



**Group 1 drivers (car and motorcycle)**

**What and why**

This summarises guidance for healthcare professionals (HCPs) based on the March 2021 update of *Assessing Fitness to Drive* (available at: <https://tinyurl.com/yc4jk47k>). Refer to the guide for more detailed advice and to check for updates.

**Doctors and other healthcare professionals should:**

- Advise the individual on the impact of their medical condition on safe driving ability.
- Advise the individual of their **legal requirement to notify the DVLA** of any relevant condition, or if they meet the notification criteria in **Box 1 (overleaf)** or start insulin therapy.
- Notify the DVLA directly of an individual's medical condition or fitness to drive if they cannot or will not notify the DVLA themselves (see [GMC guidance](#) on confidentiality and reporting to the DVLA).

Consider providing the information leaflets [INF188/2](#) for drivers treated with non-insulin medications, diet or both; [INF294](#) for those treated with insulin; and [INS186](#) for those wishing to apply for Group 2 entitlement.

HCPs should always record in the consultation notes that advice has been provided regarding driving and diabetes, especially with respect to fitness to drive, hypoglycaemia risk and appropriate glucose monitoring.

All HCPs who provide guidance on diabetes should familiarise themselves fully with chapter 3 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.

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**Citation:** Diggle J (2021) How to assess fitness to drive [updated September 2021]. *Diabetes & Primary Care* **23**: 135–7

**Diet and lifestyle only**

**May drive and need not** notify the DVLA if:

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

**Other medications, including non-insulin injectables**

**May drive and need not** notify DVLA if:

- None of the notifiable conditions in **Box 1, overleaf** (if any of these develop, **must not drive** and **must notify DVLA**)
- 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 **while awake** in last 12 months, and the latest episode was more than 3 months ago
- Using glucose monitoring to detect hypoglycaemia at times relevant to driving and more frequently in clinical circumstances where the risk of hypoglycaemia may be increased (e.g. when therapy is initiated or doses increased, with increased physical activity levels, or with altered food choices or meal patterns)
- Under regular review and medical team does not feel person is at high risk of developing severe hypoglycaemia
- None of the notifiable conditions in **Box 1, overleaf** (if any of these develop, **must not drive** and **must notify DVLA**)
- No other reason for DVLA medical enquiries (e.g. neurological or respiratory)

**Insulin**

(see [INF294 leaflet](#))

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

**By law, persons treated with insulin must inform DVLA: complete the [DIAB1 form](#)**  
**For help completing this form see the [INF250 leaflet](#)**

- Must not have any of the notifiable conditions (except insulin use) in **Box 1, overleaf** (if any of these develop, **must not drive** and **must notify DVLA**)
- Must practise appropriate glucose monitoring as defined by the Honorary Medical Advisory Panel on Driving and Diabetes:
  - 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 (where therapy is initiated or doses increased, with increased physical activity levels, or altered food choices or meal patterns)
- Must not be regarded by the HCP as a likely risk to the public while driving

**Definitions used by the DVLA**

**Adequate awareness of hypoglycaemia**

Ability of driver to bring their vehicle to a safe controlled stop

**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”

**Under regular review** – not defined

**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

## Group 2 drivers (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

**Note:** Drivers with a Group 1 category B licence issued before 1 January 1997 have additional driving entitlements until the licence expires or is revoked for medical reasons: [see here](#)

### 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**

### Other medications, including non-insulin injectables

- **May drive** if conditions are met as per Group 1, but **must notify DVLA**

### Oral treatment carrying hypoglycaemia risk

- **May drive** but **must notify DVLA** (1–3-year licence only)
- Regular self-monitoring of blood glucose required – at least twice daily (even on non-driving days) and at times relevant to driving (**no more than 2 hours before start of first journey and every 2 hours while driving**)
- Must have had **no episode** of severe hypoglycaemia in the last 12 months (**any episode of severe hypoglycaemia must be reported immediately**)
- Must have **full awareness** of hypoglycaemia (**must inform DVLA** if they develop impaired awareness)
- Must demonstrate understanding of risks of hypoglycaemia
- Must have no disqualifying complications (e.g. vision, sensation, circulation)

### Insulin

**Recommend [INS186 leaflet](#). Rules as for Group 1 drivers but in addition:**

- **Must complete the [VDIAB1i medical questionnaire](#)**
- Unlike Group 1, temporary insulin use **must be notified to the DVLA** immediately
- Must use a blood glucose meter with sufficient memory to store 3 months of readings
- Must demonstrate understanding of risks of hypoglycaemia
- Annual examination by usual doctor, including review of the previous 3 months of glucose meter readings
- If the usual doctor examination is satisfactory, DVLA arranges annual examination by an independent consultant diabetologist, and three months of blood glucose readings must be available on the meter memory
- Licence application process cannot begin until applicant's condition is stable for 1 month
- Applicants **must stop driving Group 2 vehicles** when they start insulin until DVLA has made a licensing decision. For more information on how to reapply for licence, [see here](#)
- Applicants asked by DVLA 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
- Even if using continuous blood glucose monitoring (CGM) or flash glucose monitoring systems, SMBG must also be used (CGM measures interstitial glucose levels)
- Must have no disqualifying complications (e.g. vision, sensation, circulation)
- Must notify if:
  - Continuous ambulatory peritoneal dialysis or haemodialysis
  - Visual field defects (must meet criteria for licensing)
  - Loss of full hypoglycaemia awareness

### Box 1. Notifiable conditions (see [INF188/2](#) and [INF294](#) leaflets)

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

- Need treatment with insulin
- Have more than one episode of severe hypoglycaemia while awake within the last 12 months or if they or their medical team believe they are at high risk of developing severe hypoglycaemia. For Group 2 drivers (bus/lorry), any episode of severe hypoglycaemia must be reported immediately
- 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 safely
- Have an existing medical condition that gets worse or develop another condition that may affect driving safely, including syncope, heart conditions (including atrial fibrillation and pacemakers), sleep apnoea, epilepsy, stroke or glaucoma

**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 their 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**.

## Interstitial glucose monitoring (CGM and flash glucose monitoring)

**Group 1 drivers:** Continuous or flash glucose monitoring may be used for monitoring glucose at times relevant to driving, but users must also carry finger-prick capillary glucose testing equipment. A finger-prick blood glucose reading **must be taken** in the following circumstances:

- When blood glucose 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 (e.g. symptoms of hypoglycaemia) – see the [INF294 leaflet](#) for further details

**Group 2 drivers:** **There is a legal requirement for drivers to monitor their blood glucose for the purpose of Group 2 driving.** Continuous or flash 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 capillary blood glucose levels – at least twice daily (even on non-driving days) and at times relevant to driving (**no more than 2 hours before start of first journey and every 2 hours while driving**)

## Taxi and emergency vehicle drivers

The same medical standards apply for taxi drivers and drivers of police, fire, coastguard, ambulance and health service vehicles as they do for all drivers holding Group 1 and 2 licences.

However, the individual force, service or licensing body may impose higher medical standards over and above these licensing requirements.

## Complications that may affect fitness to drive

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/treatment for retinopathy) – **must notify DVLA** and meet criteria for driving. Guidance is complex – consult [chapter 6](#) of *Assessing Fitness to Drive* and ensure formal visual field testing if appropriate

### Excessive sleepiness, including 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** until satisfactory symptom control; **must notify DVLA** if symptom control not achieved in 3 months
- 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: if any suspicion of OSA, **must not drive** until diagnosis and symptoms are proven to be under control
- See also [guidance on hypersomnias](#) including narcolepsy

### 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*

### Hypoglycaemia due to other causes

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

### Pancreas or islet cell transplants

- Group 1 drivers – **may drive** but **must notify DVLA**. Licensing only if no disqualifying conditions. If on insulin, follow Group 1 insulin guidance
- Group 2 drivers – **may drive** but **must notify DVLA**. Licensing will require individual assessment. If on insulin, follow Group 2 insulin guidance

## Advice for drivers

- Carry blood glucose meter and testing strips (that are in date/not expired) in car
- Check level before driving, and on long journeys stop every 2 hours to recheck. **If blood glucose is less than 5 mmol/L, do not drive**
- Take a snack before driving if blood glucose is ≤5.0 mmol/L. Do not drive if feeling hypoglycaemic
- If hypoglycaemia develops while driving, stop driving as soon as possible in a safe location, switch off engine, remove keys from ignition and move from the driver's seat.
  - Treat the hypoglycaemia and do not resume driving until 45 minutes after blood glucose has returned to normal (confirmed by measuring capillary blood glucose).

- 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
- **Motor insurance:** Drivers **must declare** that they have diabetes when applying for insurance
  - Most car insurers do not charge higher premiums for people with diabetes. If the drivers feel they are being discriminated against, they can complain to the insurance company or switch to a new company
  - See Diabetes UK's [Insurance and diabetes](#) for more info
- See driving advice at Diabetes UK's [Diabetes and driving](#)