

Diabetes & Primary Care

Publisher's note:

This guidance has been reviewed in 2021 and is considered to be **out of date**. Up-to-date guidance [can be found here](#).



Assessing fitness to drive

Group 1 drivers (car and motorcycle)

Diet and lifestyle only

- **May drive and need not notify DVLA**
- If a notifiable condition (see *Box 1*) develops, **must not drive and must notify DVLA**
- Must have no other reason for DVLA medical enquiries

Sulfonylureas and glinides

May drive and need not notify DVLA if:

- No more than one episode of severe hypoglycaemia in last 12 months
- Detection of hypoglycaemia by self-monitoring of blood glucose (SMBG) at times relevant to driving and clinical factors
- Under regular review
- None of the notifiable conditions in *Box 1* (if any of these develop, **must not drive and must notify DVLA**)
- No other reason for DVLA medical enquiries (e.g. neurological or respiratory)

Other medications, including non-insulin injectables

May drive and need not notify the DVLA if:

- None of the notifiable conditions in *Box 1* (if any of these develop, **must not drive and must notify DVLA**)
- No other reason for DVLA medical enquiries

Diabetes: Safe driving and the DVLA

Advice for drivers at risk of hypoglycaemia while driving can be accessed at: <http://trend-uk.org>

Insulin

Group 1 recommendations for insulin-treated drivers (1–3-year licence)

- Must not have any of the notifiable conditions (except insulin use) in *Box 1* (if any of these develop, **must not drive and must notify DVLA**)
- Must practise appropriate blood glucose monitoring as defined by the Honorary Medical Advisory Panel on Driving and Diabetes:
 - Blood glucose testing no more than 2 hours before the start of the first journey
 - Every 2 hours while driving
 - Applicants asked to sign an undertaking to comply with the directions of the HCPs treating their diabetes and to report any significant change in their condition to the DVLA immediately
 - More frequent self-monitoring if greater risk of hypoglycaemia (physical activity, altered meal times)
- Not recognised as a likely risk to the public while driving

About this series
The aim of the “How to” series is to provide readers with a guide to clinical procedures and aspects of diabetes care that are covered in the clinic setting.

What and why
This summarises guidance for healthcare professionals (HCPs) in *Assessing Fitness to Drive* June 2017 (available at: www.gov.uk/dvla/fitnessfordrive). Refer to the guide for more detailed advice.

Consider providing leaflet *INF188/2: Information for drivers with diabetes* or the DIABINF leaflet *A guide to insulin treated diabetes and driving*, downloadable from the DVLA website, or the *Diabetes: Safe driving and the DVLA* leaflet available at <http://trend-uk.org>, to support verbal discussions.

Make it clear to patients that it is their responsibility to notify the DVLA of their diabetes if they meet the notification criteria in *Box 1* or start insulin.

HCPs should always record in the consultation notes that advice has been provided regarding driving and diabetes to avoid future legal action.

All HCPs who provide guidance on diabetes should familiarise themselves fully with chapter 03 of *Assessing Fitness to Drive* and other sections as appropriate, and discuss with colleagues or the DVLA Medical Team if they are uncertain about how to interpret guidance in relation to individual patients.

Taxi drivers
Standards are set by Transport for London and individual Local Authorities. The guide for Local Authorities recommends taxi drivers should meet the same medical standards as Group 2 drivers.

Box 1. Notifiable conditions (see Appendix D of Assessing Fitness to Drive)

By law, Group 1 drivers **must notify** the DVLA if they:

- Need treatment with insulin
- Have more than one episode of severe hypoglycaemia within the last 12 months or if they or their medical team believe they are at high risk of developing severe hypoglycaemia
- Develop impaired awareness of hypoglycaemia
- Develop severe hypoglycaemia while driving
- Need laser treatment in both eyes or in the remaining eye if sight in only one eye
- Have problems with vision in both eyes or in the remaining eye if sight in only one eye. All drivers need to be able to read a car number plate in good daylight at 20 metres, with glasses or contact lenses if needed. Visual acuity must be at least 6/12 (0.5 decimal) with both eyes open or in the one eye if monocular vision, with glasses or contact lenses if needed
- Develop problems with circulation or sensation in the legs or feet restricting the types of vehicle they can drive
- Have an existing medical condition that gets worse or develop another condition that may affect driving safely

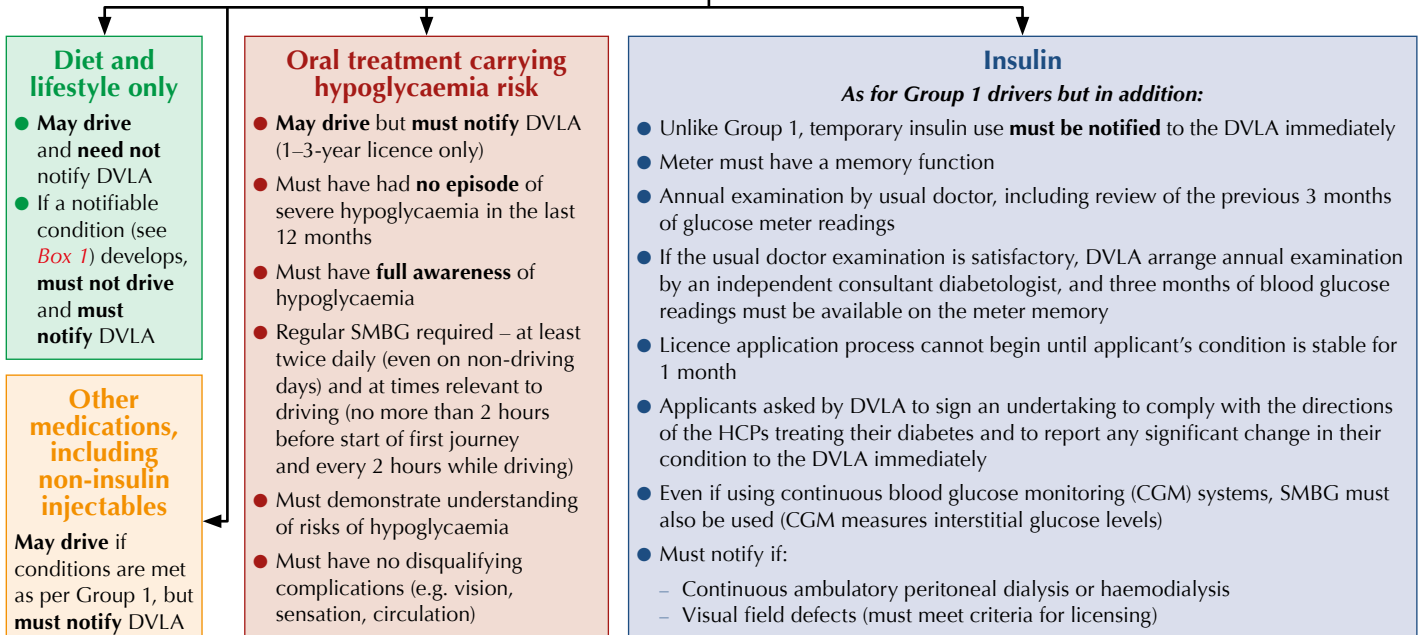
Note: Group 1 drivers treated with temporary insulin **do not need** to notify the DVLA provided they remain under medical supervision, are not advised that they are at increased risk of disabling hypoglycaemia and treatment does not continue for more than 3 months, or, in the case of gestational diabetes, for more than 3 months post-delivery. Group 2 drivers **must notify** the DVLA.

Emergency vehicle drivers
The same medical standards apply for drivers of police, fire, coastguard, ambulance and health service vehicles as for Group 1 and 2 drivers unless higher standards are set by individual forces or organisations. However, the Medical Advisory Panel on Diabetes and Driving has recommended that drivers with insulin-treated diabetes do not drive emergency vehicles due to difficulties adhering to the monitoring processes required when driving in response to an emergency.



Assessing fitness to drive

Group 2 drivers (lorry and bus)
Requirements are more stringent than for Group 1 drivers



Complications and sleepiness problems

Drivers with these complications may need to **stop driving** and **must notify** the DVLA:

Visual complications

- Minimal standards – see *Box 1* for acuity and number plate reading. Field of vision of at least 120 degrees horizontal, including 50 degrees left and right.
- Monocular vision – must meet same visual standards; may only drive after clinical advice of successful adaptation to the condition
- Visual field defects (including glaucoma and retinopathy/retinopathy treatment) – must notify DVLA and meet criteria for driving. Guidance is complex – consult chapter 06 of *Assessing Fitness to Drive* and ensure formal visual field testing if appropriate

Renal complications

- Ambulatory dialysis or haemodialysis – Group 1: only notify if severe electrolyte disturbance or complications (e.g. sudden attacks of disabling dizziness or fainting, impaired psychomotor or cognitive function). Group 2: **must notify** DVLA

Limb complications, including peripheral neuropathy

- See appendix F of *Assessing Fitness to Drive*

Obstructive sleep apnoea (even before formal diagnosis)

Guidance based on apnoea/hypopnoea index (AHI) and sleepiness:

- AHI <15 per hour/mild, or excessive sleepiness – **must not drive** but **may not need** to notify DVLA. Resume driving only after satisfactory symptom control
- AHI 15–29 per hour/moderate, with sleepiness; or AHI >30 per hour/severe, without sleepiness; or suspected diagnosis – **must not drive** and **must notify** DVLA. Licensing will require control of condition, sleepiness improved, treatment adherence confirmed medically; must agree to 3-year review
- Group 2 drivers **must always notify** DVLA (unless no sleepiness) and **must not drive** until specialist confirmation of ongoing adherence to treatment or, in absence of sleepiness, until poor concentration is under control

Hypoglycaemia due to other causes

Group 1 and 2 drivers – if episodes of severe hypoglycaemia from any cause (e.g. post-bariatric surgery or in eating disorders), **driving must stop** while liability to episodes remains

Pancreas or islet cell transplants

Group 1 drivers – **may drive** but **must notify** the DVLA. Licensing only if no disqualifying conditions. If on insulin, follow Group 1 insulin guidance

Group 2 – **may drive** but **must notify** the DVLA. Licensing will require individual assessment. If on insulin, follow Group 2 insulin guidance

Definitions used by the DVLA

Impaired awareness of hypoglycaemia

“An inability to detect the onset of hypoglycaemia because of total absence of warning symptoms”
Group 2 drivers must have **full hypoglycaemia awareness**

Severe hypoglycaemia

“Hypoglycaemia requiring another person’s assistance”

Sudden disabling events

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

DVLA defines high risk of a sudden disabling event as:

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

Under regular review – not defined

Advice for drivers

- Carry blood glucose meter and testing strips in car
- Check level before driving and on long journeys stop every 2 hours to recheck
- Take a snack before driving if blood glucose is ≤5.0 mmol/L. Do not drive if feeling hypoglycaemic or if blood glucose is <4.0 mmol/L
- If hypoglycaemia develops while driving, stop driving as soon as possible in a safe location. Treat the hypoglycaemia and do not resume driving until 45 minutes after blood glucose has returned to normal. It takes up to 45 minutes for the brain to recover fully
- Keep an emergency supply of fast-acting carbohydrate, such as glucose tablets or sweets, within easy reach in the vehicle
- Take regular meals, snacks and rest periods on long journeys, and always avoid alcohol