



For Medical Practitioners

At a glance Guide to the current Medical Standards Of Fitness to Drive

Issued by
Drivers Medical Group
DVLA, Swansea

AUGUST 2006

The standards are reviewed every six months, following updated advice from the Secretary of State's Honorary Medical Advisory Panels. The next revision is scheduled for Spring 2007.



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SUMMARY OF AMENDMENTS updated August 2006
(Date of Amendment – August 2006 unless otherwise stated)

CHAPTER 1 NEUROLOGICAL DISORDERS

[Page 11](#) Serious Head Injury – Under Group 1 Entitlement, paragraph 3, the word “fracture” has been added after the word “depressed”.

CHAPTER 2 CARDIOVASCULAR DISORDERS

[Page 17](#) CABG – Under Group 2 Entitlement, wording of the last sentence has been amended to read - In addition the LVEF must be = or > 40%, measured at least 3 months post-operatively.

[Page 20](#) IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD) – the rest of title has been reworded to read ‘implanted for ventricular arrhythmia associated with incapacity’ and Under Group 1 Entitlement the first paragraph has been reworded to read ‘Patients with ICDs implanted for sustained ventricular arrhythmias should not drive for’ with various other amendments throughout the remaining text.

[Page 21](#) IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD) implanted for sustained ventricular arrhythmia which did not cause incapacity – the word “sustained” has been added to the title – Under Group 1 Entitlement various wording has been changed throughout section.

[Page 22](#) HYPERTROPHIC CARDIOMYOPATHY (H.C.M) – the word “(OBSTRUCTIVE)” has been removed from the title. – Wording in Group 1 Entitlement “DVLA need not be notified” removed - wording in Group 2 Entitlements have been amended.

CHAPTER 3 DIABETES MELLITUS

[Page 25](#) INSULIN TREATED – Under Group 2 Entitlement wording has been amended for a clearer understanding.

MANAGED BY TABLETS – Wording under title updated directing reader to new information held under the Appendix – Under Group 1 Entitlement wording has also been updated to reflect this.

[Page 26](#) Appendix – Wording under - A Guide for Drivers with Insulin Treated Diabetes who wish to apply for C1/C1E Entitlement. Both heading and information has been updated for a clearer understanding of the “Qualifying Conditions”.

Information added on “A Guide to Driving Ordinary Vehicles (Group 1) for drivers with Diabetes treated by tablets and/or diet” (INF188/2).

APPENDIX 2 DISABLED DRIVERS ASSESSMENT CENTRE

[Page 42](#) Name changed to “DERBY DrivAbility”.

AT A GLANCE BOOKLET - INTRODUCTION

This publication summarises the national medical guidelines of fitness to drive and is available to doctors and health care professionals. It can be found specifically through EMIS, INPS secure GP Medical Information Systems and NHS purchasing.co.uk. It is also publicly available on the DVLA website at www.dvla.gov.uk. Hard copies of the booklet are available on request for a fee of £4.50 (cheques made payable to DVLA Swansea) from Drivers Medical Group, DMDG, DVLA, Swansea SA99 1DF. Telephone 01792 766770.

The information in the booklet is intended to assist doctors in advising their patients whether or not they should inform DVLA of their medical condition and what the outcome of medical enquiries is likely to be.

In the interests of road safety, those who suffer from a medical condition likely to cause a sudden disabling event at the wheel or who are unable to safely control their vehicle from any other cause, should not drive.

- **Compilation of the Guidelines.**

These guidelines represent the interpretation and application of the law in relation to fitness to drive following advice from the Secretary of State's Honorary Medical Advisory Panels. The Panels consist of doctors eminent in the respective fields of Cardiology, Neurology, Diabetes, Vision, Alcohol/Substance Abuse and Psychiatry together with lay members.

The Panels meet twice yearly and the standards are reviewed and updated where indicated. **This booklet is, therefore, only accurate at the time of publication.**

It is also emphasised that this booklet is for use as guidance only. Whilst it provides some idea of the anticipated outcome of a medical enquiry, the specific medical factors of each case will be considered before an individual licensing decision is reached.

- **The Legal basis for the medical standards.**

The Secretary of State for Transport acting through the medical advisers at the Drivers Medical Group, DVLA, has the responsibility to ensure that all licence holders are fit to drive.

The legal basis of fitness to drive lies in the EC Directives on driver licensing, the Road Traffic Act 1988 and subsequent regulations including, in particular, the Motor Vehicles (Driving Licences) Regulations 1999.

Section 92 of the Road Traffic Act refers to prescribed, relevant and prospective disabilities.

- A prescribed disability is one that is a legal bar to the holding of the licence. Certain statutory conditions, defined in regulation, may need to be met. An example would be epilepsy.
- A relevant disability is any medical condition that is likely to render the person a source of danger while driving. An example would be a visual field defect.
- A prospective disability is any medical condition, which, because of its progressive or intermittent nature may develop into a prescribed or relevant disability in the course of time. An example would be insulin treated diabetes. A driver with a prospective disability may normally only hold a driving licence subject to medical review in one, two or three years.

Sections 92 and 93 of The Road Traffic Act also cover drivers with physical disabilities who require adaptations to their vehicle to ensure its safe control. The adaptations required are now coded and entered on the licence. (See [Appendix 1&2](#))

The applicant or licence holder must notify DVLA unless stated otherwise in the text

- **Licence Groups**

The medical standards refer to Group 1 and Group 2 licence holders.

Group 1 includes motor cars and motor cycles.

Group 2 includes large lorries (category C) and buses (category D). The medical standards for Group 2 drivers are very much higher than those for Group 1 because of the size and weight of the vehicle. This also reflects the higher risk caused by the length of time the driver may spend at the wheel in the course of his/her occupation.

All drivers who obtained entitlement to Group 1, category B (motor car) before 1 January 1997 have additional entitlement to category **C1 and D1**. C1 is a medium size lorry of weight between 3.5 and 7.5 tonne. D1 is a minibus of between 9 and 16 seats, not for hire or reward.

Holders of C1/D1 entitlement retain the entitlement until their licence expires or it is medically revoked. On subsequent renewal the higher medical standards applicable to Group 2 will apply.

Under certain circumstances volunteer drivers can drive a minibus of up to 16 seats without having to obtain category D1 entitlement. Individuals should consult DVLA for a detailed fact sheet.

- **Age limits**

Group 1: Licences are normally issued valid until age 70 unless restricted to a shorter duration for medical reasons as indicated above. There is no upper limit but after age 70 renewal is necessary every 3 years. All licence applications require a medical self declaration by the applicant.

A person in receipt of the higher rate of disability living allowance may apply for a licence (Group 1 category B) from age 16, instead of the usual lower age limit of 17.

Group 2: Excepting in the armed forces and certain PCV licences, Group 2 licences, lorries (category C) or buses (category D) are normally issued at age 21 and valid till age 45. Group 2 licences are renewable thereafter every five years to age 65 unless restricted to a shorter period for medical reasons.

From age 65 Group 2 licences are renewable annually without upper age limit. All Group 2 licence applications must be accompanied by a medical application form D4.

- **Police, Ambulance and Health Service Vehicle Driver Licensing ***

Responsibility for determining the standards, including medical requirements, to be applied to police, ambulance and health service vehicle drivers, over and above the driver licensing requirements rests with the individual Police Force, with the NHS Trust, Primary Care Trust or Health Service body in each area. The Secretary of State's Honorary Medical Advisory Panel on Diabetes and Driving has issued advice regarding insulin treated diabetes and the driving of emergency vehicles, which can be found on page 26.

- **Taxi Licensing ***

The House of Commons Transport Select Committee on Taxis and Private Hire Vehicles recommended in February 1995 that taxi licence applicants should pass a medical examination before a licence could be granted.

Responsibility for determining the standards, including medical requirements, to be applied to taxi drivers, over and above the driver licensing requirements, rests with the Public Carriage Office in the Metropolitan area and the Local Authority in all others areas. Current best practice advice is contained in the booklet "Medical Aspects of Fitness to Drive" published by the Medical Commission on Accident Prevention in 1995. This recommended that the Group 2 medical standards applied by DVLA in relation to bus and lorry drivers, should also be applied by local authorities to taxi drivers.

*Caveat: The advice of the Panels on the interpretation of EC and UK legislation, and its appropriate application, is made within the context of driver licensing and the DVLA process. It is for others to decide whether or how those recommendations should be interpreted for their own areas of interest, in knowledge of their specific circumstances.

- **Seatbelt Exemption**

There is overwhelming evidence to show that seatbelts prevent death and serious injury in road traffic accidents. For this reason, the law makes it compulsory for car occupants to wear seatbelts, where fitted. One exception allowed by legislation is if the car occupant has a valid exemption certificate, which confirms it is inadvisable on medical grounds to wear a seatbelt. The certificates are issued by medical practitioners, who will need to consider very carefully the reasons for exemption, in view of the weight of evidence in favour of seatbelts. Medical Practitioners can obtain supplies of the relevant certificates and guidance leaflets from the Department of Health, PO Box 777, London SE1 6XH; Tel: 08701 555455 (NHS Responseline); Fax: 01623 724524; Email: doh@prologistics.co.uk. Further enquiries should be made to: Department for Transport, Road Safety Division 1, Zone 2/11, Great Minster House, 76 Marsham Street, London SW1P 4DR; Tel: 020 7944 2046; Email: david.peagam@dft.gsi.gov.uk.

- **Notification to DVLA**

It is the duty of the licence holder or licence applicant to notify DVLA of any medical condition, which may affect safe driving. On occasions however, there are circumstances in which the licence holder cannot, or will not do so.

The GMC has issued clear guidelines* applicable to such circumstances, which state:

- “1. The DVLA is legally responsible for deciding if a person is medically unfit to drive. They need to know when driving licence holders have a condition, which may, now or in the future, affect their safety as a driver.
2. Therefore, where patients have such conditions, you should:
 - Make sure that the patients understand that the condition may impair their ability to drive. If a patient is incapable of understanding this advice, for example because of dementia, you should inform the DVLA immediately.
 - Explain to patients that they have a legal duty to inform the DVLA about the condition.
3. If the patients refuse to accept the diagnosis or the effect of the condition on their ability to drive, you can suggest that the patients seek a second opinion, and make appropriate arrangements for the patients to do so. You should advise patients not to drive until the second opinion has been obtained.
4. If patients continue to drive when they are not fit to do so, you should make every reasonable effort to persuade them to stop. This may include telling their next of kin.
5. If you do not manage to persuade patients to stop driving, or you are given or find evidence that a patient is continuing to drive contrary to advice, you should disclose relevant medical information immediately, in confidence, to the medical adviser at DVLA.
6. Before giving information to the DVLA you should inform the patient of your decision to do so. Once the DVLA has been informed, you should also write to the patient, to confirm that a disclosure has been made.”

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- **Application of the Medical Standards**

Once the licence holder has informed DVLA of their condition and provided consent, medical enquiries will be made, as required. The Secretary of State, in practice DVLA, is unable to make a licensing decision until all the available relevant medical information has been considered. It may therefore be a relatively lengthy process to obtain all necessary reports and, during this period, the licence holder normally retains legal entitlement to drive under Section 88 of the Road Traffic Act.

However, by reference to this booklet, the doctor in charge of their care should be able to advise the driver whether or not it is appropriate for them to continue to drive during this period. Patients may be reminded that if they choose to ignore medical advice to cease driving, there could be consequences with respect to their insurance cover. Doctors are advised to document formally and clearly in the notes the advice that has been given.

Where the licence has been revoked previously for medical reasons then Section 88 entitlement does not apply.

On receipt of all the required medical evidence, the medical adviser at DVLA will decide whether or not the driver or applicant can satisfy the national medical guidelines and the requirements of the law. A licence is accordingly issued or revoked/refused. **The Secretary of State in the person of DVLA's medical advisers alone can make this decision.**

Any doctor who is asked for an opinion about a patient's fitness to drive should explain the likely outcome by reference to this booklet but refer the licence holder/applicant to Drivers Medical Group, DVLA for a decision.

Important Note.

Throughout the publication reference is made to notification not being required where specified. For these conditions and others not mentioned in the text this is generally the case but very rarely, the conditions may be associated with continuing symptoms that may affect consciousness, attention or the physical ability to control the vehicle. In these rare instances, the driver should be advised to report the condition and symptoms of concern to DVLA.

- **Driving after surgery**

From a licensing point of view drivers do not need to notify DVLA unless medical conditions likely to affect safe driving persist for longer than 3 months (but please see Neurological and Cardiovascular Disorders Sections for exceptions).

Therefore, drivers wishing to drive after surgery should establish with their own doctors when it is safe to do so.

Any decision regarding returning to driving must take into account several issues. These include recovery from the surgical procedure, recovery from anaesthesia the distracting effect of pain, impairment due to analgesia (sedation and cognitive impairment) as well as any physical restrictions due to the surgery, underlying condition or other co-morbid conditions.

It is the responsibility of the driver to ensure that he/she is in control of the vehicle at all times and to be able to demonstrate that is so, if stopped by the police. It might also be reasonable for the driver to check his/her insurance policy before returning to drive after surgery.

- **Further advice on fitness to drive**

Doctors may enquire in writing, or may speak to one of the medical advisers during office hours, to seek advice about a particular driver (identified by a unique reference number) or about fitness to drive in general. After office hours there is an answer-phone and it would be helpful if doctors could indicate a time when it would be convenient for a return call.

In addition, DVLA's topic specific medical enquiry forms are available on the website and may be downloaded in pdf format. These may be used by drivers/applicants to notify DVLA of their condition, to support an application and to provide consent for medical enquiry. Currently, the completed forms must be forwarded to the Agency by post.

Address for enquiries in England, Scotland and Wales

**The Medical Adviser
Drivers Medical Group
DVLA
Longview Road
Morriston
SWANSEA SA99 1TU
Tel: 01792 761119 (Medical Professionals Only)
Email: medadviser.dvla@gtnet.gov.uk**

Address for enquiries in N. Ireland

**Driver and Vehicle Licensing
Northern Ireland
Castlerock Road
COLERAINE
BT51 3TB
Tel: 028 703 41369**

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This booklet 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 which need to be met by individuals to hold licences to drive various categories of vehicle. The Department has prepared the document on the advice of its Advisory Panels of medical specialists.

The 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. DVLA will then conduct an assessment to see if the individual's driving entitlement may continue or whether it should be changed in any way. (For example, entitlement could be permitted for a shorter period only, typically three years, after which a further medical assessment would be carried out by DVLA).

CHAPTER 1

NEUROLOGICAL DISORDERS

NEUROLOGICAL DISORDERS	GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
EPILEPSY Epileptic attacks are the most frequent medical cause of collapse at the wheel. NB: If within a 24 hour period, more than one epileptic attack occurs, these are treated as a “single event”, for the purpose of applying the epilepsy regulations. Epilepsy includes all events, major, minor and auras.	The Epilepsy Regulations Apply. Provided a licence holder/applicant is able to satisfy the regulations, a 3-year licence will be normally issued. Till 70 restored if seizure free for 7 years with medication if necessary in the absence of any other disqualifying condition. (See Appendix to this Chapter for full regulation)	Regulations require a driver to remain free of epileptic attacks for at least 10 years without anticonvulsant medication in that time.
FIRST EPILEPTIC SEIZURE/SOLITARY FIT Also see under: 1) Fits associated with misuse of alcohol or misuse of drugs whether prescribed or illicit. 2) Neurosurgical conditions.	One year off driving with medical review before restarting driving. Till 70 restored provided no further attack and otherwise well. (Special consideration may be given when the epileptic attack is associated with certain clearly identified non-recurring provoking cause).	Following a first unprovoked seizure, drivers must demonstrate 10 years freedom from further seizures, without anticonvulsant medication in that time. 1) Following a solitary seizure associated with either alcohol or substance misuse or prescribed medication, a 5 year period free of further seizures, without anticonvulsant medication in that time, is required. If there are recurrent seizures, the epilepsy regulations apply.
WITHDRAWAL OF ANTI-EPILEPTIC MEDICATION AND DRIVING	(See Appendix to this Chapter for full details)	(See Appendix to this Chapter for full details)
PROVOKED SEIZURES (apart from alcohol or illicit drug misuse)	(See Appendix to this Chapter for full details)	(See Appendix to this Chapter for full details)

See [Appendix](#) at end of this Chapter for Epilepsy Regulations

LOSS OF CONSCIOUSNESS/LOSS OF OR ALTERED AWARENESS

**** Excluding Cough Syncope **** (See Chapter 7)

A full history is imperative to include pre-morbid history, prodromal symptoms, length of time unconscious, degree of amnesia and confusion on recovery.

A neurological cause, for example, epilepsy, SAH, can often be identified by the history, examination and the appropriate referral made. The relevant DVLA guidelines will then apply.

50% of all cases have a cardiac cause and again, these can be determined by history, examination and ECG. Investigate and treat accordingly and use the relevant DVLA guidelines.

The remaining cases can be classified under five categories in the FOLLOWING TABLE:

NEUROLOGICAL DISORDERS	GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV
<p>1. Simple Faint</p> <p>Definite provocation factors with associated prodromal symptoms and which are unlikely to occur whilst sitting or lying.</p> <p>Benign in nature.</p> <p>If recurrent, will need to check the 3 “Ps” apply on each occasion (provocation/prodrome/postural). (If not see Number 3 below).</p>	<p>No driving restrictions.</p> <p>DVLA need not be notified.</p>	<p>NB Cough Syncope see Chapter 7(with link)</p> <p>No driving restrictions</p> <p>DVLA need not be notified</p>
<p>2. Loss of consciousness/ loss of or altered awareness likely to be unexplained syncope and low risk of re-occurrence</p> <p>These have no relevant abnormality on CVS and neurological examination and normal ECG.</p>	<p>Can drive 4 weeks after the event.</p>	<p>NB Cough Syncope see Chapter 7(with link)</p> <p>Can drive 3 months after the event.</p>
<p>3. Loss of consciousness/ loss of or altered awareness likely to be unexplained syncope and high risk of re-occurrence</p> <p>Factors indicating high risk:</p> <ul style="list-style-type: none"> (a) abnormal ECG (b) clinical evidence of structural heart disease (c) syncope causing injury, occurring at the wheel or whilst sitting or lying (d) more than one episode in previous six months. <p>Further investigations such as ambulatory ECG (48hrs), echocardiography and exercise testing may be indicated after specialist opinion has been sought.</p> <p>**for Pacemakers see Chapter 2</p>	<p>Can drive 4 weeks after the event if the cause has been identified and treated.</p> <p>If no cause identified, then require 6 months off.</p>	<p>NB Cough Syncope see Chapter 7(with link)</p> <p>Can drive after 3 months if the cause has been identified and treated.</p> <p>If no cause identified, then licence refused/revoked for one year.</p>
<p>4. Presumed loss of consciousness/loss of or altered awareness with seizure markers</p> <p>The category is for those where there is a strong clinical suspicion of epilepsy but no definite evidence.</p> <p>The seizure markers act as indicators and are not absolutes – unconsciousness for more than 5 mins.</p> <ul style="list-style-type: none"> - amnesia greater than 5 mins - injury - tongue biting - incontinence - remain conscious but with confused behaviour - headache post attack 	<p>1 year refusal/revocation.</p>	<p>5 years refusal/revocation.</p>
<p>5. Loss of consciousness/loss of or altered awareness with no clinical pointers</p> <p>This category will have had appropriate neurology and cardiac opinion and investigations but with no abnormality detected.</p>	<p>Refuse/revoke 6 months</p>	<p>Refuse/revoke 1 year</p>

See [Appendix](#) at end of this Chapter

NEUROLOGICAL DISORDERS	GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV
NARCOLEPSY/CATAPLEXY	Cease driving on diagnosis. Driving will be permitted when satisfactory control of symptoms achieved, then 1, 2 or 3-year licence with regular medical review. Till 70 restored after at least 7 years of good control.	Generally considered unfit permanently, but if a long period of control has been established licensing may be considered on an individual basis.
CHRONIC NEUROLOGICAL DISORDERS e.g. Parkinson's disease, Multiple Sclerosis, muscle and movement disorders including motor neurone disease, likely to affect vehicle control because of impairment of co-ordination and muscle power. See also Driving assessment for disabled drivers.	Providing medical assessment confirms that driving performance is not impaired, can be licensed. A short period licence may be required. Should the driver require a restriction to certain controls, the law requires this to be specified on the licence.	Recommended refusal or revocation if condition is progressive or disabling. If driving would not be impaired and condition stable, can be considered for licensing subject to satisfactory reports and annual review.
LIABILITY TO SUDDEN ATTACKS OF UNPROVOKED OR UNPRECIPITATED DISABLING GIDDINESS e.g. Meniere's disease	Cease driving on diagnosis. Driving will be permitted when satisfactory control of symptoms achieved. If remains symptom free, Till 70 restored.	Recommended refusal or revocation if condition sudden or disabling. Consider underlying diagnosis and if likely to cause recurrent attacks, must be symptom free and completely controlled for at least 1 year before re-application.
CEREBROVASCULAR DISEASE: including stroke due to occlusive vascular disease, spontaneous intracerebral haemorrhage, TIA and amaurosis fugax	Must not drive for at least 1 month. May resume driving after this time if the clinical recovery is satisfactory. There is no need to notify DVLA unless there is residual neurological deficit 1 month after the episode; in particular, visual field defects, cognitive defects and impaired limb function. Minor limb weakness alone will not require notification unless restriction to certain types of vehicle or vehicles with adapted controls is needed. Adaptations may be able to overcome severe physical impairment (See Appendix 1 & 2) A driver experiencing multiple TIAs over a short period of time may require 3 months freedom of further attacks before resuming driving and should notify DVLA. Epileptic attacks occurring at the time of a stroke/TIA or in the ensuing 24 hours may be treated as provoked for licensing purposes in the absence of any previous seizure history or previous cerebral pathology. Seizures occurring at the time of cortical vein thrombosis require 6 months freedom of attacks before resuming driving.	Recommended refusal/ revocation for at least 12 months following a stroke or TIA. Can be considered for licensing after this period if there is a full and complete recovery and there are no other significant risk factors. Licensing will also be subject to satisfactory medical reports including exercise ECG testing.

See [Appendix](#) at end of this Chapter

NEUROLOGICAL DISORDERS	GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV
ACUTE ENCEPHALITIC ILLNESSES AND MENINGITIS	<p>1) If no seizure(s), may restart driving when clinical recovery is complete. Only need notify DVLA if there is residual disability.</p> <p>2) If associated with seizures during acute febrile illness, recommended off driving for at least 6 months from the date of seizure(s). Till 70 then reissued.</p> <p>3) If associated with seizure(s) during or after convalescence will be required to meet epilepsy regulations.</p> <p>(See Appendix to this Chapter for full regulation)</p>	<p>1) As for Group 1 provided no residual disabling symptoms, and clinical recovery is complete.</p> <p>2) Must stop driving and notify DVLA.</p> <p>(a) Meningitis - 5 years freedom from seizures without anticonvulsant medication.</p> <p>(b) Encephalitis - 10 years freedom from seizures without anticonvulsant medication.</p> <p>3) Must stop driving, notify DVLA and meet current epilepsy regulations before driving resumes.</p> <p>(See Appendix to this Chapter for full regulation)</p>
TRANSIENT GLOBAL AMNESIA	<p>Provided epilepsy, any sequelae from head injury and other causes of altered awareness have been excluded, no restriction on driving. DVLA need not be notified Till 70 retained.</p>	<p>A single confirmed episode is not a bar to driving, the licence may be retained. If two or more episodes occur, driving should cease and DVLA be notified. Specialist assessment required to exclude all other causes of altered awareness.</p>
EPILEPSY/EPILEPTIC SEIZURES General guidance for ALL neurosurgical conditions if associated with epilepsy or epileptic seizures	<p>In all cases where epilepsy has been diagnosed the epilepsy regulations must apply. These cases will include all cases of single seizure where a primary cerebral cause is present and the liability to recurrence cannot be excluded. An exception may be made when seizures occur at the time of an acute head injury or intracranial surgery.</p>	<p>In all cases where a “liability to epileptic seizures” either primary or secondary has been diagnosed the specific epilepsy regulation for this group must apply. The only exception is a seizure occurring immediately at the time of the acute head injury or intracranial surgery, and not thereafter and/or where no liability to seizure has been demonstrated. Following head injury or intracranial surgery, the epilepsy risk must fall to 2% per annum or less before returning to vocational driving.</p>
<p>BENIGN SUPRATENTORIAL TUMOUR e.g. meningioma, etc.</p> <p>SURGICAL TREATMENT BY CRANIOTOMY</p> <p>Untreated incidental finding</p>	<p>Generally 1 year off driving required.</p> <p>If the tumour is a benign meningioma and there is no relevant history of seizure(s), can be considered 6 months after surgery if remains seizure free.</p> <p>A short period licence may be required when re-licensed initially.</p> <p>Asymptomatic tumours found incidentally need not affect Group 1 driving.</p>	<p>Recommended refusal or revocation. In the absence of any seizures, re-licensing can be considered 5 years after surgery, with evidence of complete removal or cure. If tumour is associated with seizures, 10 years freedom from seizures without anti-epileptic drugs following surgery required, in addition to satisfying epilepsy regulations. Specialist assessment may be required.</p>

See [Appendix](#) at end of this Chapter

NEUROLOGICAL DISORDERS	GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
<p>PITUITARY TUMOUR</p> <ul style="list-style-type: none"> CRANIOTOMY <p>TRANSPHENOIDAL SURGERY/OTHER TREATMENT (e.g. drugs, radiotherapy) or Untreated</p>	<p>Provided no visual field defect (if visual field loss see Vision section)</p> <ul style="list-style-type: none"> Resume driving when clinically recovered. Drive following recovery. 	<p>Provided no visual field defect (if visual field loss see Vision section)</p> <ul style="list-style-type: none"> 6 months off driving. As for Group 1
<p>BENIGN INFRATENTORIAL TUMOURS (posterior fossa)</p> <p>SURGICAL TREATMENT</p> <p>ACOUSTIC NEUROMA/SCHWANNOMA</p>	<p>Resume driving following recovery and retain Till 70 licence.</p> <p>Need not notify DVLA unless accompanied by disabling giddiness</p>	<p>As for Group 1 provided no residual disabling symptoms.</p> <p>Need not notify DVLA unless accompanied by disabling giddiness and/or the condition is bilateral</p>
<p>GLIOMAS & MALIGNANT TUMOURS (including secondary deposits)</p> <p>NB: Supratentorial or infratentorial</p> <p>Grades 1 and 2</p> <p>Grades 3 and 4</p> <p>Medulloblastoma or Low Grade Ependymoma</p> <p>High Grade Ependymomas, Other Primary Malignant Brain Tumours and Secondary Deposits</p> <p>MALIGNANT INTRACRANIAL TUMOUR IN CHILDREN WHO SURVIVE TO ADULT LIFE WITHOUT RECURRENCE</p>	<p>1 year off driving and then a review licence.</p> <p>At least 2 years off driving after treatment, although some drivers may require a longer period and then a review licence.</p> <p>NB: When a low grade glioma is an incidental finding and asymptomatic, the case can be considered on an individual basis for Group 1 driving.</p> <p>If totally excised, can be considered for licensing 1 year after primary treatment, if free of recurrence.</p> <p>A period of up to 2 years required following treatment, depending on histology, tumour spread and seizures.</p> <p>Normally Till 70 licence.</p>	<p>Recommended permanent refusal or revocation.</p> <p>Recommended permanent refusal or revocation.</p> <p>If entirely infratentorial, can be considered for licensing when disease free for 5 years.</p> <p>Recommended permanent refusal or revocation.</p> <p>Individual assessment: see above as for “Benign Supratentorial Tumour”.</p>

See [Appendix](#) at end of this Chapter

NEUROLOGICAL DISORDERS	GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
<p>SERIOUS HEAD INJURY Compound depressed fracture requiring surgical treatment.</p> <p>SERIOUS HEAD INJURY, NO NEUROSURGICAL INTERVENTION</p> <p>ALSO SEE UNDER:</p> <ol style="list-style-type: none"> 1) Intracranial haematoma 2) Personality disorders 3) Driving assessment for disabled drivers 	<p>Usually 6 – 12 months off driving depending on features (PTA, dural tear, focal signs & seizures) and clinical recovery.</p> <p>If free of seizures may require up to 6 months off driving depending on recovery and features that predispose to seizures.</p> <p>Where consciousness was lost but there is no history of intracranial haematoma, depressed fracture or seizures and clinical recovery is full and complete, driving may resume without notifying DVLA.</p>	<p>Recommended refusal or revocation. Return to driving will depend on Specialist assessment (when epilepsy risk is 2% per annum or less) and clinical recovery.</p>
<p>INTRACRANIAL HAEMATOMA</p> <p>Extradural – requiring craniotomy but NO cerebral damage</p> <p>Extradural – requiring craniotomy and WITH cerebral damage.</p>	<p>6 months off driving</p> <p>1 year off driving</p>	<p>Recommended refusal or revocation. Return to driving will depend on Specialist assessment (when epilepsy risk is 2% per annum or less).</p> <p>Recommended refusal or revocation. Return to driving will depend on Specialist assessment (when epilepsy risk is 2% per annum or less).</p>
<p>Acute Subdural</p> <ul style="list-style-type: none"> - burr holes - Craniotomy 	<p>6 months off driving.</p> <p>1 year off driving.</p>	<p>Recommended refusal or revocation. Return to driving will depend on Specialist assessment (when epilepsy risk is 2% per annum or less).</p>
<p>Chronic Subdural (treated surgically)</p>	<p>Resume driving on recovery.</p>	<p>6 months – 1 year off depending on features.</p>
<p>Acute Intracerebral</p> <ul style="list-style-type: none"> - burr holes - Craniotomy 	<p>6 months off driving.</p> <p>1 year off driving.</p>	<p>Recommended refusal or revocation. Return to driving will depend on Specialist assessment (when epilepsy risk is 2% per annum or less).</p>

See [Appendix](#) at end of this Chapter

NEUROSURGICAL DISORDERS	GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
SUBARACHNOID HAEMORRHAGE see also intracranial haematoma)		
1. NO CAUSE FOUND	Provided comprehensive cerebral angiography normal – resume driving following recovery. Till 70 licence.	Provided comprehensive cerebral angiography normal: 6 months off driving and may regain licence if symptom free.
2. DUE TO INTRACRANIAL ANEURYSM		
(a) SURGERY CRANIOTOMY Anterior or posterior cerebral aneurysm		
With NO deficit	Driving permitted when clinically recovered from craniotomy	1 year off driving
With deficit	6 months off driving. Till 70 restored if no complications	Recommended refusal or revocation. Specialist assessment to determine when driving may start – when epilepsy risk is 2% per annum or less.
Middle Cerebral Aneurysm		
With NO deficit	Driving permitted 6 months after craniotomy	18 months – 2 years off driving
With deficit	1 year off driving	Recommended refusal or revocation. Specialist assessment to determine when driving may start – when epilepsy risk is 2% per annum or less.
(b) OTHER TREATMENT e.g. Embolisation and all other non-craniotomy procedures including GDC coils.	Cease driving until clinically recovered.	Recommended refusal or revocation. There must be reliable angiographic evidence of complete ablation of aneurysm before re-licensing can be reconsidered. Epilepsy risk must be 2% per annum or less.
(c) NO TREATMENT i.e. Aneurysm responsible for SAH but no intervention.	6 months off driving then Till 70 if no complications	Recommended refusal or revocation.

See [Appendix](#) at end of this Chapter

NEUROLOGICAL DISORDERS	GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
<p>(d) TRULY INCIDENTAL FINDINGS OF INTRACRANIAL ANEURYSM (aneurysm has not been responsible for subarachnoid haemorrhage)</p> <p>NO TREATMENT</p> <p>SURGERY CRANIOTOMY</p>	<p>Retain Till 70 licence</p> <p>Resume driving on recovery</p>	<p>To be acceptable for licensing, anterior circulation aneurysms (excluding cavernous carotid) must be <13mm in diameter. Posterior circ. aneurysms must be <7mm diameter.</p> <p>Recommended 1 year off driving.</p>
<p>3. DUE TO INTRACRANIAL ARTERIOVENOUS MALFORMATION (Angioma/AVM which have bled)</p>		
<p>(a) SURGERY CRANIOTOMY</p>	<p>1 year off driving. Review licence with Till 70 restored after 4 years.</p>	<p>Recommended refusal or revocation until lesion is completely removed or ablated and 10 years seizure free from last definitive treatment.</p>
<p>(b) OTHER TREATMENT (Embolisation or stereotactic radiotherapy)</p>	<p>Cease driving until satisfactory recovery. 1, 2 or 3 year licence with regular medical review. Till 70 restored if completely ablated.</p>	<p>Recommended refusal or revocation until lesion complete radiological ablation and 10 years seizure free from last definitive treatment.</p>
<p>(c) NO TREATMENT ie. Angioma present but no intervention</p>	<p>One month off driving. When clinical recovery is satisfactory – 1, 2 or 3-year licence issued initially.</p>	<p>Recommended permanent refusal or revocation.</p>
<p>(d) INCIDENTAL FINDING OF INTRACRANIAL AVM/ANGIOMA (no history of subarachnoid haemorrhage)</p> <p>NO TREATMENT</p> <p>SURGICAL/OTHER TREATMENT</p>	<p>Retain Till 70</p> <p>Period off driving depending on type of treatment (if any) – see section 3a,b above.</p>	<p>Recommended refusal or revocation.</p> <p>Recommendation depending on type of management – see 3a, b above.</p>

See [Appendix](#) at end of this Chapter

NEUROSURGICAL DISORDERS	GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
INTRACEREBRAL ABSCESS/ SUBDURAL EMPYEMA	One year off driving, high risk of developing epilepsy.	Recommended refusal or revocation. Very high prospective risk of epilepsy. May consider if 10 years from treatment and no seizure.
HYDROCEPHALUS	If uncomplicated, Till 70 licence	Can be issued with a licence if uncomplicated and no associated neurological problems.
INTRAVENTRICULAR SHUNT Insertion of or revision of upper end of V.P. shunt.	Recommended 6 months off driving after shunt insertion, then, if symptom free, Till 70 restored.	Assessment required, cases considered individually.
INTRACRANIAL PRESSURE MONITORING DEVICE Inserted by Burr hole surgery.	The prospective risk from the underlying condition must be considered.	The prospective risk from the underlying condition must be considered.
NEUROENDOSCOPIC PROCEDURES	May require up to 6 months off driving.	Will require individual assessment.
IMPLANTED ELECTRODES: DEEP BRAIN STIMULATION FOR MOVEMENT DISORDER	If no complications from surgery and seizure free, fitness can be assessed on residual symptomatology.	If no complications from surgery, seizure free and underlying condition non-progressive, fitness can be assessed on any residual symptoms.
IMPLANTED MOTOR CORTEX STIMULATOR FOR PAIN RELIEF	If aetiology of pain is non-cerebral e.g. trigeminal neuralgia, 6 months off following implantation. If the aetiology is cerebral e.g. stroke, driving to cease for the 12 month period following surgery.	Refuse or revoke

See [Appendix](#) at end of this Chapter

APPENDIX

THE CURRENT EPILEPSY REGULATIONS FOR GROUP 1 AND GROUP 2 ENTITLEMENT

GROUP 1

The Motor Vehicles (Driving Licences) Regulations 1999, prescribe epilepsy as a relevant disability for the purposes of Section 92(2) of the Road Traffic Act 1988.

This means that:

- (1) A person who has suffered an epileptic attack whilst **awake** must refrain from driving for **one** year from the date of the attack before a driving licence may be issued.
- (2) A person who has suffered an attack whilst **asleep** must also refrain from driving for **one** year from the date of the attack. However, if they have had an attack whilst asleep more than three years previously and have not had any awake attacks since that original asleep attack then they may be licensed even though asleep attacks may continue to occur. If an awake attack subsequently occurs then the formal epilepsy regulations apply requiring **one** year off driving.

AND in both cases

- (3)
 - i) so far as practicable, the person complies with advised treatment and check-ups for epilepsy, and
 - ii) the driving of a vehicle by such a person should not be likely to cause danger to the public.

GROUP 2

During the period of **10 years** immediately preceding the date when the licence is granted the applicant/licence holder should be:

- 1) free from **any** epileptic attack

AND

- 2) have not required medication to treat epilepsy

AND

- 3) should not otherwise be a source of danger whilst driving.

In addition “**The liability to seizures arising from a cause other than epilepsy**” is a prescribed disability. An individual suffering a solitary seizure must normally satisfy the above regulations, except where a solitary seizure occurs in relation to alcohol/drug or substance misuse (see Chapter 5). In addition, someone with a structural intracranial lesion who has an increased risk of seizures will not be able to drive vehicles of this group until the epilepsy risk has fallen to at least 2% per annum, the level recommended by the Panel which permits compliance with the regulations.

GUIDANCE FOR WITHDRAWAL OF ANTI-EPILEPTIC MEDICATION BEING WITHDRAWN ON SPECIFIC MEDICAL ADVICE

(N.B. This advice only relates to treatment for epilepsy)

From a medico-legal point of view, the potential risk of further epileptic seizures occurring during this therapeutic procedure should be noted. If an epileptic seizure does occur, the patient/driver will need to satisfy driving licence legislation before resuming driving and will need to be counselled accordingly. The current Epilepsy Regulations require a period of 1 year free of any manifestation of epileptic seizure or attacks occurring whilst awake, but special consideration is given where sleep only attacks have occurred.

It is clearly recognised that withdrawal of anti-epileptic medication is associated with a risk of seizure recurrence. A number of studies have shown this, including the randomised study of anti-epileptic drug withdrawal in patients in remission, conducted by the Medical Research Council Anti-epileptic Drug Withdrawal Study Group. This study shows 40% increased associated risk of seizure in the first year of withdrawal of medication compared with those who continued on treatment.

The Secretary of State's Honorary Medical Advisory Panel on Driving and Disorders of the Nervous System has recommended that patients should be warned of the risk they run, both of losing their driving licence and also of having a seizure which could result in a road traffic accident. The Panel advises that patients should be advised **not** to drive from commencement of the period of withdrawal and thereafter for a period of 6 months after cessation of treatment. The Panel considers that a person remains as much at risk of seizure associated with drug withdrawal during the period of withdrawal as in the 6 months after withdrawal.

This advice may not be appropriate in every case. One specific example would be withdrawal of anticonvulsant medication when there is a well-established history of seizures, only while asleep. In such cases, any restriction in driving is best determined by the physicians concerned, after considering the history. It is up to the patient to comply with such advice. For DVLA to revoke the licence during the period of withdrawal would be both restrictive and unnecessarily bureaucratic.

It is important to remember that the epilepsy regulations are still relevant even if medication is omitted, e.g. on admission to hospital for non epileptic conditions, and epileptic seizures occur.

PROVOKED SEIZURES:

For Group 1 and possibly Group 2 drivers or applicants, provoked or acute symptomatic seizures may be dealt with on an individual basis by DVLA if there is no previous seizure history. **Seizures associated with alcohol or drug misuse, sleep deprivation or a structural abnormality are not considered provoked for licensing purposes. Similarly, reports of seizures as a side-effect of prescribed medication does not automatically imply that such events will be considered as provoked.** For seizure(s) with alcohol or illicit drugs please see relevant section in the booklet.

Doctors may wish to advise patients that the period of time likely to be recommended off driving will be influenced inter alia, by:-

- a) whether it is clear that the seizure had been provoked by a stimulus which does not convey any risk of recurrence and does not represent an unmasking of an underlying liability, and,
- b) whether the stimulus had been successfully/appropriately treated or was unlikely to occur at the wheel.

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
- an immediate seizure (within seconds) at the time of a head injury
- seizure in first week following a head injury, which is not associated with any damage on CT scanning, nor with post traumatic amnesia of longer than 30 minutes
- at the time of a stroke/TIA or within the ensuing 24 hours
- during intracranial surgery or in the ensuing 24 hours.

Seizures occurring during an acute exacerbation of Multiple Sclerosis or migraine will be assessed on an individual basis by the department.

CHAPTER 2

CARDIOVASCULAR DISORDERS

NB A Left Ventricular Ejection Fraction of < 0.4 is considered a bar to Group 2 Entitlement.

CARDIOVASCULAR DISORDERS	GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
ANGINA	<p>Driving must cease when symptoms occur at rest or at the wheel.</p> <p>Driving may recommence when satisfactory symptom control is achieved.</p> <p>DVLA need not be notified.</p>	<p>Refusal or revocation with continuing symptoms (treated and/or untreated)</p> <p>Re-licensing may be permitted when free from angina for at least 6/52, provided that the exercise/functional test requirements can be met and there is no other disqualifying condition.</p>
ANGIOPLASTY (elective)	<p>Driving must cease for at least 1/52.</p> <p>Driving may recommence thereafter provided there is no other disqualifying condition.</p> <p>DVLA need not be notified.</p>	<p>Disqualifies from driving for at least 6/52.</p> <p>Re/licensing may be permitted thereafter provided that the exercise/functional test requirements can be met and there is no other disqualifying condition.</p>
CABG	<p>Driving must cease for at least 4/52.</p> <p>Driving may recommence thereafter provided there is no other disqualifying condition.</p> <p>DVLA need not be notified.</p>	<p>Disqualifies from driving for at least 3 months.</p> <p>Re/licensing may be permitted thereafter provided that the exercise/functional test requirements can be met on a test carried out no sooner than 3 months post operatively and there is no other disqualifying condition. In addition the LVEF must be \geq or $> 40\%$.</p>
LEFT VENTRICULAR ASSIST DEVICES	<p>DVLA should be notified.</p> <p>Driving should cease on insertion. (Re-) licensing will be considered on an individual basis 6 months after insertion.</p>	<p>Permanently bars</p>

See [Appendix](#) at end of this Chapter

NB A Left Ventricular Ejection Fraction of < 0.4 is considered a bar to Group 2 Entitlement.

CARDIOVASCULAR DISORDERS	GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
ACUTE CORONARY SYNDROMES (ACS) including MYOCARDIAL INFARCTION	<p>ACS is defined for Group 1 licence holders to include only those with the presence of ALL of the following criteria:</p> <ul style="list-style-type: none"> • Persistent or recurrent cardiac pain • Cardiac troponin release positive • Electrocardiographic changes <p>After MI, driving must cease for at least 4 weeks. Driving may recommence thereafter providing there is no other disqualifying condition.</p> <p>After a non ST elevation MI, driving may recommence 1 week after successful angioplasty, if there is no other disqualifying condition.</p> <p>DVLA need not be notified.</p>	<p>ACS is defined for Group 2 licence holders to include all acute coronary syndromes. These are all considered relevant and disqualify from driving for at least 6 weeks.</p> <p>Re/licensing may be permitted thereafter provided that the exercise/functional test requirements can be met and there is no other disqualifying condition.</p>
CAROTID ARTERY STENOSIS (see also neurological section)	DVLA need not be notified	If the level of stenosis is severe enough to warrant intervention, the exercise/functional test requirement must be met.
PERIPHERAL ARTERIAL DISEASE	<p>Driving may continue unless other disqualifying condition.</p> <p>DVLA need not be notified</p>	<p>Re/licensing may be permitted provided that:</p> <ul style="list-style-type: none"> • there is no symptomatic myocardial ischaemia • the exercise test requirements can be met and <p>When exercise testing cannot be completed to the required level, other functional testing or specialist cardiological opinion may be required.</p>
ASCENDING/DESCENDING THORACIC and ABDOMINAL AORTIC ANEURYSM	<p>DVLA should be notified of any aneurysm that reaches 6 cm or greater in diameter, despite treatment. Licensing will be permitted subject to annual review.</p> <p>Driving may be continued after satisfactory medical (blood pressure control) or surgical treatment, with no evidence of further enlargement, unless other disqualifying condition.</p> <p>An aortic diameter of 6.5 cm or greater disqualifies from driving</p>	<p>Disqualifies from driving if the aortic diameter is > 5.5cm. Driving may continue after satisfactory medical or surgical treatment, unless other disqualifying condition.</p> <p>NB Exercise/functional test requirement will apply for abdominal aortic aneurysm</p>

See [Appendix](#) at end of this Chapter

NB A Left Ventricular Ejection Fraction of < 0.4 is considered a bar to Group 2 Entitlement.

CARDIOVASCULAR DISORDERS	GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
ARRHYTHMIA Sinoatrial disease Significant atrio-ventricular conduction defect Atrial flutter/fibrillation Narrow or broad complex tachycardia (See also following Sections - Pacemakers are considered separately) NB: Transient Arrhythmias occurring during acute coronary syndromes do not require assessment under this Section.	Driving must cease if the arrhythmia has caused or is likely to cause incapacity. Driving may be permitted when underlying cause has been identified and controlled for at least 4/52. DVLA need not be notified unless there are distracting/disabling symptoms.	Disqualifies from driving if the arrhythmia has caused or is likely to cause incapacity. Driving may be permitted when the arrhythmia is controlled for at least 3/12, provided that the LV ejection fraction is satisfactory (ie LVEF is = or > 0.4), and there is no other disqualifying condition.
PACEMAKER IMPLANT Includes box change	Driving must cease for at least 1/52. Driving may be permitted thereafter provided there is no other disqualifying condition.	Disqualifies from driving for 6/52. Re/licensing may be permitted thereafter provided there is no other disqualifying condition.
SUCCESSFUL CATHETER ABLATION	Driving must cease for at least 1/52. Driving may be permitted thereafter provided there is no other disqualifying condition. DVLA need not be notified.	Disqualifies from driving for 6/52. Re/licensing may be permitted thereafter provided that there is no other disqualifying condition.
UNPACED CONGENITAL COMPLETE HEART BLOCK	May drive if asymptomatic.	Bars whether symptomatic or asymptomatic.
ATRIAL DEFIBRILLATOR Physician/patient activated	Driving may continue provided there is no other disqualifying condition. See ICD Section	Re/licensing may be permitted provided that the arrhythmia section is met and there is no other disqualifying condition
ATRIAL DEFIBRILLATOR Automatic	Driving may continue provided there is no other disqualifying condition. See ICD Section	Permanently bars
ECG ABNORMALITY Suspected myocardial infarction	Driving may continue unless other disqualifying condition	Re/licensing may be permitted provided that there is no other disqualifying condition and the exercise test requirements can be met
Left Bundle Branch Block	Driving may continue unless other disqualifying condition	Re/licensing may be permitted provided that there is no other disqualifying condition and the functional test requirements can be met
PRE-EXCITATION	Driving may continue unless other disqualifying condition.	May be ignored unless associated with an arrhythmia (See Arrhythmia Section) or other disqualifying condition.

See [Appendix](#) at end of this Chapter

NB A Left Ventricular Ejection Fraction of < 0.4 is considered a bar to Group 2 Entitlement.

CARDIOVASCULAR DISORDERS	GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD) implanted for ventricular arrhythmia associated with incapacity	<p>Patients with ICDs implanted for sustained ventricular arrhythmias should not drive for:</p> <p>1) A period of 6 months after the first implant</p> <p>2) A further 6 months after any shock therapy and/or symptomatic antitachycardia pacing (see 3a below).</p> <p>3a) A period of 2 years if any therapy following device implantation has been accompanied by incapacity (whether caused by the device or arrhythmia), except as in 3b and 3c</p> <p>3b) If therapy was delivered due to an inappropriate cause, i.e. atrial fibrillation or programming issues, then driving may resume 1 month after this has been completely controlled to the satisfaction of the cardiologist DVLA will not need to be notified.</p> <p>3c) If the incapacitating shock was appropriate (i.e. for sustained VT or VF) and steps have been taken to prevent recurrence, (e.g. anti-arrhythmic drugs or ablation) driving may resume after 6 months in the absence of further symptomatic therapy.</p> <p>For 2 and 3a/3c, if the patient has been re-licensed prior to the event the DVLA should be notified.</p> <p>4) A period of 1 month off driving must occur following any revision of the electrodes or alteration of anti-arrhythmic drug treatment.</p> <p>5) A period of 1 week off driving is required after a defibrillator box change.</p> <p>Resumption of driving requires that;</p> <p>1) The device is subject to regular review with interrogation.</p> <p>2) There is no other disqualifying condition.</p>	Permanently bars

See [Appendix](#) at end of this Chapter

NB A Left Ventricular Ejection Fraction of < 0.4 is considered a bar to Group 2 Entitlement.

CARDIOVASCULAR DISORDERS	GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD) implanted for sustained ventricular arrhythmia which did not cause incapacity	<p>If the patient presents with a non-disqualifying cardiac event, i.e. haemodynamically stable non-incapacitating sustained ventricular tachycardia, the patient can drive one month after ICD implantation providing all of the conditions below are met.</p> <p>1)LVEF greater than 35%</p> <p>2)No fast VT induced on electrophysiological study (RR< 250 msec)</p> <p>3)Any induced VT could be pace-terminated by the ICD twice, without acceleration, during the post implanation study.</p> <p>DVLA need not be notified. However, should the ICD subsequently deliver ATP and/or shock therapy (except during normal clinical testing) then the usual criteria apply and DVLA should be notified.</p>	Permanently bars
PROPHYLACTIC ICD IMPLANT	<p>Asymptomatic individuals with high risk of significant arrhythmia. One month off driving.</p> <p>DVLA need not be notified.</p> <p>However, should the ICD subsequently deliver ATP and/or shock therapy (except during normal clinical testing) then the usual criteria apply and DVLA should be notified.</p>	Permanently bars
ARRHYTHMOGENIC RIGHT VENTRICULAR DYSPLASIA (ARVD) AND ALLIED DISORDERS (See also arrhythmia, pacemaker and ICD sections)	<p>Asymptomatic – Driving may continue.</p> <p>DVLA need not be notified.</p> <p>Symptomatic – Driving must cease if an arrhythmia has caused or is likely to cause incapacity. Re/licensing may be permitted when arrhythmia is controlled and there is no other disqualifying condition.</p>	<p>Asymptomatic – Driving must cease but may be permitted following Specialist electrophysiological assessment provided that there is no other disqualifying condition.</p> <p>Symptomatic – permanently bars</p>
SYNCOPE NB Cough Syncope see Chapter 7	See section entitled “Loss of Consciousness” (Chapter 1)	<i>See section entitled “Loss of Consciousness” (Chapter 1)</i>

See [Appendix](#) at end of this Chapter

NB A Left Ventricular Ejection Fraction of < 0.4 is considered a bar to Group 2 Entitlement.

CARDIOVASCULAR DISORDERS	GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
HYPERTENSION	Driving may continue unless treatment causes unacceptable side effects. DVLA need not be notified	Disqualifies from driving if resting BP consistently 180 mm Hg systolic or more and/or 100 mm Hg diastolic or more. Re/licensing may be permitted when controlled provided that treatment does not cause side effects which may interfere with driving.
CHRONIC AORTIC DISSECTION	Driving may continue after satisfactory medical (blood pressure control) or surgical treatment, unless other disqualifying condition. DVLA need not be notified	Re/licensing may be permitted if ALL of the following apply: maximum transverse diameter of the aorta, including false lumen/thrombosed segment, does not exceed 5.5cm there is complete thrombosis of the false lumen BP is well controlled* <i>NOTE “well controlled” refers to clinical, NOT DVLA, standard of control.</i>
MARFAN’S SYNDROME	DVLA need not be notified unless there is aneurysm q.v.	Re/licensing permitted subject to: <ul style="list-style-type: none"> the requirements for aneurysm being met (q.v.) satisfactory medical treatment annual cardiac review to include aortic root measurement NOTE that aortic root replacement will debar.
HYPERTROPHIC CARDIOMYOPATHY (H.C.M) (See also arrhythmia, pacemaker and ICD sections)	Driving may continue provided no other disqualifying condition.	Disqualifies from driving if symptomatic. Licensing may only be permitted where at least 3 of the following criteria are met; <ol style="list-style-type: none"> 1) There is no family history in a first degree relative of sudden premature death from presumed HCM. 2) The cardiologist can confirm that the HCM is not anatomically severe. There should be no more than 3cm maximum wall thickness. 3) There is no serious abnormality of heart rhythm demonstrated; e.g. ventricular tachy-arrhythmia excluding isolated ventricular pre excitation beats. It is demonstrated that there is at least 25mm Hg increase in systolic blood pressure occurring during the completion of 9 minutes of exercise testing.

NB A Left Ventricular Ejection Fraction of < 0.4 is considered a bar to Group 2 Entitlement.

CARDIOVASCULAR DISORDERS	GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
DILATED CARDIOMYOPATHY (See also arrhythmia, pacemaker, I.C.D and heart failure sections)	Driving may continue provided no other disqualifying condition. DVLA need not be notified	Disqualifies from driving if symptomatic. Re/licensing may be permitted provided that there is no other disqualifying condition.
HEART OR HEART LUNG TRANSPLANT	Driving may continue provided no other disqualifying condition. DVLA need not be notified	Disqualifies from driving if symptomatic. Re/licensing may be permitted provided that the exercise/functional test requirement can be met, the LV function remains good (ie LVEF is = or >0.4) and there is no other disqualifying condition.
HEART VALVE DISEASE (to include surgery, ie replacement and/or repair)	Driving may continue provided no other disqualifying condition. DVLA need not be notified	Disqualifies from Driving: 1) whilst symptomatic. 2) For 12 months after cerebral embolism following which Specialist assessment is required to determine licensing fitness. Re/licensing may be permitted provided that there is no other disqualifying condition.
HEART FAILURE	Driving may continue provided there are no symptoms that may distract the driver's attention. DVLA need not be notified	Disqualifies from driving if symptomatic. Re/licensing may be permitted provided that the LV ejection fraction is good (ie LVEF is = or >0.4), the exercise/functional test requirements can be met and there is no other disqualifying condition.
CONGENITAL HEART DISEASE	Driving may continue provided there is no other disqualifying condition. On first application/identification report of a recent (within 2 years) examination/assessment by an appropriate consultant may be required before a licence is issued. Certain conditions will require the issue of a medical review licence for 1, 2 or 3 years.	Disqualifies from driving when complex or severe disorder(s) is (are) present. On first application/identification a recent examination /assessment by an appropriate consultant will be required before a licence is issued. Those with minor disease and others who have had successful repair of defects or relief of valvular problems, fistulae etc may be licensed provided that there is no other disqualifying condition. Certain conditions will require the issue of a medical review licence for 1, 2 or 3 years.

See [Appendix](#) at end of this Chapter

APPENDIX

(A) - GROUP 1 AND 2 ENTITLEMENTS

MEDICATION

If drug treatment for any cardiovascular condition is required, any adverse effect which may affect driver performance will disqualify.

(B) - GROUP 2 ENTITLEMENT ONLY

ISCHAEMIC HEART DISEASE etc.

LICENCE DURATION

An applicant or driver who has, after cardiac assessment, been permitted to hold either LGV or PCV licence will usually be issued with a short term licence (maximum duration 3 years) renewable on receipt of satisfactory medical reports.

EXERCISE TESTING

NB A Left Ventricular Ejection Fraction of < 0.4 is considered a bar to Group 2 Entitlement.

Exercise evaluation shall be performed on a bicycle* or treadmill. Drivers should be able to complete 3 stages of the Bruce protocol or equivalent safely, without anti-anginal** medication for 48 hours and should remain free from signs of cardiovascular dysfunction, viz. angina pectoris, syncope, hypotension, sustained ventricular tachycardia, and/or electrocardiographic ST segment shift which accredited medical opinion interprets as being indicative of myocardial ischaemia (usually $>2\text{mm}$ horizontal or down-sloping) during exercise or the recovery period. In the presence of established coronary heart disease exercise evaluation shall be required at regular intervals not to exceed 3 years.

* cycling for ten minutes with 20 watt increments/minute to a total of 200W

** Anti-anginal medication refers to the use of nitrates, B-blockers, Nicorandil and calcium antagonists, **prescribed for anti-anginal purposes or for other reasons such as cardio-protection.** Any of these medicines which are prescribed **specifically for the control of hypertension &/or arrhythmia** need **NOT** be discontinued prior to exercise testing.

If the cause of the chest pain is in doubt, an exercise test should be carried out as above. Those with a locomotor disorder who cannot comply will require perfusion scan/stress echocardiography or specialist cardiological opinion.

STRESS MYOCARDIAL PERFUSION SCANNING/STRESS ECHOCARDIOGRAPHY

The standard requires that no more than 10% of the myocardium is affected by reversible ischaemic change AND in addition the LVEF must be demonstrated to be 40% or greater.

Please note that the same requirements for the cessation of anti-anginal medication apply.

CORONARY ANGIOGRAPHY

The functional implication of coronary heart disease is considered to be more predictive for licensing purposes than the anatomical findings. For this reason the Exercise Tolerance Test and, where necessary, the stress myocardial perfusion scan, are the investigations of relevance for licensing purposes and it is the normal requirement that the standard of one or other of these must be met. Angiography is therefore not commissioned for (re-) licensing purposes. Where there remains conflict between the outcome of a functional test and the results of any recent angiography that may have been submitted, cases can be considered individually. However, (re-) licensing will not normally be considered unless the coronary angiograms are unobstructed and the left ventricular ejection fraction is $=$ or $> 40\%$ or greater.

‘Predictive’ refers to the risk of an infarct within 1 year. Grafts are assumed to be included as ‘coronary arteries’.

CHAPTER 3

DIABETES MELLITUS

DIABETES MELLITUS	GROUP 1 ENTITLEMENT ODL – CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
<p>INSULIN TREATED</p> <p>Diabetic drivers are sent a detailed letter of explanation about their licence and driving by DVLA.</p> <p>TEMPORARY INSULIN TREATMENT e.g. gestational diabetes, post-myocardial infarction, participants in oral/inhaled insulin trials.</p>	<p>Must recognise warning symptoms of hypoglycaemia and meet required visual standards. 1, 2 or 3 year licence.</p> <p>May retain licence but should stop driving if experiencing disabling hypoglycaemia.</p> <p>Notify DVLA again if treatment continues for more than 3 months.</p>	<p>New applicants on insulin or existing drivers are barred in law from driving HGV or PCV vehicles from 1/4/91. Drivers licensed before 1/4/91 on insulin are dealt with individually and licensed subject to satisfactory annual Consultant assessment. Regulation changes in April 2001 allow “exceptional case” drivers to apply for or renew their entitlement to C1/C1E to drive small lorries with or without a trailer subject to meeting all “Qualifying Conditions”. (See Appendix to this Chapter for full details)</p> <p>Legal bar to holding a licence while insulin treated. May reapply when insulin treatment is discontinued.</p>
<p>MANAGED BY TABLETS</p> <p>See Appendix to this Chapter for INF188/2</p>	<p>If all the requirements set out in the attached information on INF188/2 are met, DVLA does not require notification. This can be printed and retained for future reference.</p> <p>Alternatively if the information indicates that medical enquiries will need to be undertaken DVLA should be notified.</p>	<p>Drivers will be licensed unless they develop relevant disabilities e.g. diabetic eye problem affecting visual acuity or visual fields, in which case either recommended refusal or revocation or short period licence. If becomes insulin treated will be recommended refusal or revocation.</p>
<p>MANAGED BY DIET ALONE</p>	<p>Need not notify DVLA unless develop relevant disabilities e.g. Diabetic eye problems affecting visual acuity or visual field or if insulin required.</p>	<p>Need not notify DVLA unless develop relevant disabilities e.g. Diabetic eye problems affecting visual acuity or visual field or if insulin required.</p>
DIABETIC COMPLICATIONS	GROUP 1 ENTITLEMENT	GROUP 2 ENTITLEMENT
<p>Frequent hypoglycaemic episodes likely to impair driving</p>	<p>Cease driving until satisfactory control re-established, with consultant/GP report.</p>	<p>See above for insulin treated. Recommended refusal or revocation.</p>
<p>Impaired awareness of Hypoglycaemia</p>	<p>If confirmed, driving must stop. Driving may resume provided reports show awareness of hypoglycaemia has been regained, confirmed by consultant/GP report.</p>	<p>See above for insulin treated. Recommended refusal or revocation.</p>
<p>Eyesight complications (affecting visual acuity or fields)</p>	<p>See Section: Visual Disorders</p>	<p>See above for insulin treated and Section: Visual Disorders.</p>
<p>Renal Disorders</p>	<p>See Section: Renal Disorders</p>	<p>See Section: Renal Disorders</p>
<p>Limb Disability e.g. peripheral neuropathy</p>	<p>See Section: Disabled Drivers at Appendix 1</p>	<p>As Group I</p>

See [Appendix](#) at end of this Chapter

APPENDIX

- **Police, Ambulance and Health Service Vehicle Driver Licensing***

The Secretary of State's Honorary Medical Advisory Panel on Diabetes and Driving has recommended that drivers with insulin treated diabetes should not drive emergency vehicles. This takes account of the difficulties for an individual, regardless of whether they may appear to have exemplary glycaemic control, in adhering to the monitoring processes required when responding to an emergency situation.

*Caveat: The advice of the Panels on the interpretation of EC and UK legislation, and its appropriate application, is made within the context of driver licensing and the DVLA process. It is for others to decide whether or how those recommendations should be interpreted for their own areas of interest, in knowledge of their specific circumstances.

A Guide for Drivers with Insulin Treated Diabetes who wish to apply for C1/C1E Entitlement

Drivers may apply for or renew their entitlement to categories **C1/C1+E** to drive small lorries with or without a trailer.

They may also be eligible to renew category C1E, to drive small lorries with a combined weight of 12 tonnes, if they have passed category CE, although this does not apply if they have previously held CE (102).
They will not be entitled by law to hold Category D1 (Minibuses)

Qualifying Conditions you must meet

- They must have had no hypoglycaemic attacks requiring assistance whilst driving within the previous 12 months.
- They will not be able to apply for category C1 or C1E entitlement until their condition has been stable for a period of at least one month.
- They must regularly monitor their condition by checking their blood glucose levels at least twice daily and at times relevant to driving. We advise the use of a memory chip meters for such monitoring
- They must arrange to be examined every 12 months by a hospital consultant, who specialises in diabetes. At the examination the consultant will require sight of their blood glucose records for the last 3 months.
- They must have no other condition, which would render them a danger when driving C1 vehicles.
- They will be required to sign an undertaking to comply with the directions of doctors(s) treating the diabetes and to report immediately to DVLA any significant change in their condition.

A Guide to Driving Ordinary Vehicles (Group 1) for drivers with Diabetes treated by tablets and/or diet

Please keep for further reference

The standards are reviewed every six months, following updated advice from the Secretary of State's Honorary Medical Advisory Panels. Information enclosed is accurate at the time of going to press – April 2005.

Drivers with diabetes treated by diet or tablets, will normally be able to retain their till 70 licence.

You will be aware that some people with diabetes develop associated problems. Those that are important for driving include, eyesight complications and loss of sensation in the legs.

Future Action

The law requires you to inform DVLA if any of the following occur:

- You require treatment with insulin.
- You require laser treatment to both eyes for retinopathy, or the remaining eye if one eye only.
- If both eyes, or remaining eye if one eye only, are affected by other eye problems. (All drivers are required by law to be able to read, with corrective lenses if necessary, a car number plate in good light at 20.5 metres (67 feet) or 20 metres (65 feet) where narrower characters 50mm wide are displayed.)
- You develop problems with the circulation or sensation in the legs which make it necessary for you to drive certain types of vehicles only, e.g. automatic vehicles or modifications to a vehicle, hand operated accelerator/ brake. This must be noted on the licence.
- An existing medical condition deteriorates or you develop any other condition which may affect safe driving at any time in the future.

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

Thank you for your co-operation.

Useful addresses

Diabetes UK Cymru Quebec House Castlebridge Cowbridge Road East Cardiff CF11 9AB

Diabetes UK Scotland Savoy House 140 Sauchiehall Street Glasgow G2 3DH

Diabetes UK Careline Tel: 020 7424 1030 (voice) or 020 7424 1031 (text) Email: careline@diabetes.org.uk

Diabetes UK website: <http://www.diabetesuk.co.uk>

Contact us

If you are advised to notify DVLA again about your condition you can:

Download the appropriate medical questionnaire via the “medical rules for all drivers” section of our website:

www.direct.gov.uk/motoring Telephone: 0870 600 0301

Write: Drivers Medical Group, DVLA Swansea SA99 1TU

E.mail: eftd@dvla.gsi.gov.uk

CHAPTER 4

PSYCHIATRIC DISORDERS

PSYCHIATRIC DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
<p>ANXIETY OR DEPRESSION</p> <p>(without significant memory or concentration problems, agitation, behavioural disturbance or suicidal thoughts).</p>	<p>DVLA need not be notified and driving may continue.</p> <p>(See note about medication in Appendix at end of this Chapter).</p>	<p>Very minor short-lived illnesses need not be notified to DVLA.</p> <p>(See note about medication in Appendix at end of this Chapter)</p>
<p>MORE SEVERE ANXIETY STATES OR DEPRESSIVE ILLNESSES</p> <p>(with significant memory or concentration problems, agitation, behavioural disturbance or suicidal thoughts)</p> <p>NB: For cases which also involve persistent misuse of or dependency on alcohol/drugs, please refer to the appropriate section of Chapter 5. Where psychiatric illness has been associated with substance misuse, continuing misuse is not acceptable for licensing.</p>	<p>Driving should cease pending the outcome of medical enquiry. A period of stability depending upon the circumstances will be required before driving can be resumed. Particularly dangerous are those who may attempt suicide at the wheel.</p>	<p>Driving may be permitted when the person is well and stable for a period of 6 months. Medication must not cause side effects, which would interfere with alertness or concentration. Driving is usually permitted if the anxiety or depression is long-standing, but maintained symptom-free on doses of psychotropic medication which do not impair. DVLA may require psychiatric reports.</p> <p>NB: It is the illness rather than the medication, which is of prime importance, but see notes on medication.</p>
<p>ACUTE PSYCHOTIC DISORDERS OF ANY TYPE</p> <p>NB: For cases which also involve persistent misuse of or dependency on alcohol/drugs, please refer to the appropriate section of Chapter 5. Where psychiatric illness has been associated with substance misuse, continuing misuse is not acceptable for licensing.</p>	<p>Driving must cease during the acute illness. Re-licensing can be considered when all of the following conditions can be satisfied:</p> <ol style="list-style-type: none"> Has remained well and stable for at least 3 months. Is compliant with treatment. Is free from adverse effects of medication which would impair driving. Subject to a favourable specialist report. <p>Drivers who have a history of instability and/or poor compliance will require a longer period off driving.</p>	<p>Driving must cease pending the outcome of medical enquiry. It is normally a requirement that the person should be well and stable for 3 years (i.e. to have experienced a good level of functional recovery with insight into their illness and to be fully adherent to the agreed treatment plan, including engagement with the medical services) before driving can be resumed. In line with good practice, attempts should be made to achieve the minimum effective anti-psychotic dose; tolerability should be optimal and not associated with any deficits (e.g. in alertness, concentration and motor performance) that might impair driving ability. Where in patients with established illness the history suggests a likelihood of relapse, the risk should be appraised as low (either in the treated or untreated state). DVLA will normally require a consultant report that specifically addresses the relevant issues above before the licence can be considered.</p>

See [Appendix](#) at end of this Chapter

PSYCHIATRIC DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
<p>HYPOMANIA/MANIA</p> <p>NB: For cases which also involve persistent misuse of or dependency on alcohol/drugs, please refer to the appropriate section of Chapter 5. Where psychiatric illness has been associated with substance misuse, continuing misuse is not acceptable for licensing.</p>	<p>Driving must cease during the acute illness. Following an isolated episode, re-licensing can be reconsidered when all the following conditions can be satisfied:</p> <ul style="list-style-type: none"> (a) Has remained well and stable for at least 3 months. (b) Is compliant with treatment. (c) Has regained insight. (d) Is free from adverse effects of medication which would impair driving. (e) Subject to a favourable specialist report. <p>REPEATED CHANGES OF MOOD: Hypomania or mania are particularly dangerous to driving when there are repeated changes of mood. Therefore, when there have been 4 or more episodes of mood swing within the previous 12 months, at least 6 months stability will be required under condition (a), in addition to satisfying conditions (b) to (e).</p>	<p>Driving must cease pending the outcome of medical enquiry. It is normally a requirement that the person should be well and stable for 3 years (i.e. to have experienced a good level of functional recovery with insight into their illness and to be fully adherent to the agreed treatment plan, including engagement with the medical services) before driving can be resumed. In line with good practice, attempts should be made to achieve the minimum effective dose of psychotropic medication; tolerability should be optimal and not associated with any deficits (e.g. in alertness, concentration and motor performance) that might impair driving ability. Where in patients with established illness the history suggests a likelihood of relapse, the risk should be appraised as low (either in the treated or untreated state). DVLA will normally require a consultant report that specifically addresses the relevant issues above before the licence can be considered.</p>
<p>CHRONIC SCHIZOPHRENIA & Other Chronic Psychoses</p> <p>NB: For cases which also involve persistent misuse of or dependency on alcohol/drugs, please refer to the appropriate section of Chapter 5. Where psychiatric illness has been associated with substance misuse, continuing misuse is not acceptable for licensing.</p>	<p>The driver must satisfy all the following conditions:</p> <ul style="list-style-type: none"> (a) Stable behaviour for at least 3 months. (b) Is adequately compliant with treatment. (c) Remain free from adverse effects of medication which would impair driving. (d) Subject to a favourable specialist report. <p>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 whilst driving. Particularly dangerous, are those drivers whose psychotic symptoms relate to other road users.</p>	<p>Driving must cease pending the outcome of medical enquiry. It is normally a requirement that the person should be well and stable for 3 years (i.e. to have experienced a good level of functional recovery with insight into their illness and to be fully adherent to the agreed treatment plan, including engagement with the medical services) before driving can be resumed. In line with good practice, attempts should be made to achieve the minimum effective anti-psychotic dose; tolerability should be optimal and not associated with any deficits (e.g. in alertness, concentration and motor performance) that might impair driving ability. Where in patients with established illness the history suggests a likelihood of relapse, the risk should be appraised as low (either in the treated or untreated state). DVLA will normally require a consultant report that specifically addresses the relevant issues above before the licence can be considered.</p>

See [Appendix](#) at end of this Chapter

DISORDER	GROUP 1 ENTITLEMENT ODL – CAR, M/CYCLE	GROUP 2 ENTITLEMENT LGV/PCV	VOC –
DEMENTIA OR ANY ORGANIC BRAIN SYNDROME	<p>It is extremely difficult to assess driving ability in those with dementia. Those who have poor short-term memory, disorientation, lack of insight and judgement are almost certainly not fit to drive.</p> <p>The variable presentations and rates of progression are acknowledged. Disorders of attention will also cause impairment. A decision regarding fitness to drive is usually based on medical reports.</p> <p>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 1 & 2)</p>	Refuse or revoke licence.	
LEARNING DISABILITY severely below average general intellectual functioning accompanied by significant limitations in adaptive functioning in at least 2 of the following areas: communication, self-care, home-living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health and safety.	Severe learning disability is not compatible with driving and the licence application must be refused. In milder forms, provided there are no other relevant problems, it may be possible to hold a licence, but it will be necessary to demonstrate adequate functional ability at the wheel.	Recommended permanent refusal or revocation if severe. Minor degrees of learning disability when the condition is stable with no medical or psychiatric complications may be compatible with the holding of a licence.	
DEVELOPMENTAL DISORDERS includes Asperger's Syndrome, autism, severe communication disorders and Attention Deficit Hyperactivity Disorder.	A diagnosis of any of these conditions is not in itself a bar to licensing. Factors such as impulsivity, lack of awareness of the impact of own behaviours on self or others need to be considered	Continuing minor symptomatology may be compatible with licensing. Cases will be considered on an individual basis.	
BEHAVIOUR DISORDERS includes post head injury syndrome, personality disorders, and Non-Epileptic Seizure Disorder	If seriously disturbed e.g. violent behaviour or alcohol abuse and likely to be a source of danger at the wheel, licence would be revoked or the application refused. Licence will be issued after medical reports confirm that behavioural disturbances have been satisfactorily controlled.	Recommended refusal or revocation if associated with serious behaviour disturbance likely to make the individual be a source of danger at the wheel. If psychiatric reports confirm stability, then consideration would be given to restoration of the licence.	

See [Appendix](#) at end of this Chapter

Important Note.

Psychiatric conditions not normally requiring notification, e.g. eating disorders, or those conditions which do not fit neatly into the aforementioned classification will need to be reported to DVLA **if causing** impairment of consciousness or symptoms that will either distract from the task of driving or prevent the driver from operating the controls of the vehicle safely. The patient should be advised to declare both the condition and symptoms of concern.

Appendix

PSYCHIATRIC NOTES

- The 2nd EC Directive requires member states to set minimum medical standards of fitness to drive and sets out the requirements for mental health in broad terms.
- The Directive makes a clear distinction between the standards needed for Group 1 (cars and motorcycles) and Group 2 (lorries and buses) licences, the standards for the latter being more stringent due to the size of vehicle and the greater time spent at the wheel during the course of the occupation.
- 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 or severe impairment of intelligence or social functioning. The standards 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 dependency on alcohol or drugs will require the standards in this chapter to be considered in conjunction with those of Chapter 5 of this publication.

MEDICATION

- Section 4 of the Road Traffic Act 1988 does not differentiate between illicit or prescribed drugs. Therefore, any person who is driving or attempting to drive on the public highway, or other public place whilst unfit due to any drug, is liable to prosecution.
- All drugs acting on the central nervous system can impair alertness, concentration and driving performance. This is particularly so at initiation of treatment, or soon after and when dosage is being increased. Driving must cease if adversely affected.
- The older tricyclic antidepressants can have pronounced anticholinergic and antihistaminic effects, which may impair driving. The more modern antidepressants may have fewer adverse effects. **These considerations need to be taken into account when planning the treatment of a patient who is a professional driver.**
- Anti-psychotic drugs, including the depot preparations, can cause motor or extrapyramidal effects as well as sedation or poor concentration, which may, either alone or in combination, be sufficient to impair driving. Careful clinical assessment is required.
- The epileptogenic potential of psychotropic medication should be considered particularly when patients are professional drivers.
- Benzodiazepines are the most likely psychotropic medication to impair driving performance, particularly the long acting compounds. **Alcohol will potentiate the effects.**
- Doctors have a duty of care to advise their patients of the potential dangers of adverse effects from medication and interactions with other substances, especially alcohol.
- Drivers with psychiatric illnesses are often safer when well and on regular psychotropic medication than when they are ill. Inadequate treatment or irregular compliance may render a driver impaired by both the illness and medication.

CONFIDENTIALITY

When a patient has a condition which makes driving unsafe and the patient is either unable to appreciate this, or refuses to cease driving, GMC guidelines advise breaking confidentiality and informing DVLA. [GMC Confidentiality Handbook]

PATIENTS UNDER SECTION 17 OF THE MENTAL HEALTH ACT

Before resuming driving, drivers must be able to satisfy the standards of fitness for their respective conditions and be free from any effects of medication, which will affect driving adversely.

CHAPTER 5

DRUG AND ALCOHOL MISUSE AND DEPENDENCY

ALCOHOL PROBLEMS	GROUP 1 ENTITLEMENT ODL – CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
<p>ALCOHOL MISUSE</p> <p>There is no single definition which embraces all the variables in this condition but the following is offered as a guide:</p> <p>“a state which, because of consumption of alcohol, causes disturbance of behaviour, related disease or other consequences, likely to cause the patient, his/her family or society harm now, or in the future, and which may or may not be associated with dependency”.</p> <p>Reference to ICD10 F10.1 is relevant.</p> <p>ALCOHOL DEPENDENCY</p> <p>“A cluster of behavioural, cognitive & physiological phenomena that develop after repeated alcohol use & which include a strong desire to take alcohol, difficulties in controlling its use, persistence in its use despite harmful consequences, with evidence of increased tolerance and sometimes a physical withdrawal state.”</p> <p>Indicators may include a history of withdrawal symptoms, of tolerance, of detoxification(s) and/or alcohol related fits.</p> <p>Reference to ICD10 F10.2 – F10.7 inclusive is relevant</p>	<p>ALCOHOL MISUSE</p> <p>Persistent alcohol misuse, confirmed by medical enquiry and/or by evidence of otherwise unexplained abnormal blood markers, requires licence revocation or refusal until a minimum six month period of controlled drinking or abstinence has been attained, with normalisation of blood parameters.</p> <p>Patient recommended to seek advice from medical or other sources during the period off the road.</p> <p>ALCOHOL DEPENDENCY</p> <p>Alcohol dependency, confirmed by medical enquiry, requires licence revocation or refusal until a one year period free from alcohol problems has been attained. Abstinence will normally be required, with normalisation of blood parameters, if relevant.</p> <p>LICENCE RESTORATION</p> <p>Will require satisfactory medical reports from own doctor(s) and may require independent medical examination and blood tests, arranged by DVLA.</p> <p>Consultant support/referral may be necessary.</p> <p>See also under “Alcohol related seizures”</p>	<p>ALCOHOL MISUSE</p> <p>Persistent alcohol misuse, confirmed by medical enquiry and/or by evidence of otherwise unexplained abnormal blood markers, requires revocation or refusal of a vocational licence until at least one year period of abstinence or controlled drinking has been attained, with normalisation of blood parameters.</p> <p>Patient recommended to seek advice from medical or other sources during the period off the road.</p> <p>ALCOHOL DEPENDENCY</p> <p>Vocational licensing will not be granted where there is a history of alcohol dependency within the past three years.</p> <p>LICENCE RESTORATION</p> <p>Will require satisfactory medical reports from own doctor(s) and may require independent medical examination and blood tests, arranged by DVLA.</p> <p>Consultant support/referral may be necessary.</p> <p>See also under “Alcohol related seizures”</p>

ALCOHOL PROBLEMS	GROUP 1 ENTITLEMENT ODL – CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
Alcohol Related Seizure(s)	<p>Following a solitary alcohol-related seizure, a licence will be revoked or refused for a minimum one year period from the date of the event. Where more than one seizure has occurred, consideration under the Epilepsy Regulations will be necessary.</p> <p>Medical enquiry will be required before licence restoration to confirm appropriate period free from persistent alcohol misuse and/or dependency. Independent medical assessment with blood analysis and consultant reports will normally be necessary.</p>	<p>Following a solitary alcohol-related seizure, a licence will be revoked or refused for a minimum five year period from the date of the event.</p> <p>Licence restoration thereafter requires:</p> <ul style="list-style-type: none"> • No underlying cerebral structural abnormality • Off anti-epileptic medication for at least 5 years • Maintained abstinence from alcohol if previously dependent • Review by an addiction specialist & neurological opinion. <p>Where more than one seizure has occurred or there is an underlying cerebral structural abnormality, the Vocational Epilepsy Regulations apply. (See Appendix to Neuro Chapter for full details)</p>
ALCOHOL RELATED DISORDERS : e.g: hepatic cirrhosis with neuro-psychiatric impairment, psychosis.	<p>Driving should cease. Licence normally recommended to be refused/revoked until there is satisfactory recovery and is able to satisfy all other relevant medical standards.</p>	<p>Licence recommended to be refused/revoked.</p>

Appendix

HIGH RISK OFFENDER SCHEME for drivers convicted of certain drink/driving offences and meeting any of the following:

- (a) One disqualification for driving, or being in charge of a vehicle, when the level of alcohol in the body equalled or exceeded:
 - i) 87.5 microgrammes per 100 millilitres of breath, or
 - ii) 200 milligrammes per 100 millilitres of blood, or
 - iii) 267.5 milligrammes per 100 millilitres of urine.
- (b) Two disqualifications within the space of ten years for drinking and driving, or being in charge of a vehicle whilst under the influence of alcohol.
- (c) One disqualification for refusing/failing to supply a specimen for analysis.

DVLA will be notified of such offenders by the courts. When an application for licence re-instatement is made, an independent medical examination will be conducted, which includes a questionnaire, serum AST, ALT, GGT and MCV assay and may include further assessments as indicated. If favourable, a “Till 70” licence is restored for Group I and a recommendation can be made regarding the issue of a Group 2 licence.

If a High Risk Offender has a previous history of alcohol dependency or persistent misuse, but has satisfactory examination and blood tests, a short period licence is issued for ordinary and vocational entitlement but dependent on their ability to meet the standard as specified.

A High Risk Offender found to have a current history of alcohol misuse/dependency and/or unexplained abnormal blood test analysis will have the application refused.

DRUG MISUSE AND DEPENDENCY Reference to ICD10 F10.1-F10.7 inclusive is relevant.	GROUP 1 ENTITLEMENT ODL – CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
Cannabis Amphetamines Ecstasy & other psychoactive substances, including LSD and Hallucinogens	Persistent use of or dependency on these substances, confirmed by medical enquiry, will lead to licence refusal or revocation for a minimum six month period free of such use has been attained. Independent medical assessment and urine screen arranged by DVLA, may be required.	Persistent use of or dependency on these substances will lead to refusal or revocation of a vocational licence for a minimum one year period free of such use has been attained. Independent medical assessment and urine screen arranged by DVLA, will normally be required.
Heroin Morphine Methadone* Cocaine	Persistent use of, or dependency on these substances, confirmed by medical enquiry, will lead to licence refusal or revocation for a minimum one year period free of such use has been attained. Independent medical assessment and urine screen arranged by DVLA, may be required. In addition favourable Consultant or Specialist report may be required on reapplication. * Applicants or drivers complying fully with a Consultant 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.	Persistent use of, or dependency on these substances, will require revocation or refusal of a vocational licence until a minimum three year period free of such use has been attained. Independent medical assessment and urine screen arranged by DVLA, will normally be required. In addition favourable Consultant or Specialist report will be required before relicensing. *Applicants or drivers complying fully with a Consultant supervised oral Methadone maintenance programme may be considered for an annual review licence once a minimum three 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.
Benzodiazepines The non-prescribed use of these drugs and/or the use of supra-therapeutic dosage, whether in a substance withdrawal/maintenance programme or otherwise, constitutes misuse/dependency for licensing purposes. The prescribed use of these drugs at therapeutic doses (BNF), without evidence of impairment, does not amount to misuse/dependency for licensing purposes (although clinically dependence may exist).	Persistent misuse of, or dependency on these substances, confirmed by medical enquiry, will lead to licence refusal or revocation until a minimum one year period free of such use has been attained. Independent medical assessment and urine screen arranged by DVLA, may be required. In addition favourable Consultant or Specialist report may be required on reapplication.	Persistent misuse of, or dependency on these substances, will require revocation or refusal of a vocational licence for a minimum three-year period. Independent medical assessment and urine screen arranged by DVLA, will normally be required. In addition favourable Consultant or Specialist report will be required before relicensing.
<div style="border: 1px solid black; padding: 5px; text-align: center;"> Multiple substance misuse and/or dependency – including misuse with alcohol – is incompatible with licensing fitness </div>		

DRUG MISUSE AND DEPENDENCY Reference to ICD10 F10.1-F10.7 inclusive is relevant.	GROUP 1 ENTITLEMENT ODL – CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
Seizure(s) associated with drug misuse/dependency	<p>Following a solitary seizure associated with drug misuse or dependency, a licence will be refused or revoked for a minimum one-year period from the date of the event. Where more than one seizure has occurred, consideration under the Epilepsy Regulations will be necessary.</p> <p>Medical enquiry will be required before licence restoration to confirm appropriate period free from persistent drug misuse and/or dependency. Independent medical assessment with urine analysis and consultant reports will normally be necessary.</p>	<p>Following a solitary seizure associated with drug misuse or dependency, a licence will be revoked or refused for a minimum five-year period from the date of the event.</p> <p>Licence restoration thereafter requires:</p> <ul style="list-style-type: none"> • No underlying cerebral structural abnormality • Off anti-epileptic medication for at least 5 years • Maintained abstinence from drugs if previously dependent • Review by an addiction specialist & neurological opinion. <p>Where more than one seizure has occurred or there is an underlying cerebral structural abnormality, the Vocational Epilepsy Regulations apply. (See Appendix to Neuro Chapter for full details)</p>

NB: A person who has been re-licensed following persistent drug misuse or dependency must be advised as part of their after-care that if their condition recurs they should cease driving and notify DVLA Medical Branch.

CHAPTER 6

VISUAL DISORDERS

The law requires that a licence holder or applicant is considered as suffering a **prescribed disability** if unable to meet the eyesight requirements, i.e. to read in good light (with the aid of glasses or contact lenses if worn) a registration mark fixed to a motor vehicle and containing letters and figures 79 millimetres high and 50 millimetres wide (i.e. post 1.9.2001 font) at a distance of 20 metres, or at a distance of 20.5 metres where the characters are 79 millimetres high and 57 millimetres wide (i.e. pre 1.9.2001 font). If unable to meet this standard, the driver must not drive and the licence must be refused or revoked.

Registration for sight impairment or severe sight impairment will normally be regarded as incompatible with holding a driving licence and should be notified. However, attention will be given to the standards indicated below in deciding on fitness to drive.

VISUAL DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
ACUITY	Must be able to meet the above prescribed eyesight requirement.	New applicants are barred in law if the visual acuity, using corrective lenses if necessary, is worse than 6/9 in the better eye or 6/12 in the other eye. Also, the uncorrected acuity in each eye MUST be at least 3/60. * / *** Grandfather Rights below.
CATARACT Includes severe bilateral cataracts, failed bilateral cataract extractions and post cataract surgery where these are affecting the eyesight.	Must be able to meet the above eyesight requirement. In the presence of cataract, glare may prevent the ability to meet the number plate requirement, even with apparently appropriate acuities.	Must be able to meet the above prescribed acuity requirement. In the presence of cataract, glare may prevent the ability to meet the number plate requirement, even with appropriate acuities.
MONOCULAR VISION (includes the use of one eye only for driving)	Complete loss of vision in one eye (ie. If there is any light perception, driver is not considered monocular). Must notify DVLA but may drive when clinically advised that driver has adapted to the disability and the prescribed eyesight standard in the remaining eye can be satisfied and there is a normal monocular visual field in the remaining eye, i.e. there is no area of defect which is caused by pathology.	Complete loss of vision in one eye or corrected acuity of less than 3/60 in one eye. Applicants are barred in law from holding a Group 2 licence. **/*** Grandfather Rights below.
VISUAL FIELD DEFECTS Disorders such as severe bilateral glaucoma, severe bilateral retinopathy, retinitis pigmentosa and other disorders producing field defect including partial or complete homonymous hemianopia/quadrantanopia or complete bitemporal hemianopia.	Driving must cease unless confirmed able to meet recommended national guidelines for visual field. (See end of Chapter for full definition and for conditions to be met for consideration as an exceptional case on an individual basis)	Normal binocular field of vision is required, i.e., any area of defect in a single eye is totally compensated for by the field of the other eye.

See [Appendix](#) at end of this Chapter

* Must have held the Group 2 licence on either BOTH 01.01.1983 and 01.04.1991 OR on 01.03.1992 and be able to complete a satisfactory certificate of experience to be eligible. If obtained first Group 2 licence between 02.03.1992 and 31.12.1996 uncorrected visual acuity may be worse than 3/60 in one eye.

** Group 2 licence must have been issued prior to 01.01.1991 in knowledge of monocularly.

*** Monocularly is acceptable for C1 applicants who passed the ordinary driving test prior to 01.01.1997 if they satisfy the number-plate test and the visual field requirement for the remaining eye.

-The applicant or licence holder must notify DVLA unless stated otherwise in the text

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VISUAL DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
DIPLOPIA	Cease driving on diagnosis. Resume driving on confirmation to the Licensing Authority that the diplopia is controlled by glasses or by a patch which the licence holder undertakes to wear while driving. (If patching, note requirements above for monocular vision). Exceptionally a stable uncorrected diplopia of 6 month's duration or more may be compatible with driving if there is consultant support indicating satisfactory functional adaptation.	Recommended permanent refusal or revocation if insuperable diplopia. Patching is not acceptable.
NIGHT BLINDNESS	Acuity and field standards must be met. Cases will be considered on an individual basis.	Group 2 acuity and field standards must be met and cases will then be considered on an individual basis.
COLOUR BLINDNESS	Need not notify DVLA. Driving may continue with no restriction on licence.	Need not notify DVLA. Driving may continue with no restriction on licence.
BLEPHAROSPASM	Consultant opinion required. If mild, driving can be allowed subject to satisfactory medical reports. Control of mild blepharospasm with botulinum toxin may be acceptable provided that treatment does not produce debarring side effects such as uncontrollable diplopia. DVLA should be informed of any change or deterioration in condition. Driving is not normally permitted if condition severe, and affecting vision, even if treated.	Consultant opinion required. If mild, driving can be allowed subject to satisfactory medical reports. Control of mild blepharospasm with botulinum toxin may be acceptable provided that treatment does not produce debarring side effects such as uncontrollable diplopia. DVLA should be informed of any change or deterioration in condition. Driving is not permitted if condition severe, and affecting vision, even if treated.

See [Appendix](#) at end of this Chapter

Appendix

FIELD OF VISION REQUIREMENT FOR THE HOLDING OF GROUP 1 LICENCE ENTITLEMENT

The minimum field of vision for safe driving is defined as “a field of at least 120° on the horizontal measured using a target equivalent to the white Goldmann III4e settings. In addition, there should be no **significant** defect in the binocular field which encroaches within 20° of fixation above or below the horizontal meridian”.

This means that homonymous or bitemporal defects, which come close to fixation, whether hemianopic or quadrantanopic, are not normally accepted as safe for driving.

If a Visual field assessment is necessary to determine fitness to drive, DVLA requires this to be a binocular Esterman field. Monocular full field charts may also be requested in specific conditions. Exceptionally, Goldmann perimetry, carried out to strict criteria, will be considered. The Secretary of State’s 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 Goldman perimetry, fixation accuracy will also be considered.

Defect affecting central area ONLY (Esterman)

For GROUP 1 licensing purposes, pending the outcome of current research, the following are generally regarded as **acceptable central** loss:

- Scattered single missed points
- A single cluster of up to 3 adjoining points

For GROUP 1 licensing purposes the following are generally regarded as **unacceptable (i.e. ‘significant’) central** loss:

- A cluster of 4 or more adjoining points that is either wholly **or partly** within the central 20 degree area
- Loss consisting of both a single cluster of 3 adjoining missed points up to and including 20 degrees from fixation, **and any** additional separate missed point(s) within the central 20 degree area
- **Any** central loss that is an **extension** of a hemianopia or quadrantanopia of size greater than 3 missed points.

Exceptional cases

For GROUP 1 drivers who have previously held **full driving entitlement**, removed because of a field defect which does not satisfy the standard, may be eligible to reapply to be considered as exceptional cases on an individual basis, subject to strict criteria.

The defect must have been

- present for at least 12 months
- caused by an isolated event or a non-progressive condition **and**
- there must be no other condition or pathology present which is regarded as progressive and likely to be affecting the visual fields.

In order to meet the requirements of European law, DVLA will, in addition, require:

- clinical confirmation of full functional adaptation.

If reapplication is then accepted, a satisfactory practical driving assessment, carried out at an approved assessment centre, must subsequently be completed.

NB Applicants for, or holders of, provisional entitlement, cannot be considered as exceptional cases.

Defect affecting the peripheral areas – width assessment

For GROUP 1 licensing, the following will be disregarded when assessing the width of field:

- A cluster of **up to three** 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.

CHAPTER 7

RENAL DISORDERS

RENAL DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
CHRONIC RENAL FAILURE CAPD (Continuous ambulatory peritoneal dialysis) Haemodialysis	Issue of licence dependent on medical enquiries. No restriction on holding a Till 70 licence unless subject to significant symptoms, e.g. sudden disabling attacks of giddiness or fainting or impaired psychomotor or cognitive function when the licence may be revoked or the application refused.	Drivers with these disabilities will be assessed individually by DVLA Medical Unit.
All other renal disorders	Need not notify DVLA unless associated with a relevant disability.	Need not notify DVLA unless associated with significant symptoms or a relevant disability.

RESPIRATORY and SLEEP DISORDERS

RESPIRATORY and SLEEP DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
SLEEP DISORDERS Including Obstructive Sleep Apnoea syndrome causing excessive daytime / awake time sleepiness	Driving must cease until satisfactory control of symptoms has been attained, confirmed by medical opinion.	Driving must cease until satisfactory control of symptoms has been attained, with ongoing compliance with treatment, confirmed by consultant / specialist opinion. Regular, normally annual, licensing review required.
COUGH SYNCOPE	Driving must cease until liability to attacks has been successfully controlled, confirmed by medical opinion.	Driving must cease. If there is any chronic respiratory condition, including smoking will need to be free of syncope/pre-syncope for 5 years. Individuals identified as having asystole in response to coughing can be considered once a pacemaker has been implanted.
RESPIRATORY DISORDERS including asthma, COPD (Chronic Obstructive Pulmonary Disease)	DVLA need not be notified unless attacks are associated with disabling giddiness, fainting or loss of consciousness.	As for Group 1 licence.
CARCINOMA OF LUNG	DVLA need not be notified unless cerebral secondaries are present. (See Chapter 1 for malignant brain tumour)	Those drivers with non small cell lung cancer classified as T1N0M0 can be considered on an individual basis. In other cases, driving must cease until 2 years has elapsed from the time of definitive treatment. Driving may resume providing treatment satisfactory and no brain scan evidence of intracranial metastases.

CHAPTER 8

MISCELLANEOUS CONDITIONS

MISCELLANEOUS CONDITIONS	GROUP 1 ENTITLEMENT ODL – CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
DEAFNESS (PROFOUND)	Need not notify DVLA. Till 70 issued/retained.	Of paramount importance is the proven ability to be able to communicate in the event of an emergency by speech or by using a device e.g. a MINICOM. If unable so to do the licence is likely to be refused or revoked.
MALIGNANT tumours with a high likelihood of developing cerebral metastasis (please also see Respiratory Disorders)	DVLA need not be notified unless cerebral secondaries are present. (See Chapter 1 for malignant brain tumours)	Cases will be considered on an individual basis.
AIDS Syndrome	Driving may continue providing medical enquiries confirm no relevant associated disability likely to affect driving. 1, 2 or 3-year licence with medical review	Cases will be assessed on an individual basis. In the absence of any debarring symptoms CD4 count will need to be maintained at 200 or above for at least 6 months to be eligible.
HIV positive	Need not notify DVLA.	Need not notify DVLA
AGE (Older Drivers)	Age is no bar to the holding of a licence. DVLA requires confirmation at age of 70 that no medical disability is present, thereafter a 3-year licence is issued subject to satisfactory completion of medical questions on the application form. Notwithstanding, as ageing progresses, a driver or his relative(s) may be aware that the combination of progressive loss of memory, impairment in concentration and reaction time with possible loss of confidence, suggest consideration be given to cease driving. Physical frailty is not per se a bar to the holding of a licence.	Re-application with medical confirmation of continuing satisfactory fitness is required at age 45 and 5-yearly thereafter until 65, when annual application is required.

IMPAIRMENT OF COGNITIVE FUNCTION

e.g. post stroke, post head injury, early dementia

There is no single or simple marker for assessment of impaired cognitive function although the ability to manage day to day living satisfactorily is a possible yardstick of cognitive competence. In-car assessments, on the road with a valid licence, are an invaluable method of ensuring that there are no features present liable to cause the patient to be a source of danger, e.g. visual inattention, easy distractibility, and difficulty performing multiple tasks. In addition it is important that reaction time, memory, concentration and confidence are adequate and do not show impairment likely to affect driving performance.

COGNITIVE DISABILITY

Group 2

Impairment of cognitive functioning is not usually compatible with the driving of these vehicles.

Mild cognitive disability may be compatible with safe driving and individual assessment will be required.

Appendix 1

DISABLED DRIVERS

CARS (Group 1)

Driving is possible in both static and progressive or relapsing disorders but vehicle modification may be needed.

- | | |
|--|---|
| 1) Permanent Limb Disabilities/
Spinal Disabilities | e.g. Amputation, Hemiplegia/Cerebral Palsy, Ankylosing Spondylitis,
Severe Arthritis, especially with pain |
| 2) Chronic Neurological Disorders: | e.g. Multiple Sclerosis, Parkinson's Disease,
Motor Neurone Disease, peripheral neuropathy |

Sophisticated vehicle adaptation is now possible and varies from automatic transmission to joy sticks and infra red controls for people with severe disabilities.

The DVLA will need to know which, if any, of the controls require to be modified and will ask the patient to complete a simple questionnaire. The driving licence will then be coded to reflect the modifications. A list of assessment centres is available at appendix 2, which will be able to give advice should the licence holder require it.

NB: A person in receipt of the higher rate mobility component of the Disability Living Allowance may hold a driving licence from 16 years of age.

LGV/PCV (Group 2)

Some disabilities **may** be compatible with the driving of large vehicles if mild and non-progressive. Individual assessment will be required.

ELECTRICALLY PROPELLED INVALID CARRIAGES (CLASS 2 & 3)

Class 2 vehicles are limited to 4 miles per hour and Class 3 vehicles to 8 miles per hour whilst on the road.

Users of these vehicles are not required to hold a driving licence and so are not required to meet the medical standards required of drivers of motor vehicles. However, individuals whose medical condition may affect their ability to drive an invalid carriage safely are advised to consult their GP before using these vehicles. We also recommend that the user is able to read a car number plate from a distance of 12.3 metres (40 ft). For further details please refer to the publication "Code of Practice for Class 3 Vehicle Users" available from the Mobility & Inclusion Unit, Department for Transport, Great Minster House, 76 Marsham Street, London SW1P 4DR; Tel: 0207 944 4461; Fax: 0207 944 6102; Email: miu@dft.gsi.gov.uk

Appendix 2

FORUM DISABLED DRIVERS' ASSESSMENT CENTRES

Freefone: Tel: 0800 5593636
www.mobility-centres.org.uk/

CORNWALL MOBILITY CENTRE
(Incorporating Exeter, Plymouth and
Holsworthy Outreach Centres)

Tehidy House, Royal Cornwall Hospital,
Truro,
Cornwall TR1 3LJ
Tel: 01872 254 920
Fax: 01872 254 921
www.cornwallmobilitycentre.co.uk

DERBY DrivAbility

Kingsway Hospital,
Kingsway,
Derby DE22 3LZ
Tel: 01332 371 929
Fax: 01332 382 377
www.drmc.uk.com

DISABILITY ASSESSMENT TEAM (DART)

Cobtree Ward, Preston Hall Hospital
London Road
Aylesford,
Maidstone
Kent ME20 7NJ
Tel: 01622 795 719
Fax: 01622 795 720

HERTFORDSHIRE ACTION ON DISABILITY
MOBILITY CENTRE (HAD)

The Woodside Centre
The Commons
Welwyn Garden City
Hertfordshire AL7 4DD
Tel: 01707 324 581
Fax: 01707 371 297
www.hadnet.org.uk

KILVERSTONE MOBILITY ASSESSMENT CENTRE
(Incorporating a satellite centre at Coggeshall, Essex)

2 Napier Place,
Thetford,
Norfolk IP24 3RL
Tel: 01842 753 029
Fax: 01842 755 950
www.kmacmobil.org.uk

MOBILITY ADVICE AND VEHICLE
INFORMATION SERVICE (MAVIS)

MAVIS,
Crowthorne Business Estate
Old Wokingham Road, Crowthorne,
Berkshire RG45 6XD
Tel: 01344 661 000
Fax: 01344 661 066
www.dft.gov.uk/access/mavis

MOBILITY CENTRE

Regional Neurological Rehabilitation Centre
Hunters Road,
NEWCASTLE UPON TYNE NE2 4NR
Tel: 0191 219 5694
Fax: 0191 219 5693
www.nap.nhs.uk

-The applicant or licence holder must notify DVLA unless stated otherwise in the text

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MOBILITY SERVICE OF THE DISABLED
LIVING CENTRE (WEST OF ENGLAND)
(Service also available at Salisbury)

The Vassall Centre,
Gill Avenue, Fishponds,
Bristol BS16 1QQ
Tel: 0117 965 9353
Fax: 0117 965 3652
www.dlcbristol.org

QUEEN ELIZABETH'S FOUNDATION
MOBILITY CENTRE

Damson Way, Fountain Drive
Carshalton,
Surrey SM5 4NR
Tel: 0208 770 1151
Fax: 0208 770 1211
www.qefd.org/mobilitycentre/

REGIONAL DRIVING ASSESSMENT CENTRE
(Covering Birmingham, Cannock & Oxford)

West Heath Hospital
Rednal Road
Birmingham B38 8HR
Tel: 0121 627 8228
Fax: 0121 627 8629

SCOTTISH DRIVING ASSESSMENT SERVICE
(Mobile clinics available at Aberdeen, Inverness,
Paisley, Irvine, Dumfries and Dundee)

Astley Ainslie Hospital,
133 Grange Loan
Edinburgh, EH9 2HL
Tel: 0131 537 9192
Fax: 0131 537 9193

NORTH WALES MOBILITY AND DRIVING
ASSESSMENT SERVICE
(Incorporating a satellite centre at Newtown, Powys)

Disability Resources Centre
Glan Clwyd Hospital,
Bodelwyddan
Denbighshire LL18 5UJ
Tel: 01745 584 858
Fax: 01745 535042

SOUTH WALES MOBILITY AND DRIVING
ASSESSMENT SERVICE

Disability Resources Centre
Rookwood Hospital,
Fairwater Road,
Llandaff,
Cardiff CF5 2YN
Tel/Fax: 029 2055 5130

WILLIAM MERRITT DISABLED LIVING CENTRE
AND MOBILITY SERVICES

St Mary's Hospital,
Green Hill Road,
Armley,
Leeds LS12 3QE
Tel: 0113 305 5288
Fax: 0113 231 9291
www.williammerrittleeds.org

WRIGHTINGTON MOBILITY CENTRE

Wrightington Hospital,
Hall Lane, Appley Bridge,
Wigan,
Lancs WN6 9EP
Tel: 01257 256409
Fax: 01257 256538

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