

Diabetic drivers: get up to date with the new regulations

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Introduction

All diabetics, apart from those controlled on diet alone and with no relevant disabilities such as diabetic eye disease, are required by law to notify the DVLA of their condition. The regulations regarding the licensing position of people with diabetes are complex, and some significant changes have recently been implemented as a result of the Second EC Directive. This article describes the licensing position of different types of diabetic patient, and explains the new regulations involving higher medical standards for insulin-treated patients for some classes of vehicles.

Diabetes is one of many medical conditions that must in law be notified to the Driver and Vehicles Licensing Agency (DVLA) (Section 94 of the Road Traffic Act 1988). The UK is now required to implement all the requirements of the Second EC Directive, which affects the licensing position of some drivers with medical conditions. In drivers who have diabetes, only those controlled on insulin will be affected.

Ordinary driving licence (group 1)

Diabetes treated with insulin is a prospective disability (Section 92 of the Road Traffic Act 1988) and diabetics are required by law to notify the DVLA of their condition. This does not apply to diabetics controlled by diet alone, who need only to notify the DVLA if they develop relevant disabilities, e.g. diabetic eye disease.

Diabetics controlled on diet and oral hypoglycaemic agents are required to notify the DVLA, but will not have their licence restricted unless they develop serious complications. Legal responsibility lies with the licence holder, and not the doctor, to notify the DVLA of a relevant medical condition. However, there are circumstances (General Medical Council, 1995) when a doctor may notify the DVLA with or

without the patient's knowledge or consent as part of his/her duty of care to both the patient and the general public.

Notification may be made by letter or telephone. Failure to notify the DVLA is an offence in law and may also result in invalidation of the licence holder's motoring insurance.

When a medical condition is declared to the DVLA, patients are asked to complete a simple questionnaire and to give consent for the DVLA to approach their GP and/or consultant for further information. For many diabetic patients the decision about the driving licence will be based on their answers to the questionnaire without the need to approach the doctor. This will be the situation when the diabetes appears well controlled and there are no complications, such as visual loss.

Diabetics who are well controlled on diet or diet and hypoglycaemic agents will retain a full 'Till 70' licence, provided that there are no other relevant medical conditions.

Diabetics controlled on insulin are not permitted to hold a full licence (Section 99 (i) (b) of the Road Traffic Act 1988), but may be issued with a driving licence valid for a period of 1–3 years, which will enable the DVLA to review the medical condition.

The majority of type 1 diabetics are issued with 3-yearly review licences, provided that

ARTICLE POINTS

1 Drivers are required by law to notify the DVLA of any relevant medical condition.

2 People with type 1 (insulin-dependent diabetes) have a prospective disability.

3 Medical standards for vocational driving are higher than for ordinary car driving.

4 Changes have been made to the licensing regulations as a result of implementing the Second EC Directive.

KEY WORDS

- Diabetes
- Driving
- Second EC Directive

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PAGE POINTS

1 Insulin-treated diabetics may only be issued with a short period driving licence.

2 Diabetics who drive while hypoglycaemic are liable to prosecution.

3 Insulin is a drug under the terms of the Road Traffic Act 1988.

4 Women with gestational diabetes requiring insulin are treated as a special group.

they have good diabetic control and no visual problems. If there is any indication of poor diabetic control or laser therapy, reports from the appropriate specialist will be required and, if indicated, the visual fields will be plotted.

Poor diabetic control or significant visual field loss will lead to revocation of the driving entitlement.

Patients naturally fear the loss of a driving licence. However, diabetic patients should be reassured that only 4% of patients lose their licences, and unless this is due to extensive laser therapy with significant loss of visual field, the loss of the licence is usually temporary and almost always due to poor diabetic control.

Gestational diabetes

Patients with gestational diabetes requiring insulin are a special group. They are still required to notify the DVLA, but must ensure that they declare that they are pregnant and that the diabetes has been diagnosed during the pregnancy. There is no need to return the driving licence.

Patients may continue to drive their cars throughout gestation, provided that they do not suffer from uncontrolled hypoglycaemia; the GP or consultant will advise about this. They must not, however, drive lorries or buses.

Six weeks after delivery of the baby, patients should contact the DVLA again to

declare whether or not they still require insulin. If insulin is no longer required, they may retain their 'Till 70' licence.

Dealing with hypoglycaemia at the wheel

If a diabetic patient feels at all unwell while driving, he/she should stop as soon as it is safe to do so, take extra carbohydrate (which should always be readily available), remove the car keys from the ignition and sit in the passenger seat (*Figure 1*).

Insulin is a drug under the terms of the Road Traffic Act 1988, and individuals are liable to prosecution if, for example, hypoglycaemia occurs at the wheel, when they would be considered to have driven under the influence of drugs (Section 4 of the Road Traffic Act 1988).

Vocational driving licence (group 2)

Diabetics controlled on diet alone or on diet and hypoglycaemic agents will be issued with vocational driving licences provided that they do not develop any relevant disability, such as severe visual problems, in which case they may lose their vocational entitlement or be issued with a short period licence to ensure regular medical review.

Diabetics controlled on insulin have not been permitted in law to hold a group 2 licence since 1991 (Motor Vehicle (Driving Licence) Regulations 1996 (6)). They are not therefore entitled to drive lorries or buses, i.e. vehicles more than 7.5 tonnes or with more than 16 seats.

There is a very small group of type 1 diabetics who do hold group 2 licences; this comprises individuals who were granted their original licence before 1991.

New regulations for holders of car licences

The Second EC Directive on the driving licence (91/439/EEC) was adopted in July 1991. Since that time, drivers of lorries over 7.5 tonnes and passenger-carrying vehicles with more than 16 passenger seats have been subject to higher medical standards and this includes a bar to insulin-treated diabetics.

Since July 1996, the UK has been required to implement the requirements of

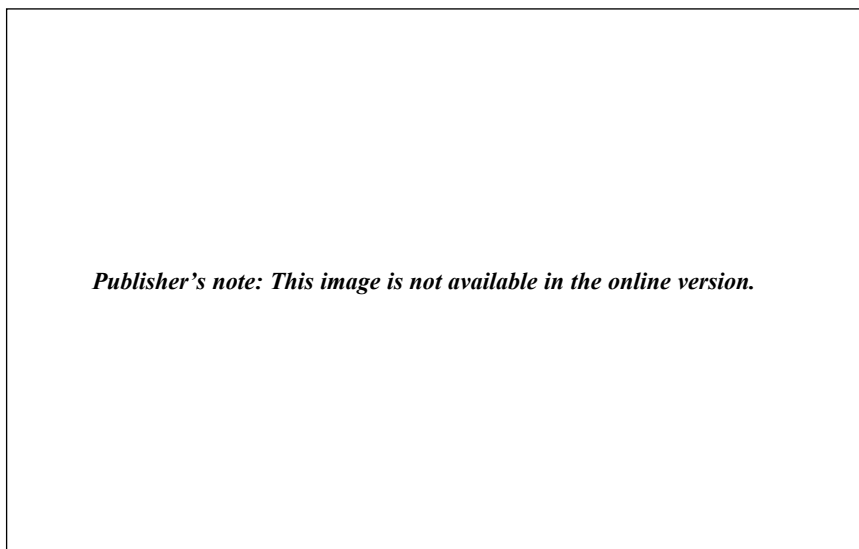


Figure 1. The DVLA advises people with diabetes who feel ill at the wheel to stop as soon as it is safe to do so, take extra carbohydrate, remove the car keys from the ignition and sit in the passenger seat.

Table 1. Drivers who will be affected by the higher medical standards when their current licence expires

- a. Those over 70 years of age who are renewing their licence as a result of their age
- b. Those renewing a medical short period licence
- c. Any person who has had his/her licence replaced for the first time by a medically restricted licence
- d. Those renewing their licence, having previously been revoked or refused a licence

PAGE POINTS

1 Insulin-treated diabetics are not permitted to hold vocational driving licences.

2 Higher medical standards now affect holders of car licences wishing to have C1/D1 entitlement.

3 DVLA have fact sheets available regarding the new regulations.

the Second EC Driving Licence Directive. The new rules extend the higher (group 2) health standards to drivers of lorries between 3.5 and 7.5 tonnes (Category C1) and minibuses with 9–16 passenger seats (Category D1).

The higher health requirements are statutory. Since January 1997, new applicants and those who pass a driving test after this date are required to undertake a separate test if they wish to have C1/D1 entitlement and, in addition, the higher medical standards apply. Thus a diabetic controlled on insulin who applied to drive one of these vehicles would have the application refused.

Currently, drivers who passed a car test (Category B) before the 31 December 1996 have been given 'implied entitlement' to drive vehicles in Category C1/D1. From January 1998 the higher medical standards will apply when the licence expires. The groups of drivers listed in Table 1 are among those who will be affected. The established insulin-treated diabetic will fall into category b and the newly diagnosed insulin-treated diabetic into category c.

This means that insulin-treated diabetics on notification or renewal of their Category B licence will not have the C1/D1 entitlement renewed, and will not therefore be able to drive lorries between 3.5 and 7.5 tonnes and minibuses with 9–17 seats. Some insulin-treated diabetics may be able to continue to drive minibuses with up to 16 passenger seats without

Category D1, if this is for non-commercial or charitable purposes.

The DVLA has produced a factsheet INS40 detailing the necessary conditions. This can be obtained from the address below).

Conclusion

Some 300,000 ordinary car licence holders (Category B) have short period medical licences and over the next 3 years they will lose their entitlement to drive mini-buses and medium-sized lorries unless they can satisfy the higher medical standards. ■

General Medical Council (1995) Duties of a Doctor. GMC, London
 Road Traffic Act 1988. HMSO, London
 Second EC Directive 91/439/EEC (1991) *Official Journal of the European Community* **34**: L237

Useful contact details

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