form should be returned to:

medadviser@dvla.gov.uk

Medical Business Support
D7 West
DVLA
Swansea
SA6 7JL

For patients living in Northern Ireland who cannot or will not self-notify, please use these contact details:

dva@doeni.gov.uk

Telephone: 0300 200 7861

Drivers Medical Section
Driver and Vehicle Agency
Castlerock Road
Waterside
Coleraine
BT51 3TB

Please fill in all parts of the DVLA's medical notification form in relation to the medical condition of your patient. Parts A and B are for your patient's and your own details, including your signed and dated declaration that all details are correct to the best of your knowledge.

Part C of the form should be completed in all fields and providing as much detail as possible regarding your patient's medical condition. You may send clinic letters with this notification, to help provide details of your patient's medical condition or if you think it will aid the licensing decision.

Please note, your patient can request copies of any medical documents held at the DVLA unless you specify in writing that releasing this information could cause serious harm to your patient.

The DVLA cannot be responsible for the payment of any fee associated with notification.

Obtaining advice from the DVLA on fitness to drive

Contacting the DVLA's medical advisers

Doctors and other healthcare professionals are always welcome to write, fax, email or speak (by telephone between 10.30am and 1pm from Monday to Friday) to one of the DVLA's medical advisers.

Advice may be sought about a particular driver identified by a unique reference number, or about fitness to drive in general.

If the telephone service is busy, you will be able to leave a message for one of the medical advisers to call back.

The contact details for such enquiries in England, Scotland and Wales are:

medadviser@dvla.gov.uk

Telephone: 01792 782337

Fax: 01792 761104

The Medical Adviser
Drivers Medical Group
DVLA
Swansea
SA99 1DA

Please note that this service is for medical professionals only.

The contact details for enquiries in Northern Ireland are:

Telephone: 0300 200 7861

Drivers Medical Section

Driver and Vehicle Agency
Castlerock Road
Waterside
Coleraine
BT51 3TB

Seat belt use and exemption

The law makes it compulsory for car occupants to wear seatbelts where fixed. Exemption on medical grounds requires a valid exemption certificate to confirm that, in a medical practitioner's view, exemption is justified. Exemption will require careful consideration in view of extensive evidence for the safety implications of seatbelts in reducing casualty rates.

The guidance leaflet 'Medical exemption from compulsory seat belt wearing' is on GOV.UK.

01 Neurological disorders

Serious neurological disorders

Changes to Annex III to the EC Directive 2006/126/EC require that driving licences **may not** be issued to, or renewed for, applicants or drivers who have a serious neurological disorder unless there is medical support from their doctors.

A serious neurological disorder is considered as:

- any condition of the central or peripheral nervous system presently with, or at risk of progression to a condition with, functional (sensory (including special senses), motor and/or cognitive) effects likely to impact on safe driving.

Further information relating to specific functional criteria is provided on:

- specific neurological conditions in this chapter (Neurology)
- cognitive and related conditions in Chapter 4
- visual conditions and disorders in Chapter 6
- excessive sleepiness in Chapter 8.

When considering licensing for these customers, the functional status and risk of progression will be considered. A short term medical review licence is generally issued when there is a risk of progression.

Epilepsy and seizures

Appendix B, page 116 sets out the relevant regulations.

The following definitions apply:

- epilepsy encompasses all seizure types, including major, minor and auras
- if within a 24-hour period more than one epileptic event occurs, these are treated as a single event for the purpose of applying the epilepsy and seizure regulations.
- from a licensing perspective, epilepsy means 2 or more unprovoked seizures over a period which exceeds 24 hours
- epilepsy is prescribed in legislation as a relevant disability where there have been 2 or more epileptic seizures during the previous 5 year period
- isolated seizure means one or more unprovoked seizures within a 24 hour period, or one or more unprovoked seizures within a 24 hour period where that period of seizure has occurred more than 5 years after the last unprovoked seizure.

The following features, in both Group 1 car and motorcycle and Group 2 bus and lorry drivers, are considered to indicate a good prognosis for a person under care for a first unprovoked or isolated epileptic seizure:

- no relevant structural abnormalities on brain imaging
- no definite epileptiform activity on EEG
- support of a neurologist
- annual risk of seizure considered to be 2% or lower for bus and lorry drivers.

	Group 1 car and motorcycle	Group 2 bus and lorry
Epilepsy or multiple unprovoked seizures	Must not drive and must notify the DVLA. Driving must cease for 12 months from the date of the seizure, unless the seizure meets legal criteria to be considered as a permitted seizure (see Appendix B).	Must not drive and must notify the DVLA. The person with epilepsy must remain seizure-free for 10 years (without epilepsy medication) before licensing may be considered.
First unprovoked epileptic seizure/ isolated seizure	Must not drive and must notify the DVLA. Driving must cease 6 months from the date of the seizure, or for 12 months if there is an underlying causative factor that **may** increase risk.	Must not drive and must notify the DVLA. Driving must cease 5 years from the date of the seizure. If, after 5 years, a neurologist has made a recent assessment and clinical factors or investigation results (for example, EEG or brain scan) indicate no annual risk greater than 2% of a further seizure, the licence may be restored. Such licensing also requires that there has been no need for epilepsy medication throughout the 5 years up to the date of the licence being restored.

continued

	Group 1 car and motorcycle	Group 2 bus and lorry
Withdrawal of epilepsy medication	▲ See the special considerations below, and Appendix B, page 116 gives full guidance on withdrawing epilepsy medication.	
Provoked seizures (except related to use of alcohol or illicit drugs)	● Must not drive and must notify the DVLA. In most cases driving must cease for 6 months after the provoked seizure. See the special considerations in Appendix B and Provoked seizures.	● Must not drive and must notify the DVLA. Driving must cease for up to 5 years after the provoked seizure. See the special considerations in Appendix B and Provoked seizures.
Dissociative seizures	● Must not drive and must notify the DVLA. Licensing may be considered when the driver or applicant has been event free for 3 months. If attacks have occurred or are considered likely to occur whilst driving, a specialist's review would also be required prior to licensing.	● Must not drive and must notify the DVLA. Licensing may be considered once episodes have been satisfactorily controlled for 3 months and there are no relevant mental health issues. If high risk features, a specialist's review would be required prior to relicensing.

continued

Special considerations

Group 1 car and motorcycle

The following special considerations apply to drivers of cars and motorcycles:

1. The person with epilepsy may qualify for a driving licence if they have been free from any seizure for 1 year. This needs to include being free of minor seizures, including those that do not involve a loss of consciousness, and epilepsy signs such as limb jerking, auras and absences.
2. The person who has had a seizure while asleep must stop driving for 1 year from the date of the seizure unless point 3 or 5 apply.
3. Relicensing may be granted if the person, over the course of at least 1 year from the date of the first sleep seizure, establishes a history or pattern of seizures occurring only ever while asleep.
4. Relicensing may be granted if the person, over the course of at least 1 year from the date of the first seizure, establishes a history or pattern of seizures which affect neither consciousness nor cause any functional impairment. The person must never have experienced any other type of unprovoked seizure.
5. Regardless of preceding seizure history, if a person establishes a pattern of asleep seizures only (all seizures had onset during sleep), starting at least three years prior to licence application and there have been no other unprovoked seizures during those three years, a licence may be issued.

Overriding all of the above considerations is that the licence holder or applicant with epilepsy must not be regarded as a likely source of danger to the public while driving and that they are compliant with their treatment and follow up.

If the licensed driver has any epileptic seizure, they must stop driving immediately unless the DVLA has established that considerations 3, 4 or 5 can be met, and they must notify the DVLA.

If a licence is issued under considerations 3, 4 or 5 and the driver has a different type of seizure, they lose the concession, must stop driving, and must notify the DVLA.

Isolated seizures

An isolated seizure is an unprovoked seizure experienced by a person who has not had any other unprovoked seizures during the preceding 5 years. A person who has an isolated seizure will qualify for a driving licence if they are free from any further seizure for 6 months, unless there are clinical factors or results of investigations suggesting an underlying causative factor that may increase the risk of a further seizure, in which case 12 months is required before relicensing.

Withdrawal of epilepsy medication (see page 119 and also appendix on page 116)

Individuals should not drive whilst anti-epilepsy medication is being withdrawn and for 6 months after the last dose.

For a driver with epilepsy, if a seizure occurs within 6 months of, and because of a documented physician-advised substitution, reduction or withdrawal of anti-epilepsy medication, the regulations allow relicensing prior to the usual 12 month post-seizure period. Earlier relicensing may be considered if previously effective medication has been reinstated for at least 6 months and the driver has remained seizure free for at least 6 months.

Group 2 bus and lorry

Drivers of buses and lorries must satisfy all of the following conditions under the regulations. They must:

- hold a full ordinary driving licence
- have been free of epileptic seizures for the last 10 years
- not have taken any medication to treat epilepsy during these 10 years (there are thus no special considerations for withdrawal)
- have no continuing increased risk of epileptic seizures
- not be a source of danger whilst driving.

Isolated seizure

Drivers of buses and lorries must satisfy all of the following conditions in relation to an isolated seizure. They must:

- hold a full ordinary driving licence
- have been free of epileptic attacks for the last 5 years
- not have taken any medication to treat epilepsy or a seizure during these 5 years
- have undergone a recent assessment by a neurologist
- have no continuing increased risk of seizures.

Transient loss of consciousness ('blackouts') – or lost/altered awareness

Transient loss of consciousness (TLoC) or 'blackout' is very common – it affects up to half the population in the UK at some point in their lives. An estimated 3% of A&E presentations and 1% of hospital admissions are due to TLoC.

Road traffic collisions resulting from blackouts are two or three times more common than those resulting from seizures.

Recurrent TLoC (more than one isolated event), not including syncope, is uncommon – but always requires detailed medical assessment.

There are several causes of transient loss of consciousness:

Syncope	See pages 23-27 of this chapter
Seizure/epilepsy	See pages 18-20 of this chapter
Hypoglycaemia	See page 71 for Chapter 3 (diabetes mellitus)
Drug/alcohol	See page 88 for Chapter 5 (drugs or alcohol misuse or dependance)
Sleep disorders	See page 108, 'excessive sleepiness' in Chapter 8 (miscellaneous)
Undetermined	See pages 23-27 of this chapter, 'syncope'
Medication	See page 114, 'medication effects' in Chapter 8 (miscellaneous)

In relation to TLoC, three features are of note to medical practitioners:

- provocation
- posture
- prodrome.

In relation to road safety, however, the two most important features are:

- prodrome – are there warning symptoms sufficient in both nature and duration?
- posture – do the episodes of TLoC occur while sitting?

A prodrome must allow time for a driver to find a safe place to stop before losing consciousness. A prodrome is reliable if the signs are clear, consistent across all events and provide sufficient duration to find a safe stop, or unreliable if these are absent.

Licence holders or applicants should be informed that they must notify the DVLA when TLoC occurs while sitting.

For syncope occurring while standing or sitting, the following factors indicate high risk:

- abnormal ECG
- clinical evidence of structural heart disease.

Further investigations such as 48-hour ambulatory ECG, echocardiography and exercise testing may be indicated after specialist opinion has been sought.

Transient loss of consciousness – solitary episode

	Group 1 car and motorcycle	Group 2 bus and lorry
Typical vasovagal syncope		
While standing	May drive and need not notify the DVLA.	Must not drive and must notify the DVLA.
While sitting	May drive and need not notify the DVLA if there is an avoidable trigger which will not occur whilst driving. Otherwise must not drive until annual risk of recurrence is assessed as below 20%.	Must not drive for 3 months and must notify the DVLA. Will require investigation for identifiable and/or treatable cause.
Syncope with avoidable trigger or otherwise reversible cause (for cough syncope see page 27)		
While standing	May drive and need not notify the DVLA.	Must not drive and must notify the DVLA.
While sitting	Must not drive for 4 weeks. Driving may resume after 4 weeks only if the cause has been identified and treated. Must notify the DVLA if the cause has not been identified and treated.	Must not drive for 3 months. Driving may resume after 3 months only if the cause has been identified and treated. Must notify the DVLA if the cause has not been identified and treated.
Unexplained syncope, including syncope without reliable prodrome		
This diagnosis may apply only after appropriate neurological and/or cardiological opinion and investigations have detected no abnormality.		
While standing or sitting	Must not drive and must notify the DVLA. If no cause has been identified, the licence will be refused or revoked for 6 months.	Must not drive and must notify the DVLA. If no cause has been identified, the licence will be refused or revoked for 12 months.
Cardiovascular, excluding typical syncope		
While standing or sitting	Must not drive and must notify the DVLA. Driving may be allowed to resume after 4 weeks if the cause has been identified and treated. If no cause has been identified, the licence will be refused or revoked for 6 months.	Must not drive and must notify the DVLA. Driving may be allowed to resume after 3 months if the cause has been identified and treated. If no cause has been identified, the licence will be refused or revoked for 12 months.

Blackout with seizure markers

This category is for those where on the balance of probability there is clinical suspicion of a seizure but no definite evidence. Individuals will require assessment by an appropriate specialist and investigation, for example EEG and brain scan, where indicated.

The following factors indicate a likely seizure:

- loss of consciousness for more than 5 minutes
- amnesia longer than 5 minutes
- injury
- tongue biting
- incontinence
- post ictal confusion
- headache post attack.

While standing or sitting	Must stop driving and notify the DVLA. 6 months off driving from the date of the episode. If there are factors that would lead to an increased risk of recurrence, 1 year off driving would be required.	Must stop driving and notify the DVLA 5 years off driving from the date of the episode

Transient loss of consciousness – recurring episodes

Recurrent episodes of TLoC are less common than isolated episodes but the relevance to increased risk in driving cannot be overemphasised.

Recurrent TLoC is most commonly due to recurrent syncope, occurring in around 20% to 30% of patients. Recurrence of syncope is usually within three years of the first episode, and in over 80% of these cases there has been at least one additional episode within two years of the first episode.

In relation to road safety however, the two most important features of temporary loss of consciousness are:

- prodrome – are there warning signs sufficient in both nature and duration?
- posture – do the episodes of TLoC occur while sitting?

A prodrome must allow time for a driver to find a safe place to stop before losing consciousness. A prodrome is reliable if the signs are clear, consistent across all events and provide sufficient duration to find a safe stop, or unreliable if these are absent.

Recurrent pre-syncopal events should be treated (from a licensing point of view) in the same way as recurrent syncope, and should therefore be categorised according to the standards for recurrent syncope.

Licence holders or applicants should be informed that they must notify the DVLA when transient loss of consciousness occurs while sitting.

	Group 1 car and motorcycle	Group 2 bus and lorry
Recurrent typical vasovagal syncope with identifiable consistent prodrome		
While standing	May drive and need not notify the DVLA.	Must not drive and must notify the DVLA.
While sitting	Must not drive and must notify the DVLA. Must not drive until annual risk of recurrence is assessed as below 20%. May drive and need not notify the DVLA if there is an avoidable trigger which will not occur whilst driving. Otherwise must not drive until annual risk of recurrence is assessed as below 20%.	Must not drive and must notify the DVLA. Must not drive until annual risk of recurrence is assessed as below 2%. Will require investigation for identifiable and/or treatable cause.
Recurrent syncope with avoidable trigger or otherwise reversible cause (for cough syncope see page 27)		
While standing	May drive and need not notify the DVLA.	Must not drive and must notify the DVLA.

While sitting	Must not drive for 4 weeks. Driving may resume after 4 weeks only if the cause has been identified and treated. Must notify the DVLA if the cause has not been identified and treated.	Must not drive for 3 months. Driving may resume after 3 months only if the cause has been identified and treated. Must notify the DVLA if the cause has not been identified and treated.

For syncope occurring while standing or sitting, the following factors indicate high risk:

- abnormal ECG
- clinical evidence of structural heart disease.

Further investigations such as 48-hour ambulatory ECG, echocardiography and exercise testing may be indicated after specialist opinion has been sought.

	Group 1 car and motorcycle	Group 2 bus and lorry
Recurrent unexplained syncope, including syncope without reliable prodrome		
This diagnosis may apply only after appropriate neurological and/or cardiological opinion and investigations have detected no abnormality.		
While standing or sitting	Must not drive and must notify the DVLA. If no cause has been identified, the licence will be refused or revoked for 12 months.	Must not drive and must notify the DVLA. If no cause has been identified, the licence will be refused or revoked for 10 years.
Recurrent cardiovascular but excluding typical vasovagal syncope		
While standing or sitting	Must not drive and must notify the DVLA. If there are factors that would lead to an increased risk of recurrence, then 1 year off driving would be required.	Must not drive and must notify the DVLA. Driving may resume after 3 months only if the cause has been identified and treated. If no cause has been identified, the licence will be refused or revoked for 2 years.
Recurrent blackout with seizure markers		
This category is for those where on the balance of probability there is clinical suspicion of a seizure but no definite evidence. Individuals will require assessment by an appropriate specialist and investigation, for example EEG and brain scan, where indicated.		
While standing or sitting	Must stop driving and notify the DVLA. Depending on previous medical history, the standards for isolated seizure or epilepsy will apply.	Must stop driving and notify the DVLA. Depending on previous medical history, the standards for isolated seizure or epilepsy will apply.

Cough syncope

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive and must notify the DVLA. Must not drive for 6 months following a single episode and for 12 months following multiple episodes over 5 years. If more than one episode of cough syncope occurs within a 24 hour period, this will be counted as a single event. However if the episodes of cough syncope are more than 24 hours apart, these are considered as multiple episodes.	Must not drive and must notify the DVLA. Must not drive for 12 months following a single episode and 5 years following multiple episodes over 5 years. If more than one episode of cough syncope occurs within a 24 hour period, this will be counted as a single event. However if the episodes of cough syncope are more than 24 hours apart, these are considered as multiple episodes.

Primary/central hypersomnias
– including narcolepsy (type I and type II)

For other causes of excessive sleepiness, see Chapter 8 (miscellaneous conditions).

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive and must notify the DVLA. A licence may be reissued only when there has been satisfactory symptom control for at least 3 months before being considered for re-licensing. When an applicant or licence holder is not on appropriate treatment, relicensing may be considered after satisfactory objective assessment of maintained wakefulness, such as the Osler test.	Must not drive and must notify the DVLA. Relicensing may be considered subject to specialised assessment and a satisfactory objective assessment of maintained wakefulness, such as the Osler test. Must also satisfy standards as for Group 1 licensing.

Chronic neurological disorders
– including multiple sclerosis and motor neurone disease

Any chronic neurological disorder that may affect vehicle control because of impaired coordination and muscle strength.

For information on in-car driving assessments for those with a disability, see Appendix G (page 134).

	Group 1 car and motorcycle	Group 2 bus and lorry
	▲ Must notify the DVLA. May drive as long as safe vehicle control is maintained at all times. A licence valid for 1, 2, 3 or 5 years may be issued provided medical enquiries by the DVLA confirm that driving performance is not impaired. The licence may specify a restriction to cars with certain controls.	▲ Must notify the DVLA. May drive as long as safe vehicle control is maintained at all times. A licence will be refused or revoked if the individual's condition is progressive or disabling. If driving is not impaired and the underlying condition is stable, licensing will be considered on an individual basis subject to satisfactory medical reports and annual review.

Parkinson's disease

	Group 1 car and motorcycle	Group 2 bus and lorry
	▲ Must notify the DVLA. May drive as long as safe vehicle control is maintained at all times. If the individual's condition is disabling and/or there is clinically significant variability in motor function, the licence will be refused or revoked. If driving is not impaired, licensing will be considered subject to satisfactory medical reports. A licence may be issued subject to regular review.	▲ Must notify the DVLA. May drive as long as safe vehicle control is maintained at all times. If the individual's condition is disabling and/or there is clinically significant variability in motor function, the licence will be refused or revoked. If driving is not impaired, licensing will be considered subject to satisfactory medical reports and assessment. A licence may be issued subject to annual review.

Dizziness

– liability to sudden and unprovoked or unprecipitated episodes of disabling dizziness

Sudden is defined as 'without sufficient warning to allow safe evasive action when driving' and disabling is defined as 'unable to continue safely with the activity being performed'.

	Group 1 car and motorcycle	Group 2 bus and lorry
	● Must not drive on presentation and must notify the DVLA. When satisfactory control of symptoms has been achieved, relicensing may be considered for restoration of the 'til 70 licence.	● Must not drive on presentation and must notify the DVLA. If there are sudden and disabling symptoms, the licence will be refused or revoked. If an underlying diagnosis is likely to cause recurrence, the patient must be asymptomatic and completely controlled for 1 year from an episode before reapplying for their licence.

Stroke and transient ischaemic attack (TIA) – including amaurosis fugax

For Group 2 bus and lorry drivers, the guidance is the same whether concerning stroke, or single or multiple transient ischaemic attack (TIA).

	Group 1 car and motorcycle	Group 2 bus and lorry
Stroke	Must not drive but may not need to notify the DVLA. Driving may resume after 1 month if there has been satisfactory clinical recovery. The DVLA does not need to be notified unless there is residual neurological deficit 1 month after the episode and, in particular: ■ visual field defects ■ cognitive defects ■ impaired limb function. Minor limb weakness alone after a stroke will not require notification to the DVLA unless restriction to certain types of vehicle or adapted controls may be needed. With adaptations, severe physical impairment may not be an obstacle to driving. Seizures occurring at the time of a stroke or TIA, or in the ensuing 24 hours, may be treated as provoked for licensing purposes, provided there is no previous history of unprovoked seizure or cerebral pathology. Such provoked seizures will usually necessitate driving cessation. See Appendix B, page 116.	Must not drive and must notify the DVLA. A licence will be refused or revoked for 1 year following a stroke or TIA. Relicensing after 1 year may be considered if: ■ there is no debarring residual impairment likely to affect safe driving **and** ■ there are no other significant risk factors. Licensing may be subject to a satisfactory medical report, including results of exercise ECG testing. If imaging evidence shows less than 50% carotid artery stenosis and there is no previous history of cardiovascular disease, a licence may be issued without the need for functional cardiac assessment. Patients with recurrent TIAs or strokes will be required to undergo functional cardiac testing.
Single transient ischaemic attack	Must not drive for 1 month but need not notify the DVLA.	
Multiple transient ischaemic attack	Must not drive and must notify the DVLA. Multiple TIAs over a short period will require no driving for 3 months. Driving may resume after 3 months if there have been no further TIAs.	

Visual inattention

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive and must notify the DVLA. Clinically apparent visual inattention is debarring for licensing.	

Carotid artery stenosis

	Group 1 car and motorcycle	Group 2 bus and lorry
	May drive and need not notify the DVLA.	Should not drive unless, in the view of an appropriate healthcare professional, it is safe to do so. Must notify the DVLA. If the level of stenosis is severe enough to warrant surgical or radiological intervention, the requirements for exercise or other functional test must be met – see Appendix C, page 121.

Acute encephalitic illness and meningitis – including limbic encephalitis associated with seizures

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive and may need to notify the DVLA. If there are no seizures, driving may resume after complete clinical recovery and the DVLA need not be notified unless there is residual disability. If associated with seizure(s) the DVLA must be notified and driving must cease. **a.** If seizures occur during an acute febrile illness, providing there is no previous history of unprovoked seizure or pre-existing cerebral pathology, a licence will be revoked or refused for 6 months. **b.** If seizures occur during or after convalescence, or if there is a previous history of unprovoked seizure or pre-existing cerebral pathology, a licence will be refused or revoked for 12 months (see Appendix B).	Must not drive and may need to notify the DVLA. **a.** If there are no seizures, may resume driving after complete clinical recovery and need not notify the DVLA unless there is residual disability. **b.** If seizures occur the DVLA must be notified and will refuse or revoke a licence until the seizure regulations are met (see Appendix B, page 116).

Transient global amnesia

	Group 1 car and motorcycle	Group 2 bus and lorry
	▲ May drive provided epilepsy, any sequelae from head injury and other causes of altered awareness have been excluded. The DVLA does not need to be notified and a 'til 70 licence may be retained.	▲ Driving is not barred by a single confirmed episode, and the licence may be retained. Driving should stop if two or more episodes occur, and the DVLA must be notified. Specialist assessment will be required to exclude all other causes of altered awareness.

Arachnoid cysts

	Group 1 car and motorcycle	Group 2 bus and lorry
Asymptomatic and no need for treatment	■ May drive and need not notify the DVLA.	■ May drive and need not notify the DVLA.
Treated by craniotomy and/or endoscopically	● Must not drive for 6 months and must notify the DVLA.	● Must not drive and must notify the DVLA. Relicensing may be considered after 2 years following treatment, provided there is no debarring residual impairment likely to affect safe driving.

Colloid cysts

	Group 1 car and motorcycle	Group 2 bus and lorry
Asymptomatic and no need for treatment	■ May drive and need not notify the DVLA.	▲ Must notify the DVLA. May drive unless prophylactic medication for seizures is prescribed, in which case an individual assessment will be required.
Treated by craniotomy and/or endoscopically	● Must not drive for 6 months and must notify the DVLA.	● Must not drive and must notify the DVLA. Relicensing may be considered after 2 years following treatment, provided there is no debarring residual impairment likely to affect safe driving.

Pituitary tumour

	Group 1 car and motorcycle	Group 2 bus and lorry
Treated by craniotomy	Must not drive and must notify the DVLA. Driving may resume after 6 months provided there is no visual field defect. If there is visual field loss, see Chapter 6, visual disorders.	Must not drive and must notify the DVLA. Driving will remain prohibited for 2 years.
No need for treatment, or treated by transsphenoidal surgery or therapy such as drugs or radiotherapy	Must not drive but need not notify the DVLA. Driving may resume on recovery provided there is no debarring visual field defect.	Must not drive but need not notify the DVLA. Driving may resume on recovery provided there is no debarring visual field defect.

Benign brain tumours

	Group 1 car and motorcycle	Group 2 bus and lorry
Benign supratentorial non-parenchymal tumour (WHO grade I meningioma, for example)		
Treated by craniotomy	Must not drive and must notify the DVLA. Driving may resume after 6 months provided there is no debarring residual impairment likely to affect safe driving, and no history of seizures. If the tumour has been associated with seizures, driving must cease for 12 months following surgery and 12 months from the date of the most recent seizure.	Must not drive and must notify the DVLA. The licence will be refused or revoked. In the absence of any seizures and with evidence of complete tumour removal, relicensing may be considered 5 years after the surgery. If the tumour is associated with seizure, relicensing will not be considered until 10 years after surgery, provided these years are free from seizures without epilepsy medication. Specialist assessment may be required.
Treated by stereotactic radiosurgery	Must not drive and must notify the DVLA. Driving may resume after 1 month provided there is no debarring residual impairment likely to affect safe driving.	Must not drive and must notify the DVLA. The licence will be refused or revoked. Provided there is evidence of stability on imaging, relicensing may be considered 3 years from completion of the primary tumour treatment.

continued

	The regulations (see Appendix B, page 116) apply if there is relevant seizure history.	If the tumour is associated with seizure, relicensing will not be considered until 10 years after surgery, provided these years are free from seizures without epilepsy medication. Specialist assessment may be required.
Treated by fractionated radiotherapy	Must not drive and must notify the DVLA. Driving may resume on completion of treatment provided there is no debarring residual impairment likely to affect safe driving. The regulations (see Appendix B, page 116) apply if there is relevant seizure history.	Must not drive and must notify the DVLA. The licence will be refused or revoked. Provided there is evidence of stability on imaging, relicensing may be considered 3 years from completion of the primary tumour treatment. If the tumour is associated with seizure, relicensing will not be considered until 10 years after surgery, provided these years are then free from seizures without epilepsy medication. Specialist assessment may be required.
WHO grade II meningiomas treated with craniotomy and/or radiosurgery and/or radiotherapy		
	Must not drive and must notify the DVLA. Driving may resume 1 year after completion of treatment. The regulations (see Appendix B, page 116) apply if there is relevant seizure history.	Must not drive and must notify the DVLA. The licence will be refused or revoked. In the absence of any seizures and with evidence of complete tumour removal, the DVLA may consider relicensing 5 years after the surgery. If the tumour is associated with seizure, relicensing will not be considered until 10 years after surgery, provided these years are then free from seizures without epilepsy medication.
Asymptomatic incidental meningiomas not needing treatment		
	May drive and need not notify the DVLA.	Must not drive and must notify the DVLA. The licence will be refused or revoked. Relicensing may be considered after 2 scans performed 12 months apart show no growth. Individual assessment will be considered if such lack of growth cannot be demonstrated. Licences are reissued with annual review.

Benign infratentorial tumours – for example, meningioma treated with craniotomy with or without radiotherapy		
	▲ May drive but need not notify the DVLA. Driving may resume on recovery from treatment.	● Must not drive and must notify the DVLA. Driving may resume on recovery from treatment provided that there is no debarring residual impairment likely to affect safe driving.
Asymptomatic suspected low-grade tumour		
	● Must not drive and must notify the DVLA. There will be an individual assessment for licensing with clear medical evidence and any licence will initially be under regular, usually annual, review.	● Must not drive and must notify the DVLA. The licence will be refused or revoked. Driving must cease for 12 months but relicensing may be considered after 2 scans performed 12 months apart confirm stability of the lesion.

Malignant brain tumours

– including metastatic deposits and pineal tumours

The standards will apply to first occurrence, recurrence and progression.

Supratentorial

	Group 1 car and motorcycle	Group 2 bus and lorry
WHO grade I or II glioma	● Must not drive and must notify the DVLA. Driving must cease for 6 months following a biopsy, if there has been no other treatment. Driving may resume 1 year after completion of primary treatment. Where there is imaging evidence of tumour recurrence or progression licensing may be considered if: ■ there has been a 1 year seizure free period ■ there is no clinical disease progression ■ no further primary treatment (with the exception of chemotherapy) was required for the recurrence. If these criteria cannot be met, a further 1 year off driving will be required following completion of primary treatment or following seizure. A 1 year licence will usually be considered.	● Must not drive and must notify the DVLA. The licence will be refused or revoked permanently. Except grade I pineocytoma: relicensing may be considered on an individual basis 2 years after primary treatment, provided MRI imaging is satisfactory.

WHO grade III meningioma	Must not drive and must notify the DVLA. Driving may resume 2 years after the completion of primary treatment.	Must not drive and must notify the DVLA. The licence will be refused or revoked permanently.
WHO grade III or IV gliomas, metastic deposit(s), or primary or secondary CNS lymphoma	Must not drive and must notify the DVLA. Driving may resume at least 2 years after the completion of primary treatment.	Must not drive and must notify the DVLA. The licence will be refused or revoked permanently.
Solitary metastatic deposit	Must not drive and must notify the DVLA. Relicensing may be considered 1 year after completion of the primary treatment provided there is no recurrence and no evidence of disease progression elsewhere in the body. If these criteria cannot be met then driving must cease for 2 years following completion of primary treatment.	Must not drive and must notify the DVLA. The licence will be refused or revoked permanently.
Metastatic brain disease treated by immunotherapy or other targeted therapies	Must not drive and must notify the DVLA. For drivers with supratentorial metastatic brain disease who have received or are receiving immunotherapy or other molecular targeted treatment, relicensing may be considered one year after completion of primary treatment (or one year after commencement of the targeted therapy if no other primary treatment for the intracranial disease has been given) if there is clinical and imaging evidence of disease stability or improvement, with no deterioration both intracranially and elsewhere in the body. If these criteria cannot be met driving must cease for 2 years. This standard can be applied both to isolated metastasis and to a driver with multiple brain metastases.	Must not drive and must notify the DVLA. The licence will be refused or revoked permanently.

Infratentorial

	Group 1 car and motorcycle	Group 2 bus and lorry
WHO grade I glioma	Must not drive and must notify the DVLA. Driving may resume on recovery.	Must not drive and must notify the DVLA. Relicensing will be considered on individual assessment.
WHO grade II, III or IV glioma	Must not drive and must notify the DVLA. Driving may resume 1 year (grade II) or 2 years (grades III and IV) after the completion of primary treatment.	Must not drive and must notify the DVLA. The licence will be refused or revoked permanently.
Medulloblastoma, low grade ependymoma	Must not drive and must notify the DVLA. Relicensing may be considered 1 year after completion of the primary treatment if there was complete excision, and provided there is no recurrence.	Must not drive and must notify the DVLA. Relicensing may be considered 5 years after completion of the primary treatment, provided this period is clinically disease-free, the tumour was **entirely infratentorial** and completely excised.
High-grade ependymoma, other primary malignant brain tumour, or primary or secondary CNS lymphoma	Must not drive and must notify the DVLA. Relicensing may be considered normally only after 2 years from completion of the primary treatment.	Must not drive and must notify the DVLA. The licence will be refused or revoked permanently.
Brain metastases	Must not drive and must notify the DVLA. Relicensing may be considered 1 year after completion of the primary treatment if the patient is otherwise well.	Must not drive and must notify the DVLA. Relicensing may be considered 5 years after completion of the primary treatment.
Metastatic brain disease treated by immunotherapy or other targeted therapies	Must not drive and must notify the DVLA. For drivers with infratentorial metastatic brain disease who have received or are receiving immunotherapy or other molecular targeted treatment, relicensing may be considered one year after completion of primary treatment (or one year after commencement of the targeted therapy if no other primary treatment for the intracranial disease has been given) if there is clinical and imaging evidence of disease stability or improvement, with no deterioration both intracranially and elsewhere in the body. If these criteria cannot be met driving must cease for 2 years.	Must not drive and must notify the DVLA. The licence will be revoked or refused permanently.

continued

	This standard can be applied both to isolated metastasis and to a driver with multiple brain metastases.	
Malignant intracranial tumour in childhood: survival without recurrence	▲ May apply to drive (or continue to drive) but must notify the DVLA. A 'till 70 licence is normally granted or maintained.	● Must not drive and must notify the DVLA. Licence may be granted or reissued based on individual assessment.

Acoustic neuroma/schwannoma

	Group 1 car and motorcycle	Group 2 bus and lorry
	▲ May drive and need not notify the DVLA unless there is sudden and disabling giddiness.	▲ May drive and need not notify the DVLA unless there is sudden and disabling giddiness and/or the condition is bilateral.

Brain biopsy

	Group 1 car and motorcycle	Group 2 bus and lorry
	● Must not drive and must notify the DVLA. Relicensing may be considered after 6 months if the biopsy shows insignificant (from a licensing perspective) histology and if there is no debarring residual impairment likely to affect safe driving. If a tumour is diagnosed on biopsy please refer to the relevant tumour standard.	● Must not drive and must notify the DVLA. Relicensing may be considered after a minimum of 6 months depending on individual assessment of the underlying condition and if the biopsy shows insignificant (from a licensing perspective) histology. If a tumour is diagnosed on biopsy please refer to the relevant tumour standard.

Traumatic brain injury

	Group 1 car and motorcycle	Group 2 bus and lorry
	● Must not drive but may need to notify the DVLA. Relicensing may be considered usually after 6 to 12 months dependent on features such as seizures, post-traumatic amnesia more than 24 hours, dural tear, haematoma and/or contusions seen on CT imaging.	● Must not drive and must notify the DVLA. The licence will be refused or revoked. Driving may be relicensed after the annual risk of seizure has fallen to 2% or below and provided no debarring residual impairment is likely to affect safe driving.

	There will need to have been satisfactory clinical recovery and in particular no visual field defects or cognitive impairment likely to affect safe driving. Driving can be reconsidered on recovery and DVLA need not be notified if all of the following can be satisfied: ■ there is full clinical recovery ■ there are no seizures (other than an immediate seizure at the moment of impact) ■ there is no post traumatic amnesia lasting more than 24 hours ■ there is no intracranial haematoma and/or contusion seen on CT imaging.	The Advisory Panel has suggested that by five years, and sometimes after two or three years following a head injury, when there has been a full recovery with no residual functional deficit, licensing can usually be permitted for Group 2. Driving can be reconsidered after 3 months if all of the following can be satisfied: ■ there is full clinical recovery ■ there are no seizures (other than an immediate seizure at the moment of impact) ■ there is no post traumatic amnesia lasting more than 24 hours ■ there is no intracranial haematoma and/or contusions seen on CT imaging. If there has been a small subarachnoid haemorrhage but the bullet points above can otherwise be satisfied, and there is documented evidence of a full clinical recovery, driving may resume after 6 months.

Subdural haematoma

With any procedure, if another one is also undertaken (for example, a ventriculoperitoneal shunt and a craniotomy for a haematoma), the standards for that procedure also apply, and may take precedence.

	Group 1 car and motorcycle	Group 2 bus and lorry
Spontaneous acute subdural haematoma		
Treated surgically	● Must not drive and must notify the DVLA. 6 months off driving.	● Must not drive and must notify the DVLA. At least 6 months off driving and will require an individual assessment.
Spontaneous acute subdural haematoma		
No surgical treatment	● Must not drive and must notify the DVLA. Resume driving on recovery if no underlying lesion.	● Must not drive and must notify the DVLA. At least 6 months off driving and will require an individual assessment.

Chronic subdural haematoma		
Treated with or without surgery	Must not drive and must notify the DVLA. Resume driving on recovery.	Must not drive and must notify the DVLA. 6 months is required if all of the following apply: ▪ the condition is uncomplicated ▪ there is only 1 drainage procedure ▪ there is no recurrence ▪ there are no multiple membranes seen in the haematoma All other cases require 1 year.
Traumatic subdural haematoma		
	Must not drive and must notify the DVLA. At least 6 months off driving.	Must not drive and must notify the DVLA. Please see standards above for traumatic brain injury. Refusal or revocation: May be able to return to driving when risk of seizure has fallen to no greater than 2% per annum.

Subarachnoid haemorrhage

Non-aneurysmal subarachnoid haemorrhage **This includes conditions that have different consequences for licensing including perimesencephalic SAH:** convexity SAH/cortical superficial siderosis causing transient focal neurological events often attributed to CAA, and sometimes known as 'amyloid spells' and reversible cerebral vasoconstriction syndrome.		
	Must not drive and must notify the DVLA. Will need clinical confirmation of recovery and, if no other cause has been identified, a documented normal cerebral angiogram.	Must not drive and must notify the DVLA. Relicensing may be considered after 6 months provided comprehensive cerebral angiography is normal, and if no other cause has been identified, and no debarring residual impairment is likely to affect safe driving.
With intracranial aneurysm		
Intervention not currently needed	Must not drive until clinical confirmation of recovery but need not notify the DVLA.	Must not drive and must notify the DVLA. The licence will be refused or revoked permanently.

continued

	Group 1 car and motorcycle	Group 2 bus and lorry
With intracranial aneurysm – non-middle cerebral artery		
Treated by craniotomy	Must not drive but need not notify the DVLA. Driving may resume following clinical recovery.	Must not drive and must notify the DVLA. Relicensing may be considered after 1 year if the patient scored below 2 on the modified Rankin Scale (MRS) at 2 months. If the MRS score is 2 or higher at 2 months, relicensing will not be considered until after 2 years, and will require no debarring residual impairment likely to affect driving.
Treated endovascularly	Must not drive but need not notify the DVLA. Driving may resume following clinical recovery.	Must not drive and must notify the DVLA. Relicensing may be considered after 6 months if the patient scored below 2 on the modified Rankin Scale (MRS) at 2 months. If the MRS score is 2 or higher at 2 months, relicensing will not be considered until after 2 years, and will require no debarring residual impairment likely to affect driving.
With intracranial aneurysm – middle cerebral artery		
Treated by craniotomy	Must not drive but need not notify the DVLA. Driving may resume following clinical recovery.	Must not drive and must notify the DVLA. Relicensing may be considered after 2 years if the patient scored below 2 on the modified Rankin Scale (MRS) at 2 months. If the MRS score is 2 or higher at 2 months, the licence will be refused or revoked. Relicensing will not be considered until after at least 2 years and a specialist assessment. Annual seizure risk should be no greater than 2% and there should be no residual impairment likely to affect driving.

continued

Treated endovascularly	Must not drive but need not notify the DVLA. Driving may resume following clinical recovery.	Must not drive and must notify the DVLA. Relicensing may be considered after 2 years if the patient scored below 2 on the modified Rankin Scale (MRS) at 2 months. If the MRS score is 2 or higher at 2 months, the licence will be refused or revoked. Relicensing will not be considered until after at least 2 years and a specialist assessment. Annual seizure risk should be no greater than 2% and there should be no residual impairment likely to affect driving.

Intracranial aneurysm

– truly incidental finding without haemorrhage

	Group 1 car and motorcycle	Group 2 bus and lorry
Treatment not currently needed	Must not drive until clinical confirmation that there are no debarring residual impairments likely to affect safe driving but need not notify the DVLA.	Must not drive and must notify the DVLA. Relicensing may be considered if: ■ an aneurysm in the anterior circulation (excluding cavernous carotid) is less than 13 millimetres in diameter ■ an aneurysm in the posterior circulation is less than 7 millimetres in diameter.
Treated by craniotomy	Must not drive but need not notify the DVLA. Driving may resume following clinical recovery.	Must not drive and must notify the DVLA. Relicensing may be considered after 1 year.
Treated endovascularly	Must not drive but need not notify the DVLA. Driving may resume following clinical recovery.	Must not drive but need not notify the DVLA. Driving may resume following clinical recovery provided there are no complications from the procedure.

Arteriovenous malformation (AVM)

With any of the procedures, if another is also undertaken (for example, a ventriculoperitoneal shunt or a craniotomy for a haematoma) the standards for that procedure also apply and may take precedence.

Supratentorial

	Group 1 car and motorcycle	Group 2 bus and lorry
Intracerebral haemorrhage due to supratentorial AVM		
Treatment not currently needed	Must not drive but need not notify the DVLA. Driving may resume after 1 month provided there is no debarring residual impairment likely to affect safe driving.	Must not drive and must notify the DVLA. The licence will be refused or revoked permanently.
Treated by craniotomy	Must not drive and must notify the DVLA. Relicensing may be considered after 6 months if there is no debarring residual impairment likely to affect safe driving.	Must not drive and must notify the DVLA. The licence will be refused or revoked. Relicensing may be considered after 10 years free of seizure since the last definitive treatment **and** the lesion was completely removed or ablated. There must be no debarring residual impairment likely to affect safe driving.
Treated by embolisation	Must not drive but need not notify the DVLA. Driving may resume after 1 month provided there is no debarring residual impairment likely to affect safe driving.	Must not drive and must notify the DVLA. The licence will be refused or revoked. Relicensing may be considered after 10 years free of seizure since the last definitive treatment and the lesion was completely removed or ablated. There must be no debarring residual impairment likely to affect safe driving.
Treated by stereotactic radiotherapy	Must not drive but need not notify the DVLA. Driving may resume after 1 month provided there is no debarring residual impairment likely to affect safe driving.	Must not drive and must notify the DVLA. The licence will be refused or revoked. Relicensing may be considered after 5 years free from seizure since the last definitive treatment and if the lesion was completely removed or ablated. There must be no debarring residual impairment likely to affect safe driving.

continued

Incidental finding of supratentorial AVM (with no history of intracranial bleed)		
Treatment not currently needed	May drive and need not notify the DVLA.	Must not drive and must notify the DVLA. The licence will be refused or revoked permanently.
Treated by surgery or other mode	Must not drive and must notify the DVLA. As for intracerebral haemorrhage due to supratentorial AVM.	Must not drive and must notify the DVLA. The licence will be refused or revoked. As for intracerebral haemorrhage due to supratentorial AVM.

Infratentorial AVM

	Group 1 car and motorcycle	Group 2 bus and lorry
Intracranial haemorrhage due to infratentorial AVM		
Treatment not currently needed	May drive and need not notify the DVLA. Driving may resume after 1 month provided there is no debarring residual impairment likely to affect safe driving.	Must not drive and must notify the DVLA. The licence will be refused or revoked permanently.
Treated by craniotomy	May drive and need not notify the DVLA. Driving may resume after 1 month provided there is no debarring residual impairment likely to affect safe driving.	Must not drive and must notify the DVLA. The licence will be refused or revoked. Relicensing may be considered without the need for review on confirmation of complete obliteration provided there is no debarring residual impairment likely to affect safe driving.
Treated by embolisation or stereotactic radiotherapy	May drive and need not notify the DVLA. Driving may resume after 1 month provided there is no debarring residual impairment likely to affect safe driving.	Must not drive and must notify the DVLA. The licence will be refused or revoked. Relicensing may be considered without the need for review on confirmation of complete obliteration provided there is no debarring residual impairment likely to affect safe driving.

continued

Incidental finding of infratentorial AVM		
Treatment not currently needed	May drive and need not notify the DVLA.	Must not drive and must notify the DVLA. Relicensing may be considered on an individual assessment.
Treated by surgery or other mode	May drive and need not notify the DVLA. There must be no debarring residual impairment likely to affect safe driving.	Must not drive and must notify the DVLA. The licence will be refused or revoked. Relicensing may be considered without the need for review on confirmation of complete obliteration provided there is no debarring residual impairment likely to affect safe driving.

Dural arteriovenous fistula

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive and must notify the DVLA. Relicensing may be considered on an individual assessment.	Must not drive and must notify the DVLA. Relicensing may be considered on an individual assessment.

Cavernous malformation

Cavernomas are also known as cavernous malformations, cavernous angiomas, or cavernous haemangiomas. They are all surrounded by haemosiderin on brain MRI, but this does not necessarily imply that they have 'bled' in the past. The risk of events that might affect driving differs according to cavernoma location (brainstem versus other locations) and symptoms attributable to the cavernoma (stroke versus epileptic seizure versus no symptoms). A person's age, the number of cavernomas, and the size of the cavernoma do not seem to affect these risks.

With multiple cavernomas, licensing restrictions differ according to cavernoma location, symptoms, or treatment. The most restrictive guidance will apply.

continued

Supratentorial cavernoma

	Group 1 car and motorcycle	Group 2 bus and lorry
Incidental finding, no surgical treatment	May drive and need not notify the DVLA.	May drive and need not notify the DVLA.
With seizure, no surgical treatment	Must not drive and must notify the DVLA. The regulations (see Appendix B, page 116) apply if there is a history of seizure.	Must not drive and must notify the DVLA. The regulations (see Appendix B, page 116) apply if there is a history of seizure.
With haemorrhage and/or focal neurological deficit, no surgical treatment	May drive but must notify the DVLA. Driving will depend on the following: ■ there must be no debarring residual impairment likely to affect safe driving. The regulations (see Appendix B, page 116) apply, and the patient must not drive and must notify the DVLA if there is a history of seizure.	Must not drive and must notify the DVLA. The licence will be refused or revoked permanently.
Treated by craniotomy	Must not drive and must notify the DVLA. Driving may resume after 6 months if there is no debarring residual impairment likely to affect safe driving. The regulations (see Appendix B, page 116) apply if there is a history of seizure.	Must not drive and must notify the DVLA. The licence will be refused or revoked. Relicensing may be considered 10 years after surgical obliteration of the lesion. The regulations (see Appendix B, page 116) apply.
Treated by radiosurgery, after haemorrhage and/or focal neurological deficit	May drive but must notify the DVLA. Driving will depend on the following: ■ there must be no debarring residual impairment likely to affect safe driving. The regulations (see Appendix B, page 116) apply, and the patient must not drive and must notify the DVLA if there is a history of seizure.	Must not drive and must notify the DVLA. The licence will be refused or revoked permanently.

Infratentorial cavernoma

	Group 1 car and motorcycle	Group 2 bus and lorry
Incidental finding	May drive and need not notify the DVLA.	May drive and need not notify the DVLA.
With haemorrhage and/or focal neurological deficit, no surgical treatment	May drive but must notify the DVLA. Driving will depend on the following: ■ there must be no debarring residual impairment likely to affect safe driving. The regulations (see Appendix B, page 116) apply, and the patient must not drive and must notify the DVLA if there is a history of seizure.	Must not drive and must notify the DVLA. The licence will be refused or revoked permanently. The regulations (see Appendix B, page 116) apply, and the patient must not drive and must notify the DVLA if there is a history of seizure.
Surgical treatment by craniotomy	May drive but must notify the DVLA. Driving will depend on the following: ■ there must be no debarring residual impairment likely to affect safe driving. The regulations (see Appendix B, page 116) apply, and the patient must not drive and must notify the DVLA if there is a history of seizure.	May drive but must notify the DVLA. There must be no debarring residual impairment likely to affect safe driving. The regulations (see Appendix B, page 116) apply, and the patient must not drive and must notify the DVLA if there is a history of seizure.
Treated by radiosurgery (after haemorrhage and/or focal neurological deficit)	May drive but must notify the DVLA. Driving will depend on the following: ■ there must be no debarring residual impairment likely to affect safe driving. The regulations (see Appendix B, page 116) apply, and the patient must not drive and must notify the DVLA if there is a history of seizure.	Must not drive and must notify the DVLA. The licence will be refused or revoked permanently.

Intracerebral abscess/subdural empyema

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive and must notify the DVLA. Driving may resume after 1 year.	Must not drive and must notify the DVLA. The licence will be refused or revoked. Given that there is a very high prospective risk of seizure, it will be 10 years before relicensing may be considered and there must have been no seizures and no treatment for seizures in that time.

Craniectomy and subsequent cranioplasty

	Group 1 car and motorcycle	Group 2 bus and lorry
	▲ May drive but must notify the DVLA. Driving may resume on recovery providing there are no complications. If these occur, the relevant licensing standards would apply. The underlying conditions leading to surgery will require consideration.	● Must not drive and must notify the DVLA. Relicensing may be considered after 6 months from treatment depending on individual features.

Hydrocephalus

	Group 1 car and motorcycle	Group 2 bus and lorry
	■ May drive and need not notify the DVLA. If the hydrocephalus is asymptomatic, driving may continue under the 'til 70 licence.	● Must not drive and must notify the DVLA. Driving will be allowed to continue if the hydrocephalus is asymptomatic and there are no associated neurological problems.

Intraventricular shunt or extraventricular drain
– insertion or revision of upper end of shunt or drain

	Group 1 car and motorcycle	Group 2 bus and lorry
	● Must not drive and must notify the DVLA. May be relicensed after 6 months if there is no debarring residual impairment likely to affect safe driving.	● Must not drive and must notify the DVLA. May be relicensed/licensed after a minimum of 6 months depending on individual assessment of the underlying condition.

Neuroendoscopic procedures
– for example, third ventriculostomy

	Group 1 car and motorcycle	Group 2 bus and lorry
	● Must not drive and must notify the DVLA.	● Must not drive and must notify the DVLA.

continued

	May be relicensed/licensed after 6 months if there is no debarring residual impairment likely to affect safe driving and no other disqualifying condition.	May be relicensed/licensed after a minimum of 6 months depending on individual assessment of the underlying condition.

Intracranial pressure monitoring device – inserted by burr hole surgery

	Group 1 car and motorcycle	Group 2 bus and lorry
	▲ May drive but need not notify the DVLA. The prospective risk from the underlying condition must be considered.	● Must not drive and must notify the DVLA. The prospective risk from the underlying condition must be considered.

Implanted electrodes

	Group 1 car and motorcycle	Group 2 bus and lorry
Deep brain stimulation for movement disorder or pain		
	▲ Must not drive until clinical confirmation of recovery. May drive if: ■ there are no complications from surgery ■ the patient is seizure-free ■ there is no debarring residual impairment likely to affect safe driving. Need not notify the DVLA.	● Must not drive and must notify the DVLA. Fitness to drive may be assessed for relicensing if: ■ there are no complications from surgery ■ the patient is seizure-free with an underlying condition that is non-progressive ■ there is no debarring residual impairment likely to affect safe driving.
Implanted motor cortex stimulator for pain relief		
	● Must not drive and must notify the DVLA. May be relicensed/licensed after 6 months if the aetiology of the pain is non-cerebral – trigeminal neuralgia, for example. If the aetiology is cerebral – stroke, for example – may be relicensed/licensed after 12 months provided there is no debarring residual impairment likely to affect safe driving.	● Must not drive and must notify the DVLA. The licence will be refused or revoked.

02 Cardiovascular disorders

Angina

	Group 1 car and motorcycle	Group 2 bus and lorry
Angina	● Must not drive when symptoms occur: ■ at rest ■ with emotion ■ at the wheel. Driving may resume after satisfactory symptom control. Need not notify the DVLA.	● Must notify the DVLA. Must not drive when symptoms occur. A licence will be refused or revoked if symptoms continue (treated or untreated). May be relicensed/licensed (provided there is no other disqualifying condition) if: ■ no angina for at least 6 weeks ■ the requirements for exercise or other functional tests can be met (see Appendix C, page 121).

Acute coronary syndromes (ACS)

	Group 1 car and motorcycle	Group 2 bus and lorry
	▲ Must not drive but need not notify the DVLA. Driving may resume 1 week after ACS if successful coronary intervention (PCI) and if all of the following are met: ■ no other urgent revascularisation planned (urgent means within 4 weeks of acute event) ■ LV ejection fraction is at least 40% before hospital discharge ■ there is no other disqualifying condition. If not treated by successful coronary intervention or any of the above are not met, driving may resume only after 4 weeks from the acute event, provided there is no other disqualifying condition.	● Must not drive and must notify the DVLA – for all ACS. Licence will be refused or revoked. May be relicensed/licensed after at least 6 weeks if: ■ the requirements for exercise or other functional tests can be met (see Appendix C, page 121) ■ LV ejection fraction is at least 40% ■ there is no other disqualifying condition.

Note: the DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

Elective percutaneous coronary intervention (PCI)

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive for at least 1 week but need not notify the DVLA. Driving may resume after 1 week provided there is no other disqualifying condition.	Must not drive and must notify the DVLA. Licence will be refused or revoked. May be relicensed/licensed after at least 6 weeks if: ■ LV ejection fraction is at least 40% ■ the requirements for exercise or other functional tests can be met (see Appendix C, page 121) ■ there is no other disqualifying condition.

Coronary artery bypass graft (CABG)

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive for at leat 4 weeks but need not notify the DVLA. Driving may resume after 4 weeks provided there is no other disqualifying condition.	Must not drive and must notify the DVLA. Licence will be refused or revoked. May be relicensed/licensed after 3 months if: ■ LV ejection fraction is at least 40% ■ the requirements for exercise or other functional tests can be met (see Appendix C, page 121), at least 3 months postoperatively ■ there is no other disqualifying condition.

Coronary artery disease

For Group 2 licensing, if there is evidence of obstructive coronary artery disease on invasive or CT angiography or myocardial ischaemia on functional testing but it does not fall under any of the categories above, those individuals would need to meet the functional test requirements.

Note: the DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

Arrhythmias

Arrhythmias include:

- sinoatrial disease
- significant atrioventricular conduction defect
- atrial flutter/fibrillation
- narrow or broad complex tachycardia.

Note:

- if a transient arrhythmia occurs during an acute coronary syndrome, the guidance relating to ACS takes precedence (**page 51**)
- pacemakers are considered separately (**page 54**).

	Group 1 car and motorcycle	Group 2 bus and lorry
Arrhythmia	Must not drive if arrhythmia has caused or is likely to cause incapacity. Driving may resume without DVLA notification only after: ■ underlying cause has been identified ■ arrhythmia is controlled for at least 4 weeks. Must notify the DVLA if there are distracting or disabling symptoms and/or arrhythmia is not controlled for at least 4 weeks, and an underlying cause has not been identified.	Must notify the DVLA. Must not drive if arrhythmia has caused or is likely to cause incapacity. Licence will be refused or revoked. May be relicensed/licensed (provided there is no other disqualifying condition) only after: ■ underlying cause has been identified ■ arrhythmia has been controlled for at least 3 months ■ LV ejection fraction is at least 40%.

Successful catheter ablation

	Group 1 car and motorcycle	Group 2 bus and lorry
For arrhythmia causing or likely to cause incapacity	Must not drive for at least 2 days but need not notify the DVLA. Driving may resume after 2 days provided there is no other disqualifying condition.	Must not drive and must notify the DVLA. Driving may resume after 6 weeks provided there is no other disqualifying condition.
For arrhythmia not causing nor likely to cause incapacity	Must not drive for at least 2 days but need not notify the DVLA. Driving may resume after 2 days provided there is no other disqualifying condition.	Must not drive for at least 2 weeks but need not notify the DVLA. Driving may resume after 2 weeks provided there is no other disqualifying condition.

Note: the DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

Pacemaker implant
– including box change

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive for at least 1 week and must notify the DVLA. Driving may resume after 1 week provided there is no other disqualifying condition.	Must not drive for at least 6 weeks and must notify the DVLA. Driving may resume after 6 weeks provided there is no other disqualifying condition.

Congenital complete heart block

	Group 1 car and motorcycle	Group 2 bus and lorry
Asymptomatic	May drive and need not notify the DVLA.	Must not drive and must notify the DVLA. Licence will be refused or revoked permanently until pacemaker implanted.
Symptomatic	Must not drive and must notify the DVLA. Licence will be refused or revoked until pacemaker implanted.	Must not drive and must notify the DVLA. Licence will be refused or revoked permanently until pacemaker implanted.

Implantable cardioverter defibrillator (ICD)

Group 1 car and motorcycle

In all cases of ICD implanted for sustained ventricular arrhythmia associated with incapacity, **driving must stop** for 6 months from the date of ICD implantation and any resumption requires:

- the device being under regular review with interrogation
- no other disqualifying condition
- all the requirements as below must be met.

Group 2 bus and lorry

ICD implantation is a permanent bar to Group 2 licensing. In all cases of ICD implantation (including prophylactic ICD implantation) driving must stop permanently and:

- the DVLA must be notified
- the licence will be refused or revoked permanently.

	Group 1 car and motorcycle	Group 2 bus and lorry
ICD implanted for sustained ventricular arrhythmia associated with incapacity		
Without further sequelae	Must not drive and must notify the DVLA. Driving may resume after 6 months following implantation – except that any of the sequelae 1-4 below require further specific restrictions and may require notification to the DVLA.	Must not drive and must notify the DVLA. Licence will be refused or revoked permanently.
1. With any shock therapy and/or symptomatic anti-tachycardia pacing (see below for therapy with incapacity)	Must not drive for 6 months from the time of any shock therapy and/or symptomatic anti-tachycardia pacing. Must notify the DVLA. Driving may resume after 6 months provided there is no other disqualifying condition.	Must not drive and must notify the DVLA. Licence will be refused or revoked permanently.

continued

Note: the DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

2. With any therapy associated with incapacity (whether incapacity caused by device or arrhythmia)	Must not drive for 2 years after symptoms of incapacity and must notify the DVLA. Exceptions to this 2 year requirement apply as follows. **a.** If therapy delivery was due to an inappropriate cause such as atrial fibrillation or programming issues: ▪ driving may resume 1 month after complete control of any cause to the satisfaction of the cardiologist. The DVLA need not be notified. **b.** If therapy delivery was appropriate due to sustained ventricular tachycardia or ventricular fibrillation, driving may resume 6 months after event: ▪ provided preventive steps against recurrence have been taken with anti-arrhythmic drugs or ablation procedure, for example ▪ and there is an absence of further symptomatic therapy. Must notify the DVLA	Must not drive and must notify the DVLA. Licence will be refused or revoked permanently.
3. With any revision of electrodes or alteration of anti-arrhythmic drug treatment	Must not drive for 1 month but need not notify the DVLA. Driving may resume 1 month after electrode revision or drug alteration provided there is no other disqualifying condition.	Must not drive and must notify the DVLA. Licence will be refused or revoked permanently.
4. With defibrillator box change	Must not drive for 1 week but need not notify the DVLA. Driving may resume 1 week after box change provided there is no other disqualifying condition.	Must not drive and must notify the DVLA. Licence will be refused or revoked permanently.

continued

Note: the DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

ICD implanted for sustained ventricular arrhythmia not associated with incapacity		
	▲ Must not drive for 1 month following implantation and must notify the DVLA. Driving may resume 1 month after implantation provided all of the following are met: ■ presentation was a 'non-disqualifying' cardiac event – i.e. haemodynamically stable sustained ventricular tachycardia without incapacity ■ LV ejection fraction is greater than 35% ■ any VT induced on electrophysiological study has RR interval greater than 250 milliseconds ■ during the post implantation electrophysiological study, any induced VT could be pace-terminated by the ICD twice, without acceleration. If any of the above not met, must not drive for 6 months following implantation. **Note:** should ICD subsequently deliver symptomatic anti-tachycardia pacing and/or shock therapy (except during normal clinical testing), the DVLA must be notified and relevant restrictions must be applied as detailed under the heading 'ICD implanted for sustained ventricular arrhythmia associated with incapacity' (see page 55).	● Must not drive and must notify the DVLA. Licence will be refused or revoked permanently.
Prophylactic ICD		
In asymptomatic individuals with a high risk of significant arrhythmia	● Must not drive for 1 month following implantation and must notify the DVLA: ■ driving may resume 1 month after implantation if remains asymptomatic and no ICD therapy needed ■ should the ICD subsequently deliver symptomatic anti-tachycardia pacing and/or shock therapy (except during normal clinical testing), the DVLA must be notified and relevant restrictions must be applied as detailed under the heading 'ICD implanted for sustained ventricular arrhythmia associated with incapacity' (see page 55).	● Must not drive and must notify the DVLA. Licence will be refused or revoked permanently.

Note: the DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

Aortic aneurysm

– ascending or descending thoracic and/or abdominal

All patients must have regular medical review.
Note: for **Group 2** cases, the exercise or other functional test requirements will need to be met in all cases of abdominal aortic aneurysm irrespective of the diameter.

	Group 1 car and motorcycle	Group 2 bus and lorry
	▲ May drive and need not notify the DVLA if aneurysm diameter is **less than 6cm**.	▲ May drive if the aneurysm diameter **is less than 5.5cm**. Must notify the DVLA. **Note:** the exercise or other functional test requirements will need to be met in all cases of abdominal aortic aneurysm irrespective of the diameter.
	▲ May drive but must notify the DVLA if aneurysm diameter is **between 6cm and 6.4cm**. May be relicensed/licensed subject to annual review.	● Must not drive and must notify the DVLA if the aneurysm diameter **is greater than 5.5cm**. Licence will be refused or revoked. May be relicenced/licensed after successful surgical treatment without evidence of futher enlargement and no other disqualifying condition. **Note:** the exercise or other functional test requirements will need to be met in all cases of abdominal aortic aneurysm irrespective of the diameter.
	● Must not drive and must notify the DVLA if aneurysm diameter is **6.5cm or greater**. Licence will be refused or revoked. May be relicenced/licensed after successful surgical treatment without evidence of further enlargement and no other disqualifying condition. In cases of bicuspid aortopathy, maximum aortic diameter should be less than 6.5cm.	In cases of bicuspid aortopathy, maximum aortic diameter should be less than 5.5cm provided there is no associated coarctation of aorta, systemic hypertension, family history of aortic dissection and aneurysmal growth is no greater than 3mm per annum. If any of the above apply, the maximum aortic diameter allowed would be less than 5cm. **Note:** the exercise or other functional test requirements will need to be met in all cases of abdominal aortic aneurysm irrespective of the diameter.

Note: the DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

Chronic aortic dissection

Note: 'well controlled' blood pressure means clinically relevant to aortic dissection, not the DVLA standard for hypertension.

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive. Must notify the DVLA if aortic diameter greater than 6cm. Driving may resume only after satisfactory surgical intervention and/or: ■ satisfactory medical therapy (blood pressure well controlled) ■ medical follow-up ■ no other disqualifying condition. If aortic diameter is 6 cm or greater, the driving restrictions given under aortic aneurysm (see above) must take effect, with the DVLA notified.	Must not drive and must notify the DVLA. Licence will be refused or revoked. May be relicensed/licensed only after satisfactory surgical intervention and/or all the following are met: ■ satisfactory medical therapy (blood pressure well controlled) ■ maximum transverse diameter of the aorta is less than 5.5cm (including the false lumen/thrombosed segment) ■ complete thrombosis of the false lumen ■ medical follow up in place.

Marfan syndrome and other inherited aortopathies

	Group 1 car and motorcycle	Group 2 bus and lorry
	May drive and need not notify the DVLA if no aneurysm. If there is an aortic aneurysm must notify the DVLA and must not drive if aortic diameter greater than 5cm or any other disqualifying condition.	Must notify the DVLA. Must not drive if maximum aortic diameter greater than 5cm or associated with severe aortic regurgitation or any other disqualifying condition. Licence will be revoked/refused. Relicensing will be considered only if: ■ maximum aortic diameter is less than 5cm ■ no family history of aortic dissection ■ no severe aortic regurgitation ■ is under annual cardiac review to include aortic root measurement. If there is a family history of dissection, relicensing will only be allowed if aortic diameter is less than 4.5cm.

Note: the DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

		Aortic root replacement – debarred if emergency aortic root surgery. Elective aortic root surgery – individual assessment (see Appendix C, page 121 for full details). For aortic root replacement, driving may be relicensed after an individual assessment (see Appendix C, page 121).

Peripheral arterial disease

	Group 1 car and motorcycle	Group 2 bus and lorry
	May drive and need not notify the DVLA. There must be no other disqualifying condition.	May drive but must notify the DVLA. May be relicenced/licensed only if: ■ there is no symptomatic myocardial ischemia, and ■ the exercise or other functional test requirements can be met (see Appendix C, page 121).

Hypertension

	Group 1 car and motorcycle	Group 2 bus and lorry
	May drive and need not notify the DVLA, except: Must not drive if diagnosed with malignant hypertension until condition has been effectively treated or controlled but need not notify DVLA. (Malignant hypertension: elevation in systolic blood pressure greater than or equal to 180 mm Hg or diastolic blood pressure greater than 110 mm Hg associated with evidence of progressive organ damage).	May drive and need not notify the DVLA, except: Must not drive and must notify the DVLA if resting BP is consistently: ■ 180mm Hg or higher systolic and/or ■ 100mm Hg or more diastolic. ■ or if diagnosed with malignant hypertension. May be relicensed/licensed after BP is controlled, provided there are no side-effects from treatment that affect or are likely to affect safe driving.

Note: the DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

Cardiomyopathies

Note: the DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%.

Also refer to the following sections in this document:

- arrhythmias (**page 53**)
- pacemaker implant (**page 54**)
- implantable cardioverter defibrillator (**page 55**).
- European Society of Cardiology HCM Risk of Sudden Cardiac Death Calculator in Appendix C (**page 124**).

	Group 1 car and motorcycle	Group 2 bus and lorry
Hypertrophic cardiomyopathy (HCM)		
Asymptomatic	May drive and need not notify the DVLA. There must be no other disqualifying condition.	Must not drive and must notify the DVLA. Must not drive if in the High Risk group (as per ESC HCM Risk-SCD calculator – see Appendix C for details) and/or if ICD is indicated/implanted. Licence will be refused/revoked. If in the Low Risk or Intermediate Risk group licensing will be permitted if the exercise tolerance test requirements are met with at least a 25mm Hg increase in systolic blood pressure during exercise testing (testing to be repeated every 3 years) (see Appendix C for details).
Symptomatic	May drive and need not notify the DVLA. There must be no other disqualifying condition (must meet all other relevant standards e.g. angina, arrhythmia).	Must not drive and must notify the DVLA. Licence will be refused or revoked. Relicensing will be considered once symptoms are satisfactorily controlled and the criteria for asymptomatic HCM met as detailed above. If there is a history of associated syncope the standards for syncope need to be met in addition.
Dilated cardiomyopathy		
Asymptomatic	May drive and need not notify the DVLA. There must be no other disqualifying condition.	May drive but must notify the DVLA. LV ejection fraction must be at least 40% and there must be no other disqualifying condition.

Note: the DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

Symptomatic	May drive and need not notify the DVLA. There must be no other disqualifying condition (must meet all other standards e.g. angina arrhythmia).	Must not drive and must notify the DVLA. Licence may be issued/renewed once asymptomatic, if LV ejection fraction is at least 40% and there is no other disqualifying condition.
Arrhythmogenic right ventricular cardiomyopathy and allied disorders		
Asymptomatic	May drive and need not notify the DVLA.	Must not drive and must notify the DVLA. May be relicensed/licensed following specialist electrophysiological assessment, provided there is no other disqualifying condition.
Symptomatic	Must not drive and must notify the DVLA if arrhythmia has caused or is likely to cause incapacity (see page 53). May be relicensed/licensed once arrhythmia is controlled, provided there is no other disqualifying condition.	Must not drive and must notify the DVLA. Licence will be refused or revoked. Relicensing may be permitted if: ■ the applicant is on treatment ■ the applicant has remained asymptomatic for a period of 1 year and ■ the applicant remains under regular specialist electrophysiological review. A 1–3 year licence may be considered if the specialist electrophysiological review is satisfactory.

Heart failure

Please refer to NYHA classification detailed on page 62.

	Group 1 car and motorcycle	Group 2 bus and lorry
Asymptomatic **NYHA class I**	May drive and need not notify the DVLA.	May drive if LV ejection fraction is at least 40% but must notify the DVLA.
Symptomatic **NYHA class II**	May drive if symptoms are stable and not likely to distract the driver or otherwise affect safe driving but need not notify the DVLA.	May drive if left ventricular ejection fraction is at least 40%, symptoms are stable and not likely to distract the driver or otherwise affect safe driving but must notify the DVLA.

Note: the DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

NYHA class III	▲ May drive if symptoms are stable and not likely to distract the driver or otherwise affect safe driving but need not notify the DVLA.	● Must not drive and must notify the DVLA. License will be refused/revoked. Relicensing can only be considered if symptoms controlled and in NYHA I or II, and left ventricular ejection fraction is at least 40%.
NYHA class IV	● Must not drive and must notify the DVLA. License will be refused/revoked. Relicensing can only be considered if symptoms controlled and in NYHA I, II or III.	● Must not drive and must notify the DVLA. License will be refused/revoked. Relicensing can only be considered if symptoms controlled and in NYHA I or II, and left ventricular ejection fraction is at least 40%.
Left ventricular assist device implanted	● Must not drive and must notify the DVLA. Driving may be relicensed under individual assessment only after 3 months from implantation.	● Must not drive and must notify the DVLA. Licence will be refused or revoked permanently.

New York Heart Association (NYHA) Classification of heart failure

The New York Heart Association (NYHA) classification is used to grade the severity of functional limitations in a patient with heart failure (1):

- class I no limitation of physical activity
  - ordinary physical activity does not cause fatigue, breathlessness or palpitation (includes asymptomatic left ventricular dysfunction)
- class II slight limitation of physical activity
  - patients are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, breathlessness or angina pectoris (symptomatically 'mild' heart failure)
- class III marked limitation of physical activity
  - although patients are comfortable at rest, less than ordinary activity will lead to symptoms (symptomatically 'moderate' heart failure)
- class IV inability to carry out any physical activity without discomfort
  - symptoms of congestive cardiac failure are present even at rest. Increased discomfort with any physical activity (symptomatically 'severe' heart failure).

Note: the DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

Cardiac resynchronisation therapy (CRT)

	Group 1 car and motorcycle	Group 2 bus and lorry
CRT pacemaker	Must not drive for 1 week and must notify the DVLA. Driving may resume after at least 1 week following implantation if: ■ there are no symptoms likely to affect safe driving ■ there is no other disqualifying condition.	Must not drive and must notify the DVLA. Driving may resume after at least 6 weeks following implantation if: ■ LV ejection fraction is at least 40% ■ the requirements under heart failure section (see above) are met ■ there is no other disqualifying condition.
CRT defibrillator	May drive subject to following provisions being met but must notify the DVLA. Provisions: ■ the requirements under implantable cardioverter defribillator (ICD) are met ■ there is no other disqualifying condition.	Must not drive and must notify the DVLA. Licence will be refused or revoked permanently.

Heart transplant
– including heart and lung transplant

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive for at least 6 weeks after surgery. Need not notify the DVLA. There must be no other disqualifying condition.	Must not drive for at least 3 months following surgery and must notify the DVLA. May be relicensed after 3 months provided: ■ remains asymptomatic ■ any exercise or other functional testing requirements from the DVLA are met ■ LV ejection fraction at least 40% ■ there is no other disqualifying condition.

Note: the DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

Established diagnosis of pulmonary hypertension
(under the care of a specialist centre)

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must notify the DVLA. May drive provided satisfactory specialist assessment and deemed to be at less than 20% per annum risk of a sudden disabling event. Individual assessment required.	Must not drive and must notify the DVLA. Licence will be refused or revoked if in the intermediate or high risk group. If in the low group, driving may be allowed provided satisfactory specialist assessment and risk of a sudden and disabling event deemed to be less than 2% per annum. Classification of low, intermediate or high risk as per 2015 ESC/ERS Guidelines for the diagnosis and treatment of pulmonary hypertension.

Heart valve disease

Note:

- also refer to heart valve surgery (see **page 66**)
- separate standards for aortic stenosis, see below.

	Group 1 car and motorcycle	Group 2 bus and lorry
Heart valve disease		
Asymptomatic	May drive and need not notify the DVLA. There must be no other disqualifying condition.	May drive and need not notify the DVLA. There must be no other disqualifying condition.
Symptomatic (please refer to heart failure standards if relevant)	May drive and need not notify the DVLA. There must be no other disqualifying condition. May be licensed/relicensed if there are no other disqualifying conditions and free of symptoms.	Must not drive and must notify the DVLA. Relicensing considered following cardiological assessment.

Note: the DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

Aortic stenosis

(to include sub-aortic and supra-aortic stenosis, RVOT obstruction)

See Appendix C for the definition of 'severe' asymptomatic aortic stenosis (**page 123**).

	Group 1 car and motorcycle	Group 2 bus and lorry
Asymptomatic	May drive and need not notify the DVLA.	If mild to moderate aortic stenosis, may drive and need not notify DVLA. Moderate aortic stenosis must be under regular medical review and DVLA must be notified if this progresses to severe aortic stenosis. If severe aortic stenosis, an annual review licence may be issued, provided: ■ the DVLA exercise tolerance test requirements are met (see Appendix C, page 121) ■ there is satisfactory medical follow-up. Licensing will be refused if: ■ during an exercise test symptoms develop, blood pressure falls or there is sustained arrhythmia ■ a cardiologist considers that exercise testing would be unsafe for the individual ■ a test is not possible for any other reason.
Symptomatic	Must not drive and must notify the DVLA if severe aortic stenosis and symptoms that may impact safe driving. Licence will be refused or revoked pending assessment and treatment.	Must not drive and must notify the DVLA. Licence will be refused or revoked pending assessment and treatment.

Heart valve surgery

– including transcatheter aortic valve implantation and other cardiac or pulmonary percutaneous devices

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive for 4 weeks but need not notify the DVLA. Driving may resume only after 4 weeks, provided there is no other disqualifying condition.	Must not drive for 3 months and must notify the DVLA. May be relicensed/licensed only after 3 months, provided:

continued

Note: the DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

		■ no evidence of significant left ventricular impairment – that is, LV ejection fraction at least 40% ■ no ongoing symptoms ■ no other disqualifying condition.

Congenital heart disease (CHD)

	Group 1 car and motorcycle	Group 2 bus and lorry
Asymptomatic	▲ May drive and need not notify the DVLA if asymptomatic and does not fall under any other category which requires notification to the DVLA.	▲ May drive but must notify the DVLA. Licence will be refused or revoked if CHD is complex or severe. Otherwise, the DVLA may issue a licence subject to medical review at 1, 2 or 3 years, depending on specialist assessment and provided there is: ■ minor disease ■ successful cardiac or pulmonary intervention (percutaneous device or surgery) ■ no other disqualifying condition.
Symptomatic	● Must not drive and must notify the DVLA. Symptoms include angina, palpitations, dyspnoea, symptoms related to uncontrolled hypertension, heart failure, heart valve disease. For patients with congenital heart disease who have had ablation, pacemaker including CRT, ICD, heart valve intervention (surgical or percutaneous) or percutaneous cardiac/pulmonary devices (ASD/VSD/coarctation/MAPCAs/pulmonary-systemic shunts etc) – if symptoms develop after being asymptomatic or if they fall under any other category which requires notification to the DVLA, must notify DVLA. Individual assessment of symptomatic cases. The DVLA may require specialist assessment to issue a licence, which may be subject to medical review at 1, 2, or 3 years. There must be no other disqualifying condition.	● Must not drive and must notify the DVLA. Licence will be refused or revoked if CHD is complex or severe. Otherwise, following individual assessment of cases, the DVLA may issue a licence subject to medical review at 1, 2 or 3 years, depending on specialist assessment and provided there is: ■ minor disease ■ successful cardiac or pulmonary intervention (percutaneous device or surgery) ■ no other disqualifying condition.

For syncope, refer to Chapter 1

■ Transient loss of consciousness (page 21)

Note: the DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

ECG abnormality
– suspected myocardial infarction

	Group 1 car and motorcycle	Group 2 bus and lorry
	May drive and need not notify the DVLA. There must be no other disqualifying condition.	Must not drive and must notify the DVLA. May be relicensed/licensed, provided: ■ exercise or other functional test requirements from the DVLA are met (see Appendix C, page 121) ■ there is no other disqualifying condition.

Left bundle branch block

	Group 1 car and motorcycle	Group 2 bus and lorry
	May drive and need not notify the DVLA. There must be no other disqualifying condition.	May drive but must notify the DVLA. May be relicensed/licensed if: ■ myocardial perfusion scan or stress echocardiography requirements from the DVLA are met (see Appendix C, page 121) ■ there is no other disqualifying condition.

Pre-excitation

	Group 1 car and motorcycle	Group 2 bus and lorry
	May drive and need not notify the DVLA. There must be no other disqualifying condition.	May drive and need not notify the DVLA, except: If associated with arrhythmia must meet the relevant requirements (see arrhythmias on page 53). There must be no other disqualifying condition.

Note: the DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

Long QT syndrome

– all cases of Long QT syndrome must notify DVLA

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive if history of syncope or Torsades de pointes or QTc* greater than 500ms and must notify DVLA. Licence will be refused/revoked. Relicensing will be considered upon appropriate specialist cardiologist assessment and standards of syncope met. ***corrected QTc interval**	Must not drive if symptomatic or history of syncope or Torsades de pointes or QTc* greater than 500ms and must notify DVLA. Licence will be refused/revoked. Relicensing may be considered once asymptomatic and upon appropriate specialist cardiologist assessment and standards of syncope met. ***corrected QTc interval**

Brugada syndrome

– all cases of Brugada syndrome must notify DVLA

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive if history of syncope possibly associated to Brugada syndrome or history of sudden aborted cardiac death and must notify DVLA. Licence will be refused/revoked. Relicensing will be considered upon appropriate specialist cardiologist assessment.	Must not drive if symptomatic or history of syncope possibly associated to Brugada syndrome or history of sudden aborted cardiac death and must notify DVLA. Licence will be refused/revoked permanently if history of syncope possibly associated to Brugada syndrome or history of sudden aborted cardiac death. Otherwise, relicensing may be considered once asymptomatic and upon appropriate specialist cardiologist assessment and standards of syncope met.

Note: the DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

03 Diabetes mellitus

Diabetes mellitus

Information sent to drivers

Insulin-treated drivers are sent a detailed letter from the DVLA explaining the licensing requirements and driving responsibilities. **(see INF294 Appendix D, page 125).**

All drivers with diabetes must follow the information provided in 'Information for drivers with diabetes', which includes a notice of when they must contact the DVLA (see **Appendix D, page 125**).

Insulin-treated diabetes

Adequate awareness of hypoglycaemia

The Secretary of State's Honorary Medical Advisory Panel on Driving and Diabetes has defined adequate awareness of hypoglycaemia as whether 'the licence holder/ applicant [is] capable of bringing their vehicle to a safe controlled stop'.

This is a matter of professional judgement and as a guide the duration of hypoglycaemic symptoms experienced should be compatible with bringing a vehicle to a safe controlled stop.

Impaired awareness of hypoglycaemia

The Panel has also defined impaired awareness of hypoglycaemia for Group 1 drivers as 'an inability to detect the onset of hypoglycaemia because of total absence of warning symptoms'.

Group 2 drivers must have full awareness of hypoglycaemia.

Severe hypoglycaemia

The law defines 'severe' as an episode of hypoglycaemia requiring the assistance of another person.

Group 1 drivers – episodes of hypoglycaemia occurring during established sleep are no longer considered relevant for licensing purposes unless there are concerns regarding their hypoglycaemia awareness.

Group 2 drivers – must report all episodes of severe hypoglycaemia requiring the assistance of another person.

Interstitial glucose monitoring systems

These devices are more widely known as flash glucose monitoring systems (FGM) and real-time continuous glucose monitoring systems (RT-CGM).

Group 1
These systems may be used for monitoring glucose at times relevant to driving Group 1 vehicles. Users of these systems must carry finger prick capillary glucose testing equipment for driving purposes as there are times when a confirmatory finger prick blood glucose level is required.

continued

If using an interstitial fluid continuous glucose monitoring system (FGM or RT-CGM), the blood glucose level must be confirmed with a finger prick blood glucose reading in the following circumstances:

- when the glucose level is 4.0 mmol/L or below
- when symptoms of hypoglycaemia are being experienced
- when the glucose monitoring system gives a reading that is not consistent with the symptoms being experienced (eg symptoms of hypoglycaemia and the system reading does not indicate this) – see INF294 for further details.

Group 2
There is a legal requirement for Group 2 drivers to monitor their blood glucose for the wpurpose of Group 2 driving.

FGM and RT-CGM interstitial fluid glucose monitoring systems are not permitted for the purposes of Group 2 driving and licensing.

Group 2 drivers who use these devices must continue to monitor finger prick capillary blood glucose levels with the regularity defined below.

	Group 1 **car and motorcycle**	**Group 2** **bus and lorry**
	▲ Must meet the criteria to drive and must notify the DVLA. All the following criteria must be met for the DVLA to license the person withinsulin-treated diabetes for 1, 2 or 3 years: ■ adequate awareness of hypoglycaemia ■ no more than 1 episode of severe hypoglycaemia while awake in the preceding 12 months and the most recent episode occurred more than 3 months ago (see recurrent severe hypoglycaemia guidance below). ■ practises appropriate glucose monitoring as defined in the box below ■ not regarded as a likely risk to the public while driving ■ meets the visual standards for acuity and visual field (see Chapter 6, visual disorders, page 96) ■ under regular review.	▲ Must meet the criteria to drive and must notify the DVLA. All the following criteria must be met for the DVLA to license the person with insulin-treated diabetes for 1 year (with annual review as indicated last below): ■ **full** awareness of hypoglycaemia ■ **no episode** of severe hypoglycaemia in the preceding 12 months ■ practises blood glucose monitoring with the regularity defined in the box below. ■ must use a glucose meter with sufficient memory to store 3 months of readings as detailed below ■ demonstrates an understanding of the risks of hypoglycaemia ■ no disqualifying complications of diabetes (see page 77) that would mean a licence being refused or revoked, such as visual field defect (see Chapter 6, visual disorders, page 96).

Group 1 and Group 2 requirements for insulin-treated drivers licensed on review

The Secretary of State's Honorary Medical Advisory Panel on Driving and Diabetes has defined the glucose self-monitoring requirements for licensing as follows.

Group 1 car and motorcycle

- glucose testing no more than 2 hours before the start of the first journey
  and
- every 2 hours after driving has started
- a maximum of 2 hours should pass between the pre-driving glucose test and the first glucose check performed after driving has started
- applicants will be asked to sign an undertaking to comply with the directions of the healthcare professionals treating their diabetes and to report any significant change in their condition to the DVLA immediately.

More frequent self-monitoring may be required with any greater risk of hypoglycaemia (physical activity, altered meal routine).

Group 2 bus and lorry

- regular blood glucose testing – at least twice daily including on days when not driving
  and
- no more than 2 hours before the start of the first journey
  and
- every 2 hours after driving has started.
- a maximum of 2 hours should pass between the pre-driving glucose test and the first glucose check performed after driving has started

More frequent self-monitoring may be required with any greater risk of hypoglycaemia (physical activity, altered meal routine), in which case a bus or lorry driver may be licensed if they:

- use one or more glucose meters with memory functions to ensure 3 months of readings that will be available for assessment.

How the DVLA checks diabetes management requirements for insulin-treated Group 2 bus and lorry licensing

The DVLA takes the following measures to ensure the requirements are met for licensing of insulin-treated Group 2 bus and lorry drivers:

- requires the applicant's usual doctor who provides diabetes care to undertake an annual examination including review of the previous 3 months of glucose meter readings
- arranges an examination to be undertaken every 12 months by an independent consultant specialist in diabetes if the examination by their usual doctor is satisfactory
- at the examination, the consultant will require sight of blood glucose self-monitoring records for the previous 3 months stored on the memory of a blood glucose meter
- the license application process cannot start until an applicant's condition has been stable for at least 1 month
- applicants will be asked to sign an undertaking to comply with the directions of the healthcare professionals treating their diabetes and to report any significant change in their condition to the DVLA immediately.

continued

Recurrent severe hypoglycaemia guidance

Advice for Group 1 drivers who have had more than one episode of severe hypoglycaemia while awake in the last 12 months

- must not drive and must notify the DVLA.
- DVLA will then carry out medical enquiries before a licensing decision is made.

Advice for Group 2 drivers who have had more than one episode of severe hypoglycaemia while awake in the last 12 months

- must not drive and must notify the DVLA following all episodes of severe hypoglycaemia.

Severe hypoglycaemia whilst driving

All Group 1 and Group 2 drivers who experience an episode of severe hypoglycaemia whilst driving must not drive and must notify the DVLA.

Impaired awareness of hypoglycaemia – 'hypoglycaemia unawareness'

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive and must notify the DVLA. Driving may resume after a clinical report by a GP or consultant diabetes specialist confirms that hypoglycaemia awareness has been regained.	Must not drive and must notify the DVLA. The licence will be refused or revoked. Refer to the requirements for insulin-treated diabetes on page 71.

Diabetes complications

Visual complications – affecting visual acuity or visual field

	Group 1 car and motorcycle	Group 2 bus and lorry
	May need to stop driving and notify the DVLA. Refer to Chapter 6, visual disorders (page 96).	Must not drive and must notify the DVLA. The licence will be refused or revoked. Refer to insulin-treated diabetes (page 71) and Chapter 6, visual disorders (page 96).

Renal complications

	Group 1 car and motorcycle	Group 2 bus and lorry
	▲ May need to stop driving and notify the DVLA. Refer to Chapter 7, renal and respiratory disorders (page 104).	▲ May need to stop driving and notify the DVLA. Refer to Chapter 7, renal and respiratory disorders (page 104).

Limb complications – including peripheral neuropathy

	Group 1 car and motorcycle	Group 2 bus and lorry
Any complication such as peripheral neuropathy that means a driver must meet requirements (such as vehicle adaptations) for disabilities	▲ May need to stop driving and notify the DVLA. See Appendix F, disabilities and vehicle adaptations (page 133). Limb problems or amputations are of themselves unlikely to prevent driving since they may be assisted by suitable vehicle adaptations. The ability to safely control a vehicle at all times is the essential requirement.	▲ May need to stop driving and notify the DVLA. See Appendix F, disabilities and vehicle adaptations (page 133). Limb problems or amputations are of themselves unlikely to prevent driving since they may be assisted by suitable vehicle adaptations. The ability to safely control a vehicle at all times is the essential requirement.

Temporary insulin treatment – including gestational diabetes or post-myocardial infarction

	Group 1 car and motorcycle	Group 2 bus and lorry
Trial participants for oral or inhaled insulin are also examples to be included as receiving temporary insulin treatment	▲ May drive and need not notify the DVLA, provided: ■ under medical supervision ■ not advised by clinician as at risk of disabling hypoglycaemia. ▲ May continue to drive but must notify the DVLA if: ■ disabling hypoglycaemia occurs ■ treatment continues for more than 3 months – or in gestational diabetes, continues for 3 months after delivery.	● Must notify the DVLA and meet the above standards.

Diabetes treated by medication other than insulin

Severe hypoglycaemia

The law defines 'severe' as an episode of hypoglycaemia requiring the assistance of another person.

All Group 1 and Group 2 drivers who experience an episode of severe hypoglycaemia whilst driving must not drive and must notify the DVLA.

	Group 1 car and motorcycle	Group 2 bus and lorry
Managed by tablets carrying hypoglycaemia risk		
Including sulphonylureas and glinides	▲ May drive and need not notify the DVLA, provided: ■ no more than 1 episode of severe hypoglycaemia while awake in the last 12 months and the most recent episode occurred more than 3 months ago ■ should practise appropriate glucose monitoring at times relevant to driving ■ under regular review. It is appropriate to offer self monitoring of blood glucose at times relevant to driving to enable the detection of hypoglycaemia. If the above requirements and those set out in Appendix D (page 125) are met, the DVLA need not be informed. The DVLA must be notified if clinical information indicates the agency may need to undertake medical enquiries.	▲ May drive but must notify the DVLA. All the following criteria must be met for the DVLA to issue a licence for 1, 2 or 3 years: ■ **no episode** of severe hypoglycaemia in the last 12 months ■ **full** awareness of hypoglycaemia ■ regular self-monitoring of blood glucose – at least twice daily and at times relevant to driving i.e. no more than 2 hours before the start of the first journey and every 2 hours while driving ■ demonstrates an understanding of the risks of hypoglycaemia ■ has no disqualifying complications of diabetes that mean a licence will be refused or revoked, such as visual field defect.
Managed by other medication, including non-insulin injectables		
Excluding sulphonylureas and glinides	▲ May drive and need not notify the DVLA, provided the requirements set out in Appendix D (page 125) are met and the driver is under regular medical review. ▲ May drive but must notify the DVLA if clinical information indicates the agency may need to undertake medical enquiries.	▲ May drive but must notify the DVLA. The DVLA may issue a licence if the requirements set out in Appendix D (page 125) are met and the driver is under regular medical review. A licence is refused or revoked if relevant disqualifying complications have developed, such as diabetic retinopathy affecting visual acuity or visual fields. A short-term licence may be issued if diabetes complications have developed but the required medical standards have been met.

Diabetes managed by diet/lifestyle alone

	Group 1 car and motorcycle	Group 2 bus and lorry
	May drive and need not notify the DVLA. Must not drive and must notify the DVLA if, for example: ■ relevant disqualifying complications develop such as diabetic retinopathy affecting visual acuity or visual fields ■ insulin treatment is required (see the requirements for insulin-treated diabetes on page 71).	May drive and need not notify the DVLA. Must not drive and must notify the DVLA if, for example: ■ relevant disqualifying complications develop such as diabetic retinopathy affecting visual acuity or visual fields ■ insulin treatment is required (see the requirements for insulin-treated diabetes on page 71).

Hypoglycaemia due to other causes

	Group 1 car and motorcycle	Group 2 bus and lorry
	If there are episodes of severe hypoglycaemia from any cause other than diabetes treatment driving must stop while the liability to episodes remains. Examples include hypoglycaemia post-bariatric surgery or in association with eating disorders, and the restriction applies for both car and motorcycle, and bus and lorry drivers.	

Pancreas transplant

	Group 1 car and motorcycle	Group 2 bus and lorry
	May drive but must notify the DVLA. Licensing is on the provision that the patient has no disqualifying condition. If the patient is on insulin, refer to page 71 for the section on insulin-treated diabetes.	May drive but must notify the DVLA. Licensing will require individual assessment. If the patient is on insulin, refer to page 71 for the section on insulin-treated diabetes.

Islet cell transplantation

	Group 1 car and motorcycle	Group 2 bus and lorry
	▲ May drive but must notify the DVLA. Licensing is on the provision that the patient has no disqualifying condition, and is issued for a term requiring medical review. If the patient is on insulin, refer to page 71 for the section on insulin-treated diabetes.	▲ May drive but must notify the DVLA. Licensing will require individual assessment. If the patient is on insulin, refer to page 71 for the section on insulin-treated diabetes.

Seizures provoked by hypoglycaemia

Seizures provoked by hypoglycaemia now require a period off driving due to the prospective risk of a further seizure.

	Group 1 car and motorcycle	Group 2 bus and lorry
	● Must not drive and must notify the DVLA. See 'Provoked seizures' under Epilepsy and seizures.	● Must stop driving and must notify the DVLA: See 'Provoked seizures' under Epilepsy and seizures.

Must not drive | Might be allowed to drive subject to medical advice and/or notifying the DVLA | May drive and need not notify the DVLA

04 Psychiatric disorders

Anxiety or depression
– mild to moderate

	Group 1 car and motorcycle	Group 2 bus and lorry
Without significant memory or concentration problems, agitation, behavioural disturbance or suicidal thoughts	May drive and need not notify the DVLA. See Appendix E, page 131 for medication considerations relevant to driving.	May drive and need not notify the DVLA, provided the illness is short-lived. For other cases, refer to 'severe' below. See Appendix E, page 131 for medication considerations relevant to driving.

Persistent alcohol and/or drug misuse or dependence

- See Chapter 5, **page 88**.
- If psychiatric illness has been associated with substance misuse, continued misuse contraindicates driving and licensing.

Severe anxiety or depression

Note: effects of severe illness are of greater importance for their relevance to driving than medication – but see Appendix E, **page 131** for additional considerations, on medication.

	Group 1 car and motorcycle	Group 2 bus and lorry
Significant memory or concentration problems, agitation, behavioural disturbance or suicidal thoughts	Must not drive and must notify the DVLA. Licensing will depend on the outcome of medical enquiries, and the DVLA will require a period of stability. Particular danger would be posed by those who may attempt suicide at the wheel.	Must not drive and must notify the DVLA. Licensing will depend on the outcome of medical enquiries, and the DVLA will require a period of stability. Particular danger would be posed by those who may attempt suicide at the wheel. Licensing may be granted after 6 months if: ■ the person has been well and stable and ■ is not taking medication with side effects that would affect alertness or concentration.

continued

		The DVLA may need reports from a specialist in psychiatry. Driving is usually permitted after 6 months if the anxiety or depression has been long-standing but symptoms are under control and if maintenance on a dosage of psychotropic medication does not cause impairment.

Acute psychotic disorder

Persistent alcohol and/or drug misuse or dependence

- See Chapter 5, **page 88**.
- If psychiatric illness has been associated with substance misuse, continued misuse contraindicates driving and licensing.

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive during acute illness and must notify the DVLA. Licensing may be considered if **all** of these conditions are met: ■ remained well and stable for at least 3 months ■ adheres to any agreed treatment plan ■ regained insight ■ free from any medication effects that would impair driving ■ subject to a suitable specialist report being favourable. Drivers with a history of instability and/or poor engagement with treatment will be required not to drive for a longer period before any relicensing.	Must not drive during acute illness and must notify the DVLA. Licensing may be considered if **all** of these conditions are met: ■ remained well and stable for at least 12 months ■ adheres to any agreed treatment plan ■ regained insight ■ free from any medication effects that would impair driving ■ subject to a favourable report from a specialist in psychiatry. The minimum effective antipsychotic dosage should be sought, in line with good practice. Drug tolerability should be optimal and not associated with any deficits that might impair driving, such as to alertness, concentration or motor performance. Established illness with a history suggesting a likelihood of relapse: the risk of this needs to be considered low. The DVLA will normally require the report of a specialist in psychiatry that specifically addresses the above issues as relevant to driving before it may grant a licence.

Hypomania or mania

Persistent alcohol and/or drug misuse or dependence

- See Chapter 5, **page 88**.
- If psychiatric illness has been associated with substance misuse, continued misuse contraindicates driving and licensing.

For Group 2 bus and lorry driving, in both stable and unstable conditions:

- the minimum effective dosage of any antipsychotic medication should be sought, in line with good practice. Drug tolerability should be optimal and not associated with any deficits that might impair driving, such as to alertness, concentration or motor performance
- established illness with a history to suggest a likelihood of relapse: the risk of this must be considered low.

	Group 1 car and motorcycle	Group 2 bus and lorry
Stable There must be no driving during any acute illness.	Must not drive and must notify the DVLA. Licensing may be considered if **all** of these conditions are met: ■ remained well and stable for at least 3 months ■ adheres to any agreed treatment plan ■ regained insight ■ free from any medication effects that would impair driving ■ subject to a suitable specialist report being favourable.	Must not drive and must notify the DVLA. Licensing may be considered if **all** of these conditions are met: ■ remained well and stable for at least 12 months ■ adheres to any agreed treatment plan ■ regained insight ■ free from any medication effects that would impair driving ■ subject of a favourable report from a specialist in psychiatry. See note above for both stable and unstable conditions.
Unstable: 4 or more episodes of significant mood swing in the previous 12 months. Particular danger would be posed by driving if there is hypomania or mania with repeated change of mood. In all cases, there must be no driving during any acute illness.	Must not drive and must notify the DVLA. Licensing may be considered if **all** of these conditions are met: ■ remained well and stable for at least 6 months ■ adheres to any agreed treatment plan ■ regained insight ■ free from any medication effects that would impair driving ■ subject to a suitable specialist report being favourable.	Must not drive and must notify the DVLA. Licensing may be considered if **all** of these conditions are met: ■ remained well and stable for at least 12 months ■ adheres to any agreed treatment plan ■ regained insight ■ free from any medication effects that would impair driving ■ subject of a favourable report from a specialist in psychiatry. See note above for both stable and unstable conditions.

Schizophrenia
– and other chronic relapsing/remitting disorders

Persistent alcohol and/or drug misuse or dependence

- See Chapter 5, page 88.
- If psychiatric illness has been associated with substance misuse, continued misuse contraindicates driving and licensing.

	Group 1 car and motorcycle	Group 2 bus and lorry
There must be no driving during any acute illness **Driving would be particularly dangerous if psychotic symptoms relate to other road users**	Must not drive and must notify the DVLA. Licensing may be considered if **all** of these conditions are met: ■ remained well and stable for at least 3 months ■ adheres adequately to any agreed treatment plan ■ regained insight ■ free from any medication effects that would impair driving ■ subject to a suitable specialist report being favourable. Continuing symptoms: even with limited insight, these do not necessarily preclude licensing. Symptoms should be unlikely to cause significant concentration problems, memory impairment or distraction while driving.	Must not drive and must notify the DVLA. Licensing may be considered if **all** of these conditions are met: ■ remained well and stable for at least 12 months. A longer period of stability may be required if there is a history of relapses ■ adheres strictly to any agreed treatment plan ■ regained insight ■ free from any medication effects that would impair driving ■ subject of a favourable report from a specialist in psychiatry. Further: ■ the minimum effective dosage of any antipsychotic medication should be sought, in line with good practice. Drug tolerability should be optimal and not associated with any deficits that might impair driving, such as to alertness, concentration or motor performance ■ established illness with a history suggesting a likelihood of relapse: the risk of this must be considered low.

Pervasive developmental disorders and ADHD

	Group 1 car and motorcycle	Group 2 bus and lorry
Any pervasive disorder including attention deficit hyperactivity disorder (ADHD), Asperger's syndrome, autism spectrum disorders (ASD) and severe communication disorders Guidance relating to learning disability is on page 86	▲ May be able to drive but must notify DVLA if condition affects the ability to drive safely. A diagnosis of any of these conditions is not in itself a bar to licensing. The DVLA considers factors such as the level of: ■ impulsivity ■ awareness of impacts of behaviours on self or others.	▲ May be able to drive but must notify the DVLA. Licensing will be considered individually following medical enquiries. Licensing may be granted if continuing symptoms are minor.

Mild cognitive impairment (not mild dementia)

	Group 1 car and motorcycle	Group 2 bus and lorry
No likely driving impairment	■ May drive and need not notify the DVLA.	■ May drive and need not notify the DVLA.
Possible driving impairment	▲ It is difficult to assess driving ability in people with MCI. The DVLA acknowledges that there are varied presentations and rates of progression, and the decision on licensing is usually based on medical reoprts. Considerations include: ■ poor short-term memory, disorientation, and lack of insight and judgement almost certainly not fit to drive ■ disorders of attention causing impairment. A licence may be issued subject to review.	▲ It is difficult to assess driving ability in people with MCI. The DVLA acknowledges that there are varied presentations and rates of progression, and the decision on licensing is usually based on medical reoprts. Considerations include: ■ poor short-term memory, disorientation, and lack of insight and judgement almost certainly not fit to drive ■ disorders of attention causing impairment. A licence may be issued subject to review.

Persistent alcohol and/or drug misuse or dependence

- See Chapter 5, page 88.
- If psychiatric illness has been associated with substance misuse, continued misuse contraindicates driving and licensing.

Dementia

– and/or any organic syndrome affecting cognitive functioning

	Group 1 car and motorcycle	Group 2 bus and lorry
	▲ May be able to drive but must notify the DVLA. It is difficult to assess driving ability in people with dementia. The DVLA acknowledges that there are varied presentations and rates of progression, and the decision on licensing is usually based on medical reports. Considerations include: ■ poor short-term memory, disorientation, and lack of insight and judgement almost certainly mean no fitness to drive ■ disorders of attention cause impairment ■ in early dementia, when sufficient skills are retained and progression is slow, a licence may be issued subject to annual review. A formal driving assessment may be necessary (see Appendix G, page 134).	● Must not drive and must notify the DVLA. Licensing will be refused or revoked.

Learning disability

Definition of severe learning disability followed by the DVLA

Significantly below average general intellectual functioning, accompanied by severe limitations in adaptive functioning in at least **two** of these areas:

- communication
- self-care
- home-living
- social/interpersonal skills
- self-direction
- functional academic skills
- work
- leisure
- health and safety

	Group 1 car and motorcycle	Group 2 bus and lorry
Mild learning disability Learning *difficulty* is not included. Dyslexia, dyscalculia, and so on, are no bar to ordinary Group 1 licences being awarded after successful driving tests, and the DVLA need not be informed	▲ May be able to drive but must notify the DVLA. Licensing will be granted provided there are no other relevant problems. The DVLA may require an assessment of adequate functional ability at the wheel. It is expected that a full Group 1 licence would already be held following a DVSA driving test pass.	▲ May be able to drive but must notify the DVLA. Licensing will be granted provided there are no other relevant problems. The DVLA may require an assessment of adequate functional ability at the wheel. It is expected that a full Group 1 licence would already be held.
Severe	● Must not drive and must notify the DVLA. Licensing will be refused.	● Must not drive and must notify the DVLA. Licensing will be refused.

Behavioural disorders
– including post-head injury, non-epileptic seizures

	Group 1 car and motorcycle	Group 2 bus and lorry
Severe disturbance from syndrome post-head injury, for example	Must not drive and must notify the DVLA. Licensing will be refused or revoked if there is serious disturbance – for example, violent behaviour or alcohol abuse likely to be a source of danger at the wheel. Licensing may be granted after medical reports confirm satisfactory control of behavioural disturbances.	Must not drive and must notify the DVLA. Licensing will be refused or revoked if there is serious disturbance – for example, violent behaviour or alcohol abuse likely to be a source of danger at the wheel. Licensing may be granted if a specialist confirms stability.

Personality disorders

	Group 1 car and motorcycle	Group 2 bus and lorry
Severe disturbance	May be able to drive but must notify the DVLA. Licensing will be refused or revoked if there is likely to be danger at the wheel. Licensing may be granted if behavioural disturbance is: ■ not related to driving or ■ not likely to adversely affect driving and road safety.	Must not drive and must notify the DVLA. Licensing will be refused or revoked if there is likely to be danger at the wheel. ■ Licensing may be given consideration if a specialist confirms stability.

Must not drive | Might be allowed to drive subject to medical advice and/or notifying the DVLA | May drive and need not notify the DVLA

05 Drug or alcohol misuse or dependence

Alcohol misuse

Guide to definition of misuse

There is no single definition to embrace all the variables within alcohol misuse – but the DVLA offers the following:

> "A state that causes, because of consumption of alcohol, disturbance of behaviour, related disease or other consequences likely to cause the patient, their family or society present or future harm and that may or may not be associated with dependence."

The World Health Organization's classification (ICD-10) code F10.1 is relevant.

	Group 1 car and motorcycle	Group 2 bus and lorry
Persistent alcohol misuse confirmed by medical enquiry and/or evidence of otherwise unexplained abnormal blood markers	● Must not drive and must notify the DVLA. Licence will be refused or revoked until after: ■ a minimum of 6 months of controlled drinking or abstinence, and ■ normalisation of blood parameters.	● Must not drive and must notify the DVLA. Licence will be refused or revoked until after: ■ a minimum of 1 year of controlled drinking or abstinence, and ■ normalisation of blood parameters.

Definition of controlled drinking

Drinking within government recommended health guidelines (currently 14 units per week).

Alcohol dependence

Guide to definition of dependence

There is no single definition to embrace all the variables within alcohol dependence – but the DVLA offers the following:

> "A cluster of behavioural, cognitive and physiological phenomena that develop after repeated alcohol use, including:
> - a strong desire to take alcohol
> - difficulties in controlling its use
> - persistent use in spite of harmful consequences
> - and with evidence of increased tolerance and sometimes a physical withdrawal state."

Indicators may include any history of withdrawal symptoms, tolerance, detoxification or alcohol-related seizures.

The World Health Organization's classification (ICD-10) code F10.2 is relevant.

	Group 1 car and motorcycle	Group 2 bus and lorry
Dependence confirmed by medical enquiry Also refer to alcohol related seizure below	● Must not drive and must notify the DVLA. Licence will be refused or revoked until after a minimum of 1 year free of alcohol problems. Abstinence is required, with normalised blood parameters if relevant.	● Must not drive and must notify the DVLA. Licence will be refused or revoked in all cases of any history of alcohol dependence within the past 3 years. Abstinence is required, with normalised blood parameters if relevant.
	For both driving groups: ■ licensing will require satisfactory medical reports from a doctor ■ the DVLA may need to arrange independent medical examination and blood tests ■ referral to and the support of a consultant specialist may be necessary.	

Alcohol-related disorders

	Group 1 car and motorcycle	Group 2 bus and lorry
Examples ■ hepatic cirrhosis with chronic encephalopathy ■ alcohol induced psychosis ■ cognitive impairment	● Must not drive and must notify the DVLA. Licence will be refused or revoked until: ■ recovery is satisfactory ■ any other relevant medical standards for fitness to drive are satisfied (for example, Chapter 4, psychiatric disorders, page 79).	● Must not drive and must notify the DVLA. Licence will be refused or revoked until recovery is satisfactory.

Alcohol-related seizure

Seizure(s) associated with alcohol use may be considered provoked in terms of licensing (for details see **neurological disorders and Appendix B**).

In addition, the relevant standards for any associated alcohol misuse or dependence should be applied.

High risk offenders

Defined in terms of the alcohol-related driving convictions below, the courts notify the DVLA of high risk offenders.

An independent medical examination will be arranged when an application for licence reinstatement is received by the DVLA. The assessment includes:

- questionnaire
- serum CDT assay
- any further testing indicated.

If a licence is awarded, the 'til 70 licence is restored for Group 1 car and motorcycle driving. Consideration may be given to a Group 2 licence.

If a high risk offender has a previous history of alcohol dependence or persistent misuse but has satisfactory examination and blood tests, a short period licence is issued for ordinary and vocational entitlement but is dependent on their ability to meet the standards as specified.

A high risk offender found to have a current history of alcohol misuse or dependence and/or unexplained abnormal blood test results will have the application refused.

Definition

The high risk offender scheme applies to drivers convicted of the following:

- one disqualification for driving or being in charge of a vehicle when the level of alcohol in the body equalled or exceeded either one of these measures:
  - 87.5 mcg per 100 ml of breath
  - 200.0 mg per 100 ml of blood
  - 267.5 mg per 100 ml of urine
- two disqualifications within the space of 10 years for drink-driving or being in charge of a vehicle while under the influence of alcohol
- one disqualification for refusing or failing to supply a specimen for alcohol analysis
- one disqualification for refusing to give permission for a laboratory test of a specimen of blood for alcohol analysis.

continued

Drug misuse or dependence

The relevant classification codes for drug misuse or dependence are World Health Organization F11 to F19 inclusive (ICD-10).

The below requirements apply to cases of single-substance misuse or dependence, whereas multiple problems – including with alcohol misuse or dependence – are not compatible with fitness to drive or licensing consideration, in both groups of driver.

	Group 1 Car and motorcycle	Group 2 Bus and lorry
Drug group ■ cannabis ■ amphetamines (but see methamphetamine drug group below) ■ 'ecstasy' (MDMA) ■ ketamine ■ other psychoactive substances, including LSD and hallucinogens	● Must not drive and must notify the DVLA with persistent misuse or dependence. Medical enquiry confirming the problem will result in licence being refused or revoked: ■ for a minimum of 6 months, which must be free of misuse or dependence. **Except** in the case of ketamine: ■ for a minimum of 6 months drug-free after misuse, or ■ for a minimum of 12 months that must be free of dependence ■ and may require an independent consultant or specialist assessment and urine screen arranged by the DVLA.	● Must not drive and must notify the DVLA with persistent misuse or dependence. Medical enquiry confirming the problem will result in licence being refused or revoked: ■ for a minimum of 1 year, which must be free of misuse or dependence. Relicensing will usually require an independent medical assessment and urine screen arranged by the DVLA.

	Group 1 Car and motorcycle	Group 2 Bus and lorry
Drug group ■ heroin ■ morphine ■ methadone ■ cocaine ■ methamphetamine **Benzodiazepines** Note on therapy versus persistent misuse below. Methadone/ buprenorphine programmes - see guidelines below.	● Must not drive and must notify the DVLA with persistent misuse or dependence. Medical enquiry confirming the problem will result in licence being refused or revoked for a minimum of 1 year, which must be free of misuse or dependence. Relicensing may require an independent medical assessment and urine screen arranged by the DVLA.	● Must not drive and must notify the DVLA with persistent misuse or dependence. Medical enquiry confirming the problem will result in licence being refused or revoked for a minimum of 3 years, which must be free of misuse or dependence. Relicensing will usually require an independent medical assessment and urine screen arranged by the DVLA.

Note on benzodiazepines

The non-prescribed use of these agents and/or the use of a supratherapeutic dosage outside BNF guidelines constitutes persistent misuse or dependence for licensing purposes – whether in a programme of substance withdrawal or maintenance, or otherwise.

The prescribed use of these drugs at the therapeutic doses listed in the BNF, without evidence of impairment, does not amount to persistent misuse or dependence for licensing purposes (albeit, clinical dependence may exist).

Group 1

Applicants or drivers complying fully with a consultant or appropriate healthcare practitioner supervised oral methadone maintenance programme may be licensed subject to favourable assessment and normally annual medical review. Applicants or drivers on an oral buprenorphine programme may be considered applying the same criteria. There should be no evidence of continuing use of other substances including cannabis.

Application may be considered when all of the following conditions can be met:

- stable on the programme for a minimum of 1 year
- the treatment programme is supervised by a consultant or specialist GP
- the treatment is for management of opiate dependence
- oral treatment only (not parenteral) but naltrexone implants may be considered
- there has been compliance with the programme (adherence to prescription and appointments, and toxicology testing with sustained stability)
- no non-prescribed psychoactive drug use during the programme or extra use of prescribed drugs such as methadone, buprenorphine, benzodiazepines
- there is no toxicological evidence of drug misuse
- there is no adverse effect from treatment likely to affect safe driving
- there is no alcohol misuse or dependence

continued

- there are no other relevant medical conditions, eg mental health issues
- there should be no other disqualifying conditions (these include seizures and cardiac problems).

Group 2 and C1/D1

Applicants or drivers complying fully with a consultant or appropriate healthcare practitioner supervised oral methadone maintenance programme may be considered for an annual medical review licence, once a minimum 3 year period of stability on the maintenance programme has been established with favourable random urine tests and assessment. Expert panel advice will be required in each case.

Application may be considered when all of the following conditions can be met:

- stable on the programme for a minimum of 3 years
- the treatment programme is supervised by a consultant or specialist GP
- the treatment is for management of opiate dependence
- oral treatment only (not parenteral) but naltrexone implants may be considered
- there has been compliance with the programme (adherence to prescription and appointments, and toxicology testing with sustained stability)
- no non-prescribed psychoactive drug use during the programme or extra use of prescribed drugs such as methadone, buprenorphine, benzodiazepines
- there is no toxicological evidence of drug misuse
- there is no adverse effect from treatment likely to affect safe driving
- there is no alcohol misuse or dependence
- there are no other relevant medical conditions, eg mental health issues
- there should be no other disqualifying conditions (these include seizures and cardiac problems).

Seizure associated with drug use

Seizure(s) associated with drug use may be considered provoked In terms of licensing (for details see **neurological disorders** and **Appendix B**).

In addition the relevant standards for any associated drug misuse or dependence should be applied.

Relicensed drivers with former drug misuse or dependence should be advised as part of their after-care that recurrence would mean they must stop driving and must notify the DVLA.

Must not drive

Might be allowed to drive subject to medical advice and/or notifying the DVLA

May drive and need not notify the DVLA

06 Visual disorders

Minimum eyesight standards
– all drivers

The law requires that all licensed drivers meet the following eyesight requirements (including drivers aided by prescribed glasses or contact lenses):

- in good daylight, able to read the registration mark fixed to a vehicle registered under current standards
  - at a distance of 20 metres with letters and numbers 79mm high by 50mm wide on a car registered since 1 September 2001

    or
  - at a distance of 20.5 metres with letters and numbers 79mm high by 57mm wide on a car registered before 1 September 2001

  and
- the visual acuity must be at least Snellen 6/12 with both eyes open or in the only eye if monocular.

Any driver unable to meet these standards must not drive and must notify the DVLA, which will refuse or revoke a licence.

The law also requires all drivers to have a minimum field of vision, as set out below.

Certification as sight impaired or severely sight impaired is not compatible with DVLA driver licensing; such certification is notifiable.

Bioptic telescope devices are not accepted by the DVLA for driving.

Higher standard of visual acuity
– bus and lorry drivers

Group 2 bus and lorry drivers require a higher standard of visual acuity in addition:

- a visual acuity (using corrective contact lenses where needed) of at least:
  - Snellen 6/7.5 (Snellen decimal 0.8) in the better eye

    and
  - Snellen 6/60 (Snellen decimal 0.1) in the poorer eye
- if glasses are worn to meet the minimum standards, they should have a corrective power not exceeding +8 dioptres in any meridian of either lens.

Minimum standards for field of vision – all drivers

The minimum field of vision for Group 1 driving is defined in the legislation:

> "A field of at least 120° on the horizontal measured using a target equivalent to the white Goldmann III4e settings.
>
> The extension should be at least 50° left and right. In addition, there should be no significant defect in the binocular field that encroaches within 20° of the fixation above or below the horizontal meridian."

This means that homonymous or bitemporal defects that come close to fixation, whether hemianopic or quadrantanopic, are not usually acceptable for driving.

If the DVLA needs a visual field assessment for determining fitness to drive, it:

- requires the method to be a binocular Esterman field test
- may request monocular full field charts in specific conditions
- exceptionally, may consider a Goldmann perimetry assessment carried out to strict criteria.

The Secretary of State's Honorary Medical Advisory Panel for Visual Disorders and Driving advises that, for an Esterman binocular chart to be considered reliable for licensing, the false-positive score must be no more than 20%. When assessing monocular charts and Goldmann perimetry, fixation accuracy will also be considered.

Defect affecting central area only (Esterman within 20 degree radius of fixation)

Only for the purposes of licensing Group 1 car and motorcycle driving:

- the following are generally regarded as **acceptable** central loss
  - scattered single missed points
  - a single cluster of up to 3 adjoining points.
- the following are generally regarded as **unacceptable** ('significant') central loss:
  - a cluster of 4 or more adjoining points that is either wholly or partly within the central 20° area
  - loss consisting of both a single cluster of 3 adjoining missed points up to and including 20° from fixation, and any additional separate missed points within the central 20° area
  - any central loss that is an extension of hemianopia or quadrantanopia of size greater than 3 missed points.

Defect affecting the peripheral areas – width assessment

Only for the purposes of licensing Group 1 car and motorcycle driving:

- the following will be disregarded when assessing the width of field
  - a cluster of up to 3 adjoining missed points, unattached to any other area of defect, lying on or across the horizontal meridian
  - a vertical defect of only single-point width but of any length, unattached to any other area of defect, which touches or cuts through the horizontal meridian.

continued

Exceptional cases

Group 1 drivers whose previous full driving entitlement was removed because of a field defect failing to satisfy the standard may be eligible for individual relicensing consideration as exceptional cases under the following strict criteria:

- defect must have been
  - present for at least 12 months
  - caused by an isolated event or a non-progressive condition
- there must be no other condition or pathology regarded as progressive and likely to be affecting the visual fields (panel's advice is that certain medical conditions, for example glaucoma and retinitis pigmentosa, would always be considered as progressive and so could not be considered as exceptional cases)
- sight in both eyes
- no uncontrolled diplopia
- no other impairment of visual function, including
  - no glare sensitivity, contrast sensitivity or impairment of twilight vision
- clinical confirmation of full functional adaptation.

For exceptional cases considered to be potentially licensable under these criteria, the DVLA will then require a satisfactory practical driving assessment at an approved centre (see Appendix G, **page 133**).

Static visual field defect

For prospective learner drivers with a static visual field defect, a process is now in place to apply for a provisional licence. For further information, see 'Applying for a provisional licence if you've got a static visual field defect'.

Monocular individuals cannot be considered as exceptional cases under the above criteria.

Higher standards of field of vision – bus and lorry drivers

The minimum standard for the field of vision is defined by the legislation for Group 2 bus and lorry licensing as:

- a measurement of at least 160° on the horizontal plane
- extensions of at least 70° left and at least 70° right
- extensions of at least 30° above and at least 30° below the horizontal plane
- no significant defect within 70° left and 70° right between 30° up and 30° down (it would be acceptable to have a total of up to 3 missed points, which may or may not be contiguous*)
- no defect is present within a radius of the central 30°
- no other impairment of visual function, including no glare sensitivity, contrast sensitivity or impairment of twilight vision.

(*Points tested in the 'letterbox' outside the central radius of 30° from fixation.)

continued

For Group 2 bus and lorry driving, it would be acceptable for a defect on visual field charts to have an upper limit of a total of 3 missed points – which may be contiguous – within the letterbox but outside the central 30° radius. Points tested outside this have been marked with a triangle or circle.

A total of more than 3 missed points, however – even if not contiguous – would not be acceptable for Group 2 driving because of the higher standards required.

Note that no defects of any size within the letterbox are licensable if a contiguous defect outside it means the combination represents more than 3 missed points.

Note Exception 1 in 'Exceptions allowed by older licences' below.

Clinically apparent visual inattention will be debarring for Group 1 and Group 2.

Cataract

	Group 1 car and motorcycle	Group 2 bus and lorry
	▲ Often safe to drive and may not need to notify the DVLA. The minimum standards set out for all drivers above must be met. Glare may counter an ability to pass the number plate test (of the minimum requirements) even when cataracts allow apparently appropriate acuities.	▲ Often safe to drive and may not need to notify the DVLA. The minimum standards for Group 2 drivers set out above must be met. Glare may counter an ability to pass the number plate test (of the minimum requirements) even when cataracts allow apparently appropriate acuities.

Monocular vision

	Group 1 car and motorcycle	Group 2 bus and lorry
Including, for any reason, making use of only one eye	● Must not drive and may need to notify the DVLA. For complete loss of vision in one eye (cases where there is any light perception in the affected eye are not considered monocular), the driver: ■ must meet the same visual acuity and visual field standards as binocular drivers ■ may drive only after clinical advice of successful adaptation to the condition. Only those monocular people who fail to meet these requirements are required to notify the DVLA.	● Must not drive and must notify the DVLA. The law bars licensing if in one eye there is: ■ complete loss of vision or ■ corrected acuity falls below Snellen 3/60 (Snellen decimal 0.05). All Group 2 drivers must at least match the minimum standards for Group 1 visual acuity. See also 'grandfather rights' below.

Exceptions for visual acuity allowed by older licences ('grandfather rights')

The standards for Group 1 car and motorcycle licensing must be met before any of the following exceptions can be afforded to Group 2 bus and lorry drivers holding older licences.

Visual acuity

Exception 1

A driver must have been awarded a Group 2 bus and lorry licence before 1 March 1992, and be able to complete a satisfactory certificate of experience, to be eligible.
If the licence was awarded between 2 March 1992 and 31 December 1996, visual acuity with corrective lenses if needed must be at least 6/9 in the better eye and at least 6/12 in the other eye; uncorrected visual acuity may be worse than 3/60 in one eye only.

Monocularity

Exception 2

Must have been awarded a Group 2 bus and lorry licence before 1 January 1991, with the monocularity declared before this date.

Exception 3

Drivers with a pre-1997 Group 1 licence who are monocular may apply to renew their category C1 (vehicles 3.5t to 7.5t). They must be able to meet the minimum eyesight standards which apply to all drivers and also the higher standard of field of vision for Group 2 (bus and lorry) drivers.

Visual field defects

	Group 1 car and motorcycle	Group 2 bus and lorry
Disorders such as: ■ bilateral glaucoma ■ bilateral retinopathy ■ retinitis pigmentosa and others that produce a field defect, including partial or complete homonymous hemianopia/ quadrantanopia or complete bitemporal hemianopia.	▲ Must notify the DVLA. The national recommendations for visual field would need to be met. See 'Exceptional cases' under the 'Minimum standards for field of vision – all drivers' (page 98, at the beginning of this chapter).	▲ Must notify the DVLA. The national recommendations for visual field would need to be met. Licensing may be awarded if: ■ horizontal visual field is at least 160° ■ extension is at least 70° left and right, and 30° up and down ■ no defects present within a radius of the central 30°.

Diplopia

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive and must notify the DVLA. Driving may resume after the DVLA has received confirmation that the diplopia is controlled, for example by: ■ glasses or ■ a patch for which there is an undertaking to use it while driving (but note the requirements for monocular vision above). Exceptionally, a stable uncorrected diplopia endured for 6 months or more may be licensable with the support a consultant specialist's report of satisfactory functional adaptation.	Must not drive and must notify the DVLA. Licensing will be refused or revoked permanently in cases of insuperable diplopia. Patching is not acceptable for licensing.

Nyctalopia

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive and must notify the DVLA. Driving may be licensed after individual consideration, provided the standards for visual acuity and field above are met.	Must not drive and must notify the DVLA. Driving may be licensed after individual consideration, provided the standards for visual acuity and field above are met.

Colour blindness

	Group 1 car and motorcycle	Group 2 bus and lorry
	May drive and need not notify the DVLA.	May drive and need not notify the DVLA.

Blepharospasm

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive and must notify the DVLA. Driving is not usually licensed if the condition is severe and affects vision, even if treated. A consultant specialist's opinion will be sought by the DVLA. Driving may be licensed if the condition is mild, subject to return of satisfactory medical reports. Control of mild blepharospasm with botulinum toxin may lead to licensing if the treatment does not produce side effects that are otherwise disqualifying, such as uncontrollable diplopia. The DVLA should be informed of any change – and any deterioration in condition must be notified.	Must not drive and must notify the DVLA. Driving is not usually licensed if the condition is severe and affects vision, even if treated. A consultant specialist's opinion will be sought by the DVLA. Driving may be licensed if the condition is mild, subject to return of satisfactory medical reports. Control of mild blepharospasm with botulinum toxin may lead to licensing if the treatment does not produce side effects that are otherwise disqualifying, such as uncontrollable diplopia. The DVLA should be informed of any change – and any deterioration in condition must be notified.

Nystagmus

	Group 1 Car and motorcycle	Group 2 Bus and lorry
	DVLA need not be notified of nystagmus providing the vision standards for driving are achieved and providing any associated medical condition is declared.	DVLA need not be notified of nystagmus providing the vision standards for driving are achieved and providing any associated medical condition is declared.

Must not drive | Might be allowed to drive subject to medical advice and/or notifying the DVLA | May drive and need not notify the DVLA

07 Renal and respiratory disorders

Chronic renal failure

	Group 1 car and motorcycle	Group 2 bus and lorry
Continuous ambulatory peritoneal dialysis (CAPD) or haemodialysis	▲ May drive and need not notify the DVLA if there are no complications. No restriction to the 'til 70 licence unless it must be refused or revoked due to: ■ severe electrolyte disturbance or ■ significant symptoms, including the examples of ▪ sudden disabling attacks of dizziness or fainting ▪ impaired psychomotor or cognitive function.	▲ Must notify the DVLA. Individual licensing will be assessed against the presence of any: ■ severe electrolyte disturbance or ■ significant symptoms, including the examples of ▪ sudden disabling attacks of dizziness or fainting ▪ impaired psychomotor or cognitive function.

All other renal disorders

	Group 1 car and motorcycle	Group 2 bus and lorry
	▲ May drive and need not notify the DVLA unless the condition is associated with a disability likely to affect driving.	▲ May drive and need not notify the DVLA unless the condition is associated with a disability or any significant symptoms likely to affect driving.

Disorders of respiratory function
– including asthma and COPD

	Group 1 car and motorcycle	Group 2 bus and lorry
	▲ May drive and need not notify the DVLA unless any complications are associated with: ■ cough syncope ■ disabling dizziness ■ fainting or ■ loss of consciousness. Such sequelae need reference to requirements under 'Transient loss of consciousness' (from page 21 of Chapter 1, neurological disorders). See also cough syncope in Chapter 1, page 27.	▲ May drive and need not notify the DVLA unless any complications are associated with: ■ cough syncope ■ disabling dizziness ■ fainting or ■ loss of consciousness. Such sequelae need reference to requirements under 'Transient loss of consciousness' (from page 21 of Chapter 1, neurological disorders). See also cough syncope in Chapter 1, page 27.

Obstructive sleep apnoea

Refer to guidance concerning this condition under 'excessive sleepiness' (**page 108**) in Chapter 8, miscellaneous conditions.

Primary lung carcinoma

	Group 1 car and motorcycle	Group 2 bus and lorry
	▲ May drive and need not notify the DVLA unless there is cerebral metastasis (refer to malignant brain tumours, page 35 of Chapter 1, neurological disorders).	● Must not drive and must notify the DVLA. Only those drivers with non-small cell lung cancer staged T1 N0 M0 may be considered individually for licensing. Other lung tumours require no driving for 1 year following definitive treatment. Subsequent licensing requires: ■ satisfactory treatment success ■ no brain scan evidence of intracranial metastases (refer to malignant brain tumours, page 35 of Chapter 1, neurological disorders).

Must not drive

Might be allowed to drive subject to medical advice and/or notifying the DVLA

May drive and need not notify the DVLA

08 Miscellaneous conditions

Excessive sleepiness
– including obstructive sleep apnoea syndrome

‘Excessive sleepiness’ having, or likely to have, an adverse effect on driving includes:

- obstructive sleep apnoea syndrome of any severity
- any other condition or medication that may cause excessive sleepiness
- see also guidance on Primary/central hypersomnias, including narcolepsy

Legislation states that objective sleep study measurements for driving assessment purposes should use the apnoea-hypopnoea index (AHI). Recognising that not all sleep services use AHI, the DVLA will accept results of equivalent objective tests.

The ‘Tiredness can kill’ leaflet (**INF159**) is for drivers concerned about excessive sleepiness.

	Group 1 car and motorcycle	Group 2 bus and lorry
Excessive sleepiness due to a medical condition (see relevant chapter) including mild obstructive sleep apnoea syndrome (AHI below 15) or medication.	Must not drive. Driving may resume only after satisfactory symptom control. If symptom control cannot be achieved in three months the DVLA must be notified.	Must not drive. Driving may resume only after satisfactory symptom control. If symptom control cannot be achieved in three months the DVLA must be notified.
Excessive sleepiness due to obstructive sleep apnoea syndrome – moderate and severe: ■ AHI 15 to 29 (moderate) ■ AHI 30 or more (severe) on the apnoea-hypopnoea index or equivalent sleep study measure.	Must not drive and must notify the DVLA. Subsequent licensing will require: ■ control of condition ■ sleepiness improved ■ treatment adherence. The DVLA will need medical confirmation of the above, and the driver must confirm review to be undertaken every three years at the minimum.	Must not drive and must notify the DVLA. Subsequent licensing will require: ■ control of condition ■ sleepiness improved ■ treatment adherence. The DVLA will need medical confirmation of the above, and the driver must confirm review to be undertaken annually at the minimum.
Excessive sleepiness due to suspected obstructive sleep apnoea syndrome.	Must not drive. Driving may resume only after satisfactory symptom control. If symptom control cannot be achieved in three months the DVLA must be notified. See above when diagnosis is confirmed.	Must not drive. Driving may resume only after satisfactory symptom control. If symptom control cannot be achieved in three months the DVLA must be notified. See above when diagnosis is confirmed.

Profound deafness

	Group 1 car and motorcycle	Group 2 bus and lorry
	May drive and need not notify the DVLA. Ordinary eligibility for a 'til 70 licence.	Must be assessed but may not need to notify the DVLA. For licensing, the paramount importance is placed on a proven ability to communicate in an emergency by: ■ speech or ■ suitable alternative, for example SMS text. Inability is likely to result in a licence being refused or revoked.

Cancers
– not covered in other chapters

	Group 1 car and motorcycle	Group 2 bus and lorry
In both driving groups, fitness to drive is affected by the risk of seizure (Chapter 1, neurological disorders, non-epileptic seizures, page 19) All cases of eye cancer must meet the minimum requirements for vision (Chapter 6, page 96).	Must be assessed but may not need to notify the DVLA. If there is a likelihood of cerebral metastasis and seizure, the DVLA must be notified. There must be no significant complication relevant to driving, such as: ■ specific limb impairment, for example due to bone tumour, primary or secondary ■ general impairment, for example due to advanced malignancy producing symptoms such as general weakness or cachexia that affects driving. The effects of any cancer treatment must also be considered – the generally debilitating effects of chemotherapy and radiotherapy in particular.	Must be assessed but may not need to notify the DVLA. Licensing requires specific consideration of the likelihood of cerebral metastasis and seizure, and there must be no complications, such as: ■ specific limb impairment, for example due to bone tumour, primary or secondary ■ general impairment, for example due to advanced malignancy producing symptoms such as general weakness or cachexia that affects driving. The effects of any cancer treatment must also be considered – the generally debilitating effects of chemotherapy and radiotherapy in particular.

Acquired immune deficiency syndrome (AIDS) and HIV infection

HIV infection without AIDS

If there is no AIDS-defining illness, individuals with HIV may drive and do not need to inform the DVLA of their status.

	Group 1 car and motorcycle	Group 2 bus and lorry
AIDS diagnosed	▲ May drive but must notify the DVLA. Licensing may be granted for medical review after 1, 2 or 3 years if enquiries from the DVLA find no disability likely to affect driving.	▲ May drive but must notify the DVLA. Licensing will be considered individually. Eligibility will require no symptoms likely to affect driving and the maintenance of a CD4 count of 200 cells/microlitre for at least 6 months.

Age-related fitness to drive

Older age is not necessarily a barrier to driving.

- Functional ability, not chronological age is important in assessments.
- Multiple comorbidity should be recognised as becoming more likely with advancing age and considered when advising older drivers.
- Discontinuation of driving should be given consideration when an older person – or people around them – become aware of any combination of these potential age-related examples:
  - progressive loss of memory, impaired concentration and reaction time, or loss of confidence that may not be possible to regain.
- Physical frailty in itself would not necessarily restrict licensing, but assessment needs careful consideration of any potential impact on road safety.
- Age-related physical and mental changes vary greatly between individuals, though most will eventually affect driving.
- Professional judgement must determine what is acceptable decline and what is irreversible and/or a hazardous deterioration in health that may affect driving. Such decisions may require specialist opinion.

The DVLA has doctors ready to provide guidance to healthcare professionals.
See contact details on page 14.

continued

	Group 1 car and motorcycle	Group 2 bus and lorry
Older age	When drivers reach the age of 70, they must confirm to the DVLA that they have no medical disability. Drivers over 70 receive a licence for 3 years after fitness to drive has been declared, to include satisfactory completion of medical questions in the application.	Bus and lorry drivers: ■ must make fresh licence applications every 5 years from the age of 45 ■ annually from the age of 65. Each application must be accompanied by medical confirmation of satisfactory fitness to drive.

Transplant
– not covered in other chapters

	Group 1 car and motorcycle	Group 2 bus and lorry
	May drive and need not notify the DVLA. Except: there must be no other, or underlying condition that requires any restriction or notification to the DVLA.	May drive and need not notify the DVLA. Except: there must be no other, or underlying condition that requires any restriction. Failing this, the DVLA must be notified and may require individual assessment.

Devices or implants
– not covered in other chapters

	Group 1 car and motorcycle	Group 2 bus and lorry
	May drive and need not notify the DVLA. Except: there must be no other, or underlying condition that requires any restriction or notification to the DVLA.	May drive and need not notify the DVLA. Except: there must be no other, or underlying condition that requires any restriction. Failing this, the DVLA must be notified and may require individual assessment.

Cognitive decline or impairment after stroke or head injury

There is no single simple marker for the assessment of impaired cognitive function relevant to driving, although the satisfactory ability to manage day-to-day living could provide a yardstick of cognitive competence.

In-car, on-the-road assessments (Appendix G, page 134) are an invaluable way of ensuring, in valid licence holders, there are no features liable to present a high risk to road safety, including these examples:

- visual inattention, notable distractibility, impaired multi-task performance.

The following are also important in showing there is no impairment likely to affect driving:

- adequate performance in reaction times, memory, concentration and confidence.

Cognitive disability

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive and must notify the DVLA. Impairment of cognitive functioning is not usually compatible with the driving of these vehicles. Mild cognitive disability may be compatible with safe driving – individual assessment will be required.	Must not drive and must notify the DVLA. Impairment of cognitive functioning is not usually compatible with the driving of these vehicles. Mild cognitive disability may be compatible with safe driving – individual assessment will be required.

Driving after surgery

Evaluating the likely effects of postoperative recovery

Notwithstanding any restrictions or requirements outlined in other chapters of this document, drivers do not need to notify the DVLA of surgical recovery unless it is likely to affect driving and persist for more than 3 months.

Licence holders wishing to drive after surgery should establish with their own doctors when it would be safe to do so.

Any decision regarding returning to driving must take into account several issues, including:

- recovery from the effects of the procedure
- anaesthetic recovery from the effects of the procedure
- any distracting effect of pain
- analgesia-related impairments (sedation or cognitive impairment)
- other restrictions caused by the surgery, the underlying condition or any comorbidities.

Drivers have the legal responsibility to remain in control of a vehicle at all times.

Drivers must ensure they remain covered by insurance to drive after surgery.

Temporary medical conditions

Drivers generally do not need to notify the DVLA of conditions for which clinical advice has indicated less than 3 months of no driving.

If the judgement of the treating clinician is that the DVLA needs to be notified, the healthcare professional should advise the patient to contact the DVLA.

Such a judgement may be necessary for any of a range of conditions that may temporarily affect driving, including, but not limited to:

- postoperative recovery (see 'Driving after surgery', page 112)
- severe migraine
- limb injuries expected to show normal recovery
- pregnancy associated with fainting or light-headedness
- hyperemesis gravidarum
- hypertension of pregnancy
- recovery following Caesarean section
- deep vein thrombosis or pulmonary embolism.

Fractures

A driver does not need to notify the DVLA of a fracture, but if recovery post-fracture is prolonged for more than 3 months, the treating clinician should offer advice on a safe time to resume driving.

Medication effects

It is an offence to drive or attempt to drive while unfit because of alcohol and/or drug use – and driving laws do not distinguish between illegal and prescribed drugs.

Drivers taking prescribed drugs subject to the drug-driving legislation will need to be advised to carry confirmation that these were prescribed by a registered medical practitioner.

Some prescription and over-the-counter medicines can affect driving skills through drowsiness, impaired judgement and other effects.

Prescribers and dispensers should consider any risk of medications, single or combined, in terms of driving – and advise patients accordingly.

Without providing an exhaustive list, the following drug groups require consideration:

- **benzodiazepines** – these may cause sufficient sedation to make driving unsafe
- **antidepressants** – sedating tricyclics have a greater propensity to impair driving than SSRIs, which are less sedating. Advice for individual driving safety should be considered carefully for all antidepressants
- **antipsychotics** – many of these drugs will have some degree of sedating side effect via action on central dopaminergic receptors. Older drugs (chlorpromazine, for example) are highly sedating due to effects on cholinergic and histamine receptors. Newer drugs (olanzapine or quetiapine, for example) may also be sedating; others less so (risperidone, ziprasidone or aripiprazole, for example)
- **opioids** – cognitive performance may be reduced with these, especially at the start of use, but neuro-adaptation is established in most cases. Driving impairment is possible because of the persistent miotic effects of these drugs on vision.

Also refer to Chapter 4, psychiatric disorders (page 79), and Chapter 5, drug or alcohol misuse and dependence (page 88).

Appendix A
The legal basis for the medical standards

The Secretary of State for Transport, acting through the DVLA, has the responsibility of ensuring all licence holders are fit to drive.

The legal basis of fitness to drive in the UK lies in the following legislation:

- The European third Directive on driving licences (2006/126/EC) – which came into effect here on 19 January 2013
- The Road Traffic Act 1988
- The Motor Vehicles (Driving Licences) Regulations 1999 (as amended).

According to Section 92 of the Road Traffic Act 1988:

- A relevant disability is any condition which is either prescribed in regulations or any other disability where driving is likely to be a source of danger to the public. A driver who is suffering from a relevant disability must not be licensed, but there are some prescribed disabilities where licensing is permitted provided certain conditions are met.
- Prospective disabilities are any medical conditions that, because of their progressive or intermittent nature, may develop into relevant disabilities in time. Examples are Parkinson's disease and early dementia. A driver with a prospective disability may be granted a driving licence for up to 5 years, after which renewal requires further medical review.

Sections 92 and 94 of the Road Traffic Act 1988 also cover drivers with physical disabilities who require adaptations to their vehicles to ensure safe control. These adaptations must be coded and shown on the licence. See Appendix F, disabilities and vehicle adaptations (page 133) and Appendix G, Mobility Centres and Driving Assessment Centres (page 134).

'Serious neurological disorders'

Changes to Annex III of the EC Directive 2006/126/EC require that driving licences shall not be issued to, nor renewed for, applicants with serious neurological disorders, unless supported by the applicant's doctor.

A serious neurological disorder is defined for the purposes of driver licensing as any condition of the central or peripheral nervous system that has led, or may lead, to functional deficiency (sensory, including special senses, motor, and/or cognitive deficiency), and that could affect ability to drive.

When the DVLA evaluates the licensing of these applicants, it will consider the functional status and risk of progression. A short-term licence for renewal after medical review is generally issued whenever there is a risk of progression.

Further information relating to specific functional criteria is found in the following chapters:

- Chapter 1, neurological disorders (page 16)
- Chapter 4, psychiatric disorders (page 79)
- Chapter 6, visual disorders (page 96)
- Chapter 8, miscellaneous conditions – excessive sleepiness (page 108).

Appendix B
Epilepsy and seizure regulations and further guidance

The legislation governing drivers who experience a seizure.

The following two boxes extract the paragraphs of the Motor Vehicle (Driving Licences) Regulations 1999 (as amended) that govern the way in which epilepsy is 'prescribed' as a 'relevant' disability for Group 1 or Group 2 drivers (also see Appendix A, the legal basis for the medical standards, page 115).

Group 1 car and motorcycle

(2) Epilepsy is prescribed for the purposes of section 92(2) of the Traffic Act 1988 as a relevant disability in relation to an applicant for, or a holder of, a Group 1 licence who has had two or more epileptic seizures during the previous five year period.

(2A) Epilepsy is prescribed for the purposes of section 92(4)(b) of the Traffic Act 1988 in relation to an applicant for a Group 1 licence who satisfies the conditions set out in paragraph (2F) below and who has either:

(a) been free from any unprovoked seizure during the period of one year immediately preceding the date when the licence is granted

or

(b) during that one year period has suffered no unprovoked seizure other than a permitted seizure.

(2B) A permitted seizure for the purposes of paragraph (2A)(b) is:

(a) a seizure – which can include a medication-adjustment seizure – falling within only one of the permitted patterns of seizure

or

(b) a medication-adjustment seizure, where:

(i) that medication-adjustment seizure does not fall within a permitted pattern of seizure

(ii) previously effective medication has been reinstated for at least 6 months immediately preceding the date when the licence is granted

(iii) that seizure occurred more than 6 months before the date when the licence is granted; and

(iv) there have been no other unprovoked seizures since that seizure

or

(c) a seizure occurring before a medication-adjustment seizure permitted under sub-paragraph (b) where:

(i) that earlier seizure has, to that point, formed part of only one permitted pattern of seizure and had occurred prior to any medication-adjustment seizure not falling within the same permitted pattern

or

(ii) it is a medication-adjustment seizure, which was not followed by any other type of unprovoked seizure, except for another medication-adjustment seizure.

continued

(2C) A permitted pattern of seizure for the purposes of paragraph (2B) is a pattern of seizures:

(a) occurring during sleep, where:

(i) there has been a seizure while asleep more than one year before the date when the licence is granted

(ii) there have been seizures only while asleep between the date of that seizure while asleep and the date the licence is granted

and

(iii) there has never been an unprovoked seizure while awake

or

(b) occurring during sleep, where:

(i) there has been a seizure while asleep more than three years before the date when the licence is granted;

(ii)there have been seizures only while asleep between the date of that seizure while asleep and the date the licence is granted

and

(iii) there is also a history of unprovoked seizure while awake, the last of which occurred more than 3 years before the date when the licence is granted

or

(c) without influence on consciousness or the ability to act, where:

(i) such a seizure has occurred more than 1 year before the date when the licence is granted

(ii) here have only been such seizures between the date of that seizure and the date when the licence is granted

and

(iii) there has never been any other type of unprovoked seizure.

(2D) An isolated seizure is prescribed for the purposes of section 92(2) of the Traffic Act 1988 as a relevant disability in relation to an applicant for, or a holder of, a Group 1 licence:

(a) in a case where there is an underlying causative factor that may increase future risk, where such a seizure has occurred during the previous 1 year period

and

(b) in any other case, where such a seizure has occurred during the previous 6 month period.

continued

(2E) An isolated seizure is prescribed for the purposes of section 92(4)(b) of the Traffic Act 1988 in relation to an applicant for a Group 1 licence, who:

(a) (i) in a case where there is an underlying causative factor that may increase future risk, has had such a seizure more than one year immediately before the date when the licence is granted

and

(ii) in any other case, has had such a seizure more than 6 months immediately before the date when the licence is granted

(b) has had no other unprovoked seizure since that seizure

and

(c) satisfies the condition set out in paragraph (2F).

(2F) The conditions are that:

(a) so far as is predictable, the applicant complies with the directions regarding treatment for epilepsy or isolated seizure, including directions as to regular medical check-ups made as part of that treatment, which may from time to time be given by a registered medical practitioner or one of the clinical team working under the supervision of that registered medical practitioner

(b) if required to do so by the Secretary of State, the applicant has provided a signed declaration agreeing to observe the condition in sub-paragraph (a)

(c) if required by the Secretary of State, there has been an appropriate medical assessment by a registered medical practitioner

and

(d) the Secretary of State is satisfied that the driving of a vehicle by the applicant in accordance with the licence is not likely to be a source of danger to the public.

Group 2 bus and lorry

(8A) Epilepsy is prescribed for the purposes of section 92(4)(b) of the Traffic Act 1988 in relation to an applicant for a group 2 licence who:

(a) in the case of a person whose last epileptic seizure was an isolated seizure satisfies the conditions in paragraph (8C) and (8D)

or

(b) in any other case, satisfies the conditions set out in paragraph (8D) and who, for a period of at least 10 years immediately preceding the date when the licence is granted has:

(i) been free from any epileptic seizure

and

(ii) has not been prescribed any medication to treat epilepsy.

continued

(8B) An isolated seizure is prescribed for the purposes of section 92(2) of the Traffic Act 1988 as a relevant disability, in relation to an applicant for, or a holder of, a Group 2 licence, where during the previous 5 year period, such a seizure has occurred, or that person has been prescribed medication to treat epilepsy or a seizure.

(8C) An isolated seizure is prescribed for the purposes of section 92(4)(b) of the Traffic Act 1988 in relation to an applicant for a Group 2 licence who satisfies the conditions set out in paragraph (8D) and who, for a period of at least five years immediately preceding the date when the licence is granted:

(a) has been free from any unprovoked seizure

and

(b) has not been prescribed medication to treat epilepsy or a seizure.

(8D) The conditions are that:

(a) if required by the Secretary of State, there has been an appropriate medical assessment by a neurologist

and

(b) the Secretary of State is satisfied that the driving of a vehicle by the applicant, in accordance with the licence, is not likely to be a source of danger to the public.

Withdrawal of epilepsy medication

This guidance relates only to epilepsy treatment.

During the therapeutic procedure of epilepsy medication being withdrawn by a medical practitioner, the risk of further epileptic seizures should be noted from a medicolegal point of view.

If an epileptic seizure does occur, the patient will need to satisfy driving licence regulations before resuming driving and will need to be counselled accordingly.

It is clearly recognised that withdrawal of epilepsy medication is associated with a risk of seizure recurrence. A number of studies have shown this, including a randomised study of withdrawal in patients in remission conducted by the Medical Research Council's study group on epilepsy drug withdrawal. This study showed a 40% increased risk of seizure associated with the first year of withdrawal compared with continued treatment.

The Secretary of State for Transport's Honorary Medical Advisory Panel on Driving and Disorders of the Nervous System states that patients should be warned of the risk they run, both of losing their driving licence and of having a seizure that could result in a road traffic accident.

The Advisory Panel states that drivers should usually be advised not to drive from the start of the withdrawal period and for 6 months after treatment cessation – it considers that a person remains as much at risk of seizure during the withdrawal as during the following 6 months.

This advice may not be appropriate in every case, however. One specific example is withdrawal of anticonvulsant medication when there is a well-established history of seizures only while asleep.

In such cases, any restriction on driving is best determined by the physicians concerned, after considering the history. It is the patient's legal duty to comply with medical advice on driving.

It is important to remember that the driver licensing regulations remain relevant in cases of medication being omitted as opposed to withdrawn, such as on admission to hospital.

For changes of medication, for example due to side effect profiles, the following general advice is applicable:

- When changing from one medication to another and both would be reasonably expected to be equally efficacious, then no period of time off driving is recommended.
- When the new medication is felt to be less efficacious than the previous medication, the 6 months off driving period is recommended. This time period would start from the end of the change over period.

Provoked seizures

For Group 1 car and motorcycle, and Group 2 bus and lorry categories, provoked or acute symptomatic seizures may be dealt with on an individual basis by the DVLA.

To be considered a provoked seizure, the seizure must be attributable solely to a recognisable provoking cause and that causative factor must be reliably avoidable. It should be clear that the seizure has been provoked by a stimulus that does not convey a risk of recurrence and does not represent an unmasking of an underlying liability. Driving will usually need to cease for 6 months (group 1) or up to 5 years (group 2) following a provoked seizure. For Group 2 driving if evidence can be provided to show that an individual is at a less than 2% annual risk of having a further seizure before 5 years the DVLA would be pleased to receive and consider this.

Doctors may wish to advise patients that the likely total period of time they will be required by the DVLA not to drive will be extended if there is a previous history of unprovoked seizure or evidence of pre-existing cerebral pathology (e.g. longstanding cerebral lesion, epileptic activity on EEG or evidence of fixed neurological deficit), that increases the risk of further seizures.

In the absence of any previous seizure history or previous cerebral pathology, the following seizures may also be treated as provoked:

- eclamptic seizures
- reflex anoxic seizures
- seizure in the first week following a head injury
- seizure in the first week following a stroke, TIA or spontaneous acute subdural haematoma
- seizure during, or in the first week following, incranial surgery
- seizure associated with severe electrolyte disturbance documented within 24 h by specific biochemical or hematologic abnormalities),
- seizure associated with drug or alcohol intoxication and withdrawal, or exposure to well-defined epileptogenic drugs.
- provoked seizures occurring at the very moment of impact of a head injury and seizures provoked by electroconvulsive therapy do not require driving to cease, although the relevant driving standards for head injury and psychiatric standards will have to be met.

Appendix C
Cardiovascular considerations

Group 1 car and motorcycle and Group 2 bus and lorry entitlements

Medication

If drug treatment for any cardiovascular condition is required, any adverse effects likely to affect safe driving will necessitate the licence being refused or revoked.

Group 2 bus and lorry entitlement only

Licence duration

A bus or lorry licence issued after cardiac assessment – usually for ischaemic or untreated heart valve disease – will usually be short-term, for a maximum licence duration of 3 years, and licence renewal will require satisfactory medical reports.

Exercise tolerance testing

The DVLA no longer requires regular anti-anginal medication (i.e., nitrates, beta blockers, calcium channel blockers, nicorandil, ivabradine and ranolazine to be stopped prior to exercise tolerance testing. The requirements for exercise evaluation are:

1. The test must be on a bicycle (cycling for 10 minutes with 20 W per minute increments, to a total of 200 W) or treadmill.
2. The patient should be able to complete 3 stages of the standard Bruce protocol or equivalent safely, while remaining free of signs of cardiovascular dysfunction, viz:
   - angina pectoris
   - syncope
   - hypotension
   - sustained ventricular tachycardia.

   There must be no electrocardiographic ST segment shift (usually of not more than 2 mm horizontal or down-sloping) that is interpreted by a cardiologist as indicative of myocardial ischaemia, either during exercise or the recovery period.

   Should atrial fibrillation develop de novo during exercise testing, the licensing requirements will be the same as for individuals with pre-existing atrial fibrillation – that is, provided all the DVLA exercise tolerance test criteria above are met, licensing will be subject to echocardiogram and confirmation of left ventricular ejection fraction of at least 40%.

   The DVLA will require exercise evaluation at regular intervals not to exceed 3 years if there is established coronary heart disease.

Chest pain of uncertain cause (angina not yet excluded)

Exercise testing should be performed as outlined above.

Individuals with a locomotor or other disability who cannot undergo or comply with the exercise test requirements will require a gated myocardial perfusion scan or stress echo study accompanied when required by specialist cardiological opinion.

Stress myocardial perfusion scan or stress echocardiography

When the DVLA requires these imaging tests, the relevant licensing standards are as follows.

LV ejection fraction is 40% or more:

- no more than 10% of the myocardium is affected by reversible ischaemic change on myocardial perfusion imaging

  or

- no more than one segment is affected by reversible ischaemic change on stress echocardiography.

Full DVLA protocol requirements for these tests are available on request (see contact details on page 14).

Coronary angiography

For licensing purposes, the DVLA considers functional implication to be more predictive than anatomical findings in coronary artery disease. 'Predictive' refers to the risk of an infarct within 1 year. Grafts are considered as 'coronary arteries'.

For this reason, exercise tolerance testing and, where necessary, myocardial perfusion imaging or stress echocardiography are the investigations of relevance (outlined above) with the standards as indicated to be applied.

Angiography is therefore not commissioned by the DVLA.

If there is a conflict between the results of the functional test and a recent angiography, the case will be considered individually. Licensing will not normally be granted, however, unless the coronary arteries are unobstructed or the stenosis is not flow-limiting. The LV ejection fraction must also be at least 40%.

Hypertrophic cardiomyopathy and exercise tolerance testing

For the purpose of assessing hypertrophic cardiomyopathy, the DVLA would consider an exercise tolerance test (see above) falling short of 9 minutes acceptable provided:

- there is no obvious cardiac cause for stopping the test in under 9 minutes
- there is a rise of at least 25mm Hg in systolic blood pressure during exercise testing
- all other requirements are met as outlined under hypertrophic cardiomyopathy (page 61).

Marfan syndrome: aortic root replacement

The DVLA will refuse or revoke a Group 2 (bus or lorry) licence if there has been:

- emergency aortic root surgery
- elective aortic root surgery associated with complications or high risk factors – for example, aortic root, valve and arch (including de-branching) surgery, external aortic support operation.

A bus or lorry licence for annual review may be issued in elective aortic root replacement surgery provided:

- surgery is successful without complications
- there is satisfactory regular specialist follow-up
- no evidence of suture-line aneurysm postoperatively and on 2-yearly MRI or CT surveillance following valve-sparing surgery for root replacement plus valve replacement.

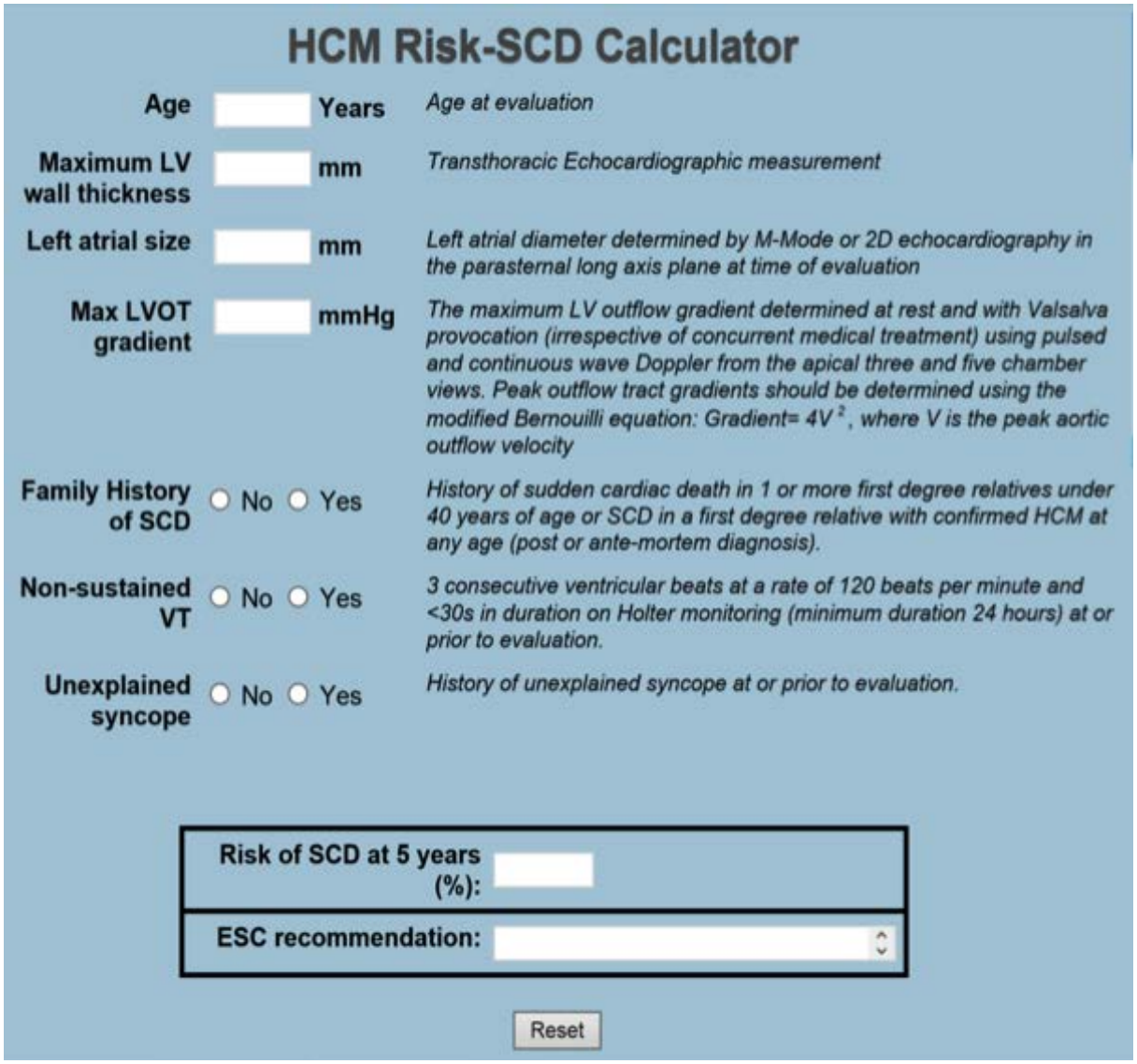
Severe aortic stenosis (to include sub-aortic and supravalvular stenosis)

'Severe' is defined (European Society of Cardiology guidelines) as:

- aortic valve area – less than 1cm^2
  or
  – less than 0.6cm^2/m^2 body surface area (BSA)
- mean aortic pressure gradient – greater than 40mmHg
- maximum jet velocity – greater than 4 metres/second.

Introduction of the ESC HCM Risk-SCD Calculator

This calculator is recommended by the European Society of Cardiology to assess Sudden Cardiac Death (SCD) risk in hypertrophic cardiomyopathy (HCM) patients and to assign patients into low, intermediate or high risk categories. The HCM risk categories for SCD have been defined as low risk (5 year risk of SCD less than 4%), intermediate risk (5 year risk of SCD 4 to 6%) and high risk (5 year risk of SCD equal to or greater than 6%).



Appendix D

INF188/2 leaflet 'Information for drivers with diabetes' and INF294 leaflet 'A guide to insulin treated diabetes and driving'

Driver & Vehicle Licensing Agency

INF188/2

Information for drivers with diabetes treated by non insulin medication, diet, or both.

Please keep this leaflet safe so you can refer to it in the future

Car and motorcycle drivers do not need to tell us if their diabetes is treated by tablets, diet, or both and they are free of the complications listed over the page. There are different rules if you have passed your test to drive lorries and/or buses. Please visit gov.uk/diabetes-driving

Some people with diabetes develop associated problems that may affect their driving.

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continued

Hypoglycaemia (low blood sugar)

Hypoglycaemia (also known as a hypo) is the medical term for a low blood glucose (sugar) level.

Severe hypoglycaemia means the assistance of another person is required. The risk of hypoglycaemia is the main danger to safe driving and can occur with diabetes treated with insulin or tablets or both. This may endanger your own life as well as that of other road users. Many of the accidents caused by hypoglycaemia are because drivers carry on driving even though they get warning symptoms of hypoglycaemia. If you get warning symptoms of hypoglycaemia while driving you must stop as soon as safely possible – **do not ignore the warning symptoms**.

Sleep hypoglycaemic episodes

If you have frequent sleep hypoglycaemic episodes, while this will not affect your application for a driving licence, you should discuss them with your doctor.

Early symptoms of hypoglycaemia include:

- Sweating, shakiness or trembling, feeling hungry, fast pulse or palpitations, anxiety, tingling lips.

If you don't treat this it may result in more severe symptoms such as:

- Slurred speech, difficulty concentrating, confusion, disorderly or irrational behaviour, which may be mistaken for drunkeness.

If left untreated this may lead to unconsciousness.

What you need to tell us about

By law you must tell us if any of the following applies:

- You suffer more than one episode of severe hypoglycaemia within the last 12 months while awake. You must also tell us if you or your medical team feel you are at high risk of developing severe hypoglycaemia. For Group 2 drivers (bus/lorry), one episode of severe hypoglycaemia must be reported immediately.
- You develop impaired awareness of hypoglycaemia. (Difficulty in recognising the warning symptoms of low blood sugar).
- You suffer severe hypoglycaemia while driving
- You need treatment with insulin.
- You need laser treatment to both eyes or in the remaining eye if you have sight in one eye only.

continued

- You have problems with vision in both eyes, or in the remaining eye if you have sight in one eye only. By law, you must be able to read, with glasses or contact lenses if necessary, a car number plate in good daylight at 20 metres. In addition, the visual acuity (with the aid of glasses or contact lenses if worn) must be at least 6/12 (0.5 decimal) with both eyes open, or in the only eye if monocular.
- You develop any problems with the circulation, or sensation in your legs or feet which makes it necessary for you to drive certain types of vehicles only, for example automatic vehicles, or vehicles with a hand operated accelerator or brake. This must be shown on your driving licence.
- An existing medical condition gets worse or you develop any other condition that may affect your driving safely.

In the interests of road safety, you must be sure that you can safely control a vehicle at all times.

How to tell us

If you need to to report your condition to us, you can tell us online at **gov.uk/report-driving-medical-condition** or fill in a medical questionnaire about diabetes (DIAB1). You can download this from **gov.uk/driving-medical-conditions**

Phone: 0300 790 6806.

Write to: Drivers Medical Group
DVLA
Swansea
SA99 1TU

Useful address

Diabetes UK Central Office
Macleod House
10 Parkway
London
NW1 7AA

Diabetes UK Website:
diabetes.org.uk

Keep up to date with our latest news and services.

gov.uk/dvla

Driver & Vehicle Licensing Agency

INF294

A guide to **insulin treated diabetes** and **driving**

Drivers who have any form of diabetes treated with any insulin preparation must inform DVLA.

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Hypoglycaemia

Hypoglycaemia (also known as a hypo) is the medical term for a low glucose (sugar) level.

Severe hypoglycaemia means the assistance of another person is required.

The risk of hypoglycaemia is the main danger to safe driving and this risk increases the longer you are on insulin treatment. This may endanger your own life as well as that of other road users. Many of the accidents caused by hypoglycaemia are because drivers carry on driving even though they get warning symptoms of hypoglycaemia. If you get warning symptoms of hypoglycaemia whilst driving you must stop safely as soon as possible – **do not ignore the warning symptoms**.

Early symptoms of hypoglycaemia include sweating, shakiness or trembling, feeling hungry, fast pulse or palpitations, anxiety and tingling lips.

If you do not treat this it may result in more severe symptoms such as slurred speech, difficulty concentrating, confusion and disorderly or irrational behaviour, which may be mistaken for drunkenness.

If left untreated this may lead to unconsciousness.

Sleep hypoglycaemic episodes

If you have frequent sleep hypoglycaemic episodes, you should discuss them with your doctor even though this is unlikely to affect your application for a car or motorcycle (Group 1) driving licence.

Drivers with insulin treated diabetes are advised to take the following precautions

- You should **always** carry your glucose meter and blood glucose strips with you, even if you use a real time glucose monitoring system (RT-CGM) or flash glucose monitoring system (FGM).
- You should check your glucose less than 2 hours before the start of the first journey and every 2 hours after driving has started.
- A maximum of 2 hours should pass between the pre-driving glucose check and the first glucose check after driving has started.
- More frequent testing may be required if for any reason there is a greater risk of hypoglycaemia for example after physical activity or an altered meal routine.

2

- In each case if your glucose is **5.0mmol/L or less, eat a snack. If it is less than 4.0mmol/L or you feel hypoglycaemic do not drive**.
- Always keep an emergency supply of fast-acting carbohydrate such as glucose tablets or sweets within easy reach in the vehicle.
- You should carry personal identification to show that you have diabetes in case of injury in a road traffic accident.
- You should take extra care during changes of insulin regimens, changes of lifestyle, exercise, travel and pregnancy.
- You must eat regular meals, snacks and rest periods on long journeys. Always avoid alcohol.

Advice on managing hypoglycaemia or developing hypoglycaemia at times relevant to driving

- In each case if your glucose is **5.0mmol/L or less, eat a snack. If it is less than 4.0mmol/L or you feel hypoglycaemic do not drive**.
- If hypoglycaemia develops while driving stop the vehicle safely as soon as possible.
- You should switch off the engine, remove the keys from the ignition and move from the driver's seat.
- You should not start driving again until 45 minutes after finger prick glucose has returned to normal (at least 5.0mmol/L). It takes up to 45 minutes for the brain to recover fully.
- If you use a real time (RT-CGM) or flash glucose monitoring (FGM) system to check your glucose levels and the reading is 4.0mmol/L or below, you must stop driving and confirm your finger prick glucose test reading.
- Your finger prick glucose level must be at least 5.0mmol/L before returning to driving.

Appropriate glucose monitoring systems

- **Group 1** drivers may now use finger prick glucose testing and continuous glucose monitoring systems (FGM and RT-CGM) for the purposes of driving.
- **Group 2** drivers **must continue to use** finger prick testing for the purposes of driving. RT-CGM and flash glucose monitoring systems are not legally permitted for the purposes of Group 2 driving.

- All glucose monitoring systems used for the purposes of Group 1 driving must carry the CE mark.
- As there are times when FGM and RT-CGM users are required to check their finger prick glucose, users of these systems must also have finger prick glucose monitors and test strips available when driving.

Important notes for car or motorcycle (Group 1) drivers about using RT-CGM and FGM whilst driving

You must get a confirmatory finger prick glucose level in the following circumstances

- If your glucose level is 4.0mmol/L or below.
- If you have symptoms of hypoglycaemia.
- If your glucose monitoring system gives a reading that is not consistent with your symptoms (that is you have symptoms of hypoglycaemia and your system reading does not indicate this).
- If you are aware that you have become hypoglycaemic or have indication of impending hypoglycaemia.
- At any other times recommended by the manufacturer of your glucose monitoring system.
- If you are using a glucose monitoring system (RT-CGM or FGM) you must not actively use this whilst driving your vehicle. You must pull over in a safe location before checking your device.

You must stay in full control of your vehicle at all times. The police can stop you if they think you're not in control because you're distracted and you can be prosecuted.

You need to tell DVLA if any of the following happen to you

Group 1 drivers (car and motorcycle)

You need to tell DVLA if:

- you have had more than one episode of severe hypoglycaemia while awake (needing the assistance of another person) within the last 12 months
- you develop impaired awareness of hypoglycaemia (difficulty in recognising the warning symptoms of low blood sugar).

Group 2 drivers (bus and lorry)

You must stop driving Group 2 vehicles and tell DVLA if:

- you have a single episode of hypoglycaemia requiring the assistance of another person, **even if this happened during sleep**
- you have any degree of impaired awareness of hypoglycaemia (difficulty in recognising the warning symptoms of low blood sugar).

All drivers (Group 1 and Group 2)

You must tell DVLA if:

- you suffer severe hypoglycaemia while driving
- you or your medical team feel you are at high risk of developing hypoglycaemia
- an existing medical condition gets worse or you develop any other condition that may affect your ability to drive safely.

Eyesight

All drivers are required by law to read in good daylight (with glasses or corrective lenses if necessary) a car number plate made after 1 September 2001 from a distance of 20 metres. Also, the visual acuity (with the aid of glasses or contact lenses if worn) must be at least 6/12 on the Snellen scale (decimal 0.5) with both eyes open, or in the working eye if monocular. If in doubt, speak to your optician.

Limb problems

Limb problems or amputations are unlikely to prevent driving. They may be overcome by driving certain types of vehicles, for example automatics or those with hand controls.

Contact us

Website: www.gov.uk/dvla

Tel: 0300 790 6806 (8.00am to 5.30pm. Monday to Friday and 8.00am to 1.00pm on Saturday)

Write to: Drivers Medical Group, DVLA, Swansea SA99 1TU

For further information about your diabetes healthcare visit www.diabetes.org.uk/15-essentials

Revised February 2019

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Appendix E
Important notes concerning psychiatric disorders

All mental health symptoms must be considered

Any psychiatric condition that does not fit neatly into the classifications in Chapter 4 will need to be reported to the DVLA if it is causing or is considered likely to cause symptoms that would affect driving.

Such symptoms include, for example:

- any impairment of consciousness or awareness
- any increased liability to distraction
- or any other symptoms affecting the safe operation of the vehicle.

The patient should be advised to declare both the condition and the symptoms of concern.

It is the relationship of symptoms to driving that is of importance.

The European third driving Licence Directive (2006/126/EC) requires member states to set minimum medical standards of fitness to drive and sets out the requirements for mental health in broad terms:

- the laws make a clear distinction between the standards for Group 1 car and motorcycle, and Group 2 bus and lorry licensing. The standards for the latter are more stringent because of the size of the vehicles and the greater amounts of time spent at the wheel by occupational drivers
- severe mental disorder is a prescribed disability for the purposes of section 92 of the Road Traffic Act 1988. Regulations define “severe mental disorder” as including mental illness, arrested or incomplete development of the mind, psychopathic disorder, and severe impairment of intelligence or social functioning
- the laws require that standards of fitness to drive must reflect, not only the need for an improvement in the mental state, but also a period of stability, such that the risk of relapse can be assessed should the patient fail to recognise any deterioration
- misuse of or dependence on alcohol or drugs are cases that require consideration of the standards in Chapter 5 (page 88) in addition to those for psychiatric disorders in Chapter 4.

Medications

Section 4 of the Road Traffic Act 1988 does not differentiate between illicit and prescribed drugs.

Any person driving or attempting to drive on a public highway or other public place while unfit due to any drug is liable for prosecution.

- All drugs with an action on the central nervous system can impair alertness, concentration and driving performance.
- This is of particular relevance at the initiation of treatment, or soon after, and also when dosage is being increased. Anyone who is adversely affected must not drive.

- It should be taken into account when planning the treatment of a patient who is a professional driver that the older tricyclic antidepressants can have pronounced anticholinergic and antihistaminic effects, which may impair driving, whereas the more recently developed antidepressants may have fewer such effects.
- Antipsychotic drugs, including depot preparations, can cause motor or extrapyramidal effects as well as sedation or poor concentration. These effects, either alone or in combination, may be sufficient to impair driving, and careful clinical assessment is required.
- The epileptogenic potential of psychotropic medication should be given particular consideration in patients who are professional drivers.
- Benzodiazepines are the psychotropic medications most likely to impair driving performance – the long-acting compounds in particular – and alcohol will potentiate effects.
- Doctors have a duty of care to advise their patients of the potential dangers of adverse effects from medications and their interactions with other substances, especially alcohol.

Electroconvulsive therapy

The likely severity of the underlying condition requiring electroconvulsive therapy (ECT) means the driver should be advised that they must notify the DVLA.

Electroconvulsive therapy is usually employed in the context of an acute intervention for a severe depressive illness or, less commonly, as longer-term maintenance therapy.

In both courses, it is the severity of the underlying mental health condition that is of prime importance to the determination of whether driving may be permitted.

A seizure induced by ECT is regarded as provoked for the purposes of fitness to drive and is not a bar to licensing and driving – under both Group 1 car and motorcycle, and Group 2 bus and lorry.

The concerns for driving are:

- severity of the underlying illness requiring ECT treatment
- potential cognitive or memory disturbances associated with both the underlying depression and the ECT therapy.

Driving must stop during an acute course of treatment with ECT and is not permitted until the relevant medical standards and observation periods associated with underlying conditions have been met, as set out in Chapter 4 (page 79) and with respect to any other mental health symptoms or psychiatric conditions that do not fit neatly into classifications.

Again, this guidance must stress that the underlying condition and response to treatment are what determine licensing and driving.

Where ECT is used as maintenance treatment with a single treatment sometimes given weeks apart there may be minimal or no symptoms. This would not affect driving or licensing providing there is no relapse of the underlying condition.

Driving must stop for 48 hours following the administration of an anaesthetic agent.

Appendix F
Disabilities and vehicle adaptations

Group 1 car and motorcycle

Driving often remains possible with certain adjustments for a disability, whether for a static and progressive disorder or a relapsing one. These vehicle modifications may be needed for:

- permanent limb and spinal disabilities – for example, amputation, hemiplegia, cerebral palsy, ankylosing spondylitis, or severe arthritis (especially with pain)
- chronic neurological disorders – for example, multiple sclerosis, Parkinson's disease, motor neurone disease, or peripheral neuropathy

Vehicle adaptations range from simple automatic transmission for many disorders, to sophisticated modifications such as joysticks and infrared controls for people with severe disabilities.

The DVLA will need to know about a disability and whether any controls require modification, and will ask the patient to complete a simple questionnaire.

The driving licence is coded to reflect any vehicle modifications.

Assessment centres offer people advice about driving with a disability (these are listed in Appendix G).

Note that a person in receipt of the mobility component of Personal Independence Payment can hold a driving licence from 16 years of age. (A person can't apply for PIP until their 16th birthday.)

Group 2 bus and lorry

Some disabilities, if mild and non-progressive, may be compatible with driving large vehicles. The DVLA needs to be notified and will require an individual assessment.

Mobility scooters and powered wheelchairs

Users of Class 2 or 3 mobility vehicles – which are limited to 4 mph or 8 mph respectively – are not required to hold a driving licence, and they do not need to meet the medical standards for driving motor vehicles. The DVLA recommends the following, however:

- individuals with a medical condition that may affect their ability to drive these mobility vehicles should consult their GP first
- users should be able to read a car number plate from a distance of 12.3 metres.

More details are at GOV.UK – see Mobility scooters and powered wheelchairs: the rules.

Appendix G
Mobility Centres and Driving Assessment Centres

Find a centre on the Driving Mobility website.

http://www.drivingmobility.org.uk/find-a-centre/

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Assessing fitness to drive
– a guide for medical professionals

DVLA
Longview Road
Morriston
Swansea
SA6 7JL

www.gov.uk/dvla/fitnesstodrive

This guidance is published by the Department for Transport. It describes the law relating to medical aspects of driver licensing. In particular, it advises members of the medical profession on the medical standards that need to be met by individuals to hold licences to drive various categories of vehicle. The Department for Transport has prepared this document on the advice of the Secretary of State's Honorary Advisory Panels of medical specialists.

This document provides the basis on which members of the medical profession advise individuals on whether any particular condition could affect their driving entitlement. It is the responsibility of the individual to report the condition to the DVLA in Swansea.