Driver & Vehicle Licensing Agency

For medical practitioners

At a glance guide to the current medical standards of fitness to drive

Issued by
Drivers Medical Group
DVLA, Swansea

November 2014 Edition (including August 2015 and January 2016 amendments)

The standards are reviewed following updated advice from the Secretary of State's Honorary Medical Advisory Panels. Revision of this information is scheduled following each round of meetings however, further critical updates may be made in the interim. This booklet mirrors the information held on the DVLA website www.gov.uk/government/publications/at-a-glance.

CONTENTS

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 is publicly available on the DVLA website at Gov.uk. Hard copies of the booklet are available on request for a fee of £4.50 (cheques payable to DVLA Swansea) from Drivers Medical Group, DMDG, DVLA, Swansea, SA99 1DF.

The information in the booklet is intended to assist doctors in advising their patients whether or not they should inform the 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 indicted. **This booklet is, therefore, only accurate at the time of publication.** Please see the DVLA website for the most up-to-date information: www.gov.uk/government/publications/at-a-glance

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 made.

- ## The legal basis for the medical standards

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

The legal basis of fitness to drive lies in the 3rd EC Directive on driving licences (2006/126/EEC), which came into effect in the UK on 19th January 2013, the Road Traffic Act 1988, the Motor Vehicles (Driving Licences) Regulations 1999 (as amended).

Section 92 of the Road Traffic Act 1988 refers to prescribed, relevant and prospective disabilities. For the purposes of this guide, a disqualifying condition refers to either a prescribed disability or a relevant disability.

- 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 is Epilepsy.
- A relevant disability is any medical condition that is likely to render the person a source of danger while driving. An example is 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. Examples are Parkinson's disease and Dementia. 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 1988 also cover drivers with physical disabilities who require adaptations to their vehicle to ensure it's safe to control. The adaptations required are now coded and entered onto the licence. (See Appendices 1 & 2)

A 'serious neurological disorder' is for these purposes any condition of the central or peripheral nervous system which has led or may lead to functional (sensory (including special senses), motor and/ or cognitive) deficiencies and which could affect the ability to drive.

Further information relating to specific functional criteria is provided on

- Neurological Conditions (Chapter 1)
- Cognitive and Related Conditions (Chapter 4)
- Visual Conditions and Disorders (Chapter 6)
- Excessive Sleepiness (Chapter 8)

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

- ## 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 1st 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.

All drivers who obtained 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 details fact sheet.

- **Age Limits.**

Group 1: Licences are normally issued valid until age 70 years (till 70 licence) unless restricted to a shorter duration for medical reasons as indicated above. There is no upper limit but after age 70 a 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 the Mobility Component of Disability Living Allowance may apply for a licence (Group1 category B) from age 16 years, instead of the usual lower age limit of 17 years.

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 years and are valid till age 45 years but may be issued from age 18 where the licence holder has obtained or is undertaking a Certificate of Professional Competence (CPC) initial qualification. Group 2 licences are renewable thereafter every 5 years to age 65 years unless restricted to a shorter period for medical reasons.

From age 65 years, Group 2 licences are renewable annually without upper age limit. All Group 2 licence applications must be accompanied by a completed 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 in the Appendix at the end of Chapter 3.

- **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 such 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 Transport for London in the Metropolitan area and the Local Authority in all other areas. Current best practise advice is contained in the booklet "Fitness to Drive": A Guide for Health Professionals published on behalf of the Department by The Royal Society of Medicine Press Limited ((RSM) in 2006. 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 legislations 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 the 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 fixed. One exception allowed by legislations 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 ***Certificate of Exemption from Compulsory Seat Belt Wearing*** (product Ref PPU4272) and the guidance leaflet ***Medical Exemption from Compulsory Seat Belt Wearing*** by telephoning: 0300 123 1102. The certificates come in booklets of five. Further enquiries should be made to: Department for Transport, Road Safety Division 1, Zone 3/21, Great Minster House, 33 Horseferry Road, London, SW1P 4DR; Tel: 020 7944 2027; Email: Hong.San@dft.gsi.gov.uk

- ## Impairment due to Medication

It is an offence to drive or attempt to drive whilst unfit through drugs; the law does not distinguish between illegal drugs and prescribed medication. Some prescription drugs and over the counter medicines can affect the skills needed to drive safely because they may cause drowsiness, impaired judgement or other adverse effects. Health professionals prescribing or dispensing medication should consider the risk associated with that medicine or combination of medicines, and driving and take the opportunity to appropriately advise their patients.

- ## 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 driver is legally responsible for informing DVLA about such a condition or treatment. However, if a patient has such a condition, you should explain to the patient:

    a) That the condition may affect their ability to drive (if the patient is incapable of understanding this advice for example because of dementia, you should inform DVLA immediately) and,
    b) That they have a legal duty to inform DVLA about the condition.

2. If a patient refuses to accept the diagnosis, or the effect of the condition of their ability to drive, you can suggest that they seek a second opinion, and help arrange for them to do so. You should advise the patient not to drive in the meantime.

3. If a patient continues to drive when they may not be fit to do so, you should make every reasonable effort to persuade them to stop. As long as the patient agrees, you may discuss your concerns with their relatives, friends or carers.

4. If you do not manage to persuade the patient to stop driving, or you discover that they are continuing to drive against your advice, you should contact the DVLA immediately and disclose any relevant medical information, in confidence, to the medical adviser.

5. Before contacting DVLA, you should try to inform the patient of your decision to disclose personal information. You should also inform the patient in writing once you have done so.

(*Reproduced with kind permission of the General Medical Council) – Full information on GMC guidelines can be viewed on **www.gmc-uk.org**

Guidance for Optometrists in "The Code of Ethics and Guidance for Professional Conduct" is published by the College of Optometrists and states –

"A2.10 **If in the practitioner's judgement a patient is engaging in an activity where he or she constitutes a very real risk of danger to the public or him/herself, the optometrist may be justified in the public interest in bringing the matter to the attention of the appropriate authority.** However, the practitioner should in the first instance, advise the patient that s/he is unfit to engage in the activity in question and give the reasons. The patient should also be advised to tell the appropriate authority. This advice should be put in writing to the patient and a copy held on the patient's record. As in the case of any patient whose sight the practitioner is unable to correct to a satisfactory standard, the practitioner may decide that it is appropriate to notify the patient's General Medical Practitioner (GMP).

A2. 11 **There may be exceptional circumstances when these actions may be unlikely to achieve the desired effect or will take too long to do so. The optometrist then has to consider whether the public interest outweighs the duty of confidentiality. If the optometrist concludes that it does, s/he should notify the appropriate authority, preferably in writing, providing evidence of clinical finding.** The patient's GMP and if appropriate the patient, should be notified of the action being taken. Where, for example, the patient is in the view of his/her GMP, mentally ill or is involved in the commission of a crime, it might not be in the patient's or public's interest for the patient to be notified. The optometrist must be guided by his/her professional judgement and responsibility to the public at large, although any practitioner who decides to disclose confidential information about a patient must be prepared to explain and justify that decision, whatever the circumstances of the disclosure."

In order to aid this notification process, DVLA has devised a form (page 12) which can be printed then completed and returned to DVLA.

Address: **Lorraine Jones**
Medical Business Support
D7 West
DVLA
Swansea
SA6 7JL

Fax: **01792 761104**

- ## 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 1988.

However, by reference to this booklet, the doctor in change 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 must 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 of the Road Traffic Act 1988 entitlement does not apply.

On receipt of all the required medical evidence, 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.

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.

- ## Outcome of Medical enquiries

DVLA does not routinely tell doctors of the outcome of a medical enquiry. Drivers are always informed of the outcome, be it issuing a licence or the refusal or revocation of a licence.

DVLA does however; acknowledge that in cases where there is cognitive impairment, dementia or mental health conditions, that the driver may not have the insight and/or memory function to abide by the refusal/revocation of their licence, in these cases a letter would be sent usually to the GP informing them of the licensing decision.

When a notification is received from a doctor in accordance with the GMC guidelines, unless it is one of the conditions stated above, DVLA can only send an acknowledgement letter to the GP confirming receipt of the original notification. If a doctor is concerned about their patient and doesn't know if they have a licence to drive, they should feel free to notify DVLA of their concerns.

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 addition, regular ongoing therapeutic use of medication which causes relevant impairment(s) may be incompatible with driving. In these rare instances, the driver should be advised to report the condition and symptoms of concern to DVLA.

- Driving after surgery

  Drivers do not need to notify DVLA unless the medical condition is likely to affect safe driving and persist for longer than 3 months after the date of surgery (but please see the Neurological and Cardiovascular Disorders sections for exceptions).

  Therefore, licence holders 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 the 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. Drivers should check their insurance policy before returning to drive after surgery.

- Further advice on fitness to drive

  Doctors or other health-care professionals may enquire in writing, or may speak to one of the medical advisers during the hours of 10:30-13:00, Monday to Friday, to seek advice about a particular driver (identified by a unique reference number) or about fitness to drive in general.

  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 a medical enquiry. Currently, the completed forms must be forwarded to the Agency by post.

Address for enquiries in England, Scotland & Wales

The Medical Adviser
Drivers Medical Group
DVLA
Swansea
SA99 1DA

Telephone: 01792 782337 *

Email: medadviser@dvla.gsi.gov.uk *
*FOR MEDICAL PROFESSIONALS ONLY

Address for enquiries in Northern Ireland

Driver & Vehicle Licensing Northern Ireland
Castlerock Road
Coleraine
BT51 3TB

Telephone: 028 703 41369

This document may be cited in part or in whole for the specific guidance of doctors and patients. However the document must not be reproduced in part or in whole for commercial purposes.

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).

Driver & Vehicle Licensing Agency

Confidential medical information
Doctor Notification

DRNOTI
(Rev Dec 13)

You must read the important notes overleaf before filling in this form.

Official use only

PART A: ABOUT YOUR PATIENT

Title: | Surname: | First Name(s):

Address: | Date of Birth:

Post Code:

PART B: YOUR DETAILS

Doctor Name: | GMC Number:

Address: | Telephone:

Fax:

Email:

Postcode:

Signature: | Date:

PART C: NOTIFICATION DETAILS

1. What is the Medical Condition/Diagnosis?

2. Is your patient currently **fit** to drive? Yes: No:

If yes, please provide details below or attach clinic letters if necessary:

Important Notes

Please note: this medical notification is only to be used for patients living in England, Wales & Scotland, who hold a Driving Licence issued by DVLA. For patients who reside in Northern Ireland, please contact DVLNI, Driver & Vehicle Licensing Northern Ireland (please see contact details on page 10).

Please fill in all parts of this medical notification in relation to the medical condition of your patient

Part (A) - Please fill in all fields regarding your patients details.

Part (B) - Please fill in all fields regarding your details, remembering to provide a signature and date which will act as a declaration that all details are correct to the best of your knowledge.

Part (C) - Please fill in all fields providing as much detail as possible regarding your patients' medical condition. You may send clinic letters with this notification to help provide details of your patients' medical condition or if you think they will aid a licensing decision.

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

DVLA cannot be responsible for payment of any fee for this notification.

Where to send this notification:

Address: Lorraine Jones
Medical Business Support
D7 West
DVLA
Swansea
SA6 7JL

Fax: 01792 761104

CHAPTER 1
NEUROLOGICAL DISORDERS

NEUROLOGICAL DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
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 issued normally. Till 70 licence restored if seizure-free for 5 years since the last attack with medication if necessary on the absence of any other disqualifying condition. (See Appendix to this chapter for full regulations).	Regulations require a driver to remain seizure-free for 10 years since the last attack without anticonvulsant medication. (See Appendix to this chapter for full regulations).
FIRST UNPROVOKED EPILEPTIC SEIZURE/ISOLATED SEIZURE	6 months off driving from the date of the seizure. If there are clinical factors or investigation results which suggest an unacceptably high risk of a further seizure, i.e. 20% or greater per annum, this will be 12 months off driving from the date of the seizure.	5 years off driving from the date of the seizure if the licence holder has undergone recent assessment by a neurologist and there are no clinical factors or investigation results (e.g. EEG, brain scan) which indicate that the risk of a further seizure is greater than 2% per annum. They should have taken no anti-epilepsy medication throughout the 5-year period immediately prior to the granting of the licence. If risk of further seizure is greater the epilepsy regulations may apply.
The following features are consistent with a person having a good prognosis: • No relevant structural abnormalities of the brain on imaging; • No definite epileptiform activity on EEG; • Support of the neurologist; • Seizure risk to be considered to be 2% or less per annum for vocational licensing and 20% or less per annum for ordinary driving licensing		
EPILEPSY/EPILEPTIC SEIZURES General guidance for ALL neurological conditions if associated with epilepsy or epileptic seizures.	In all cases where epilepsy has been diagnosed, the epilepsy regulations apply. These cases will include all cases of single seizures where a primary cerebral cause is present and the liability to recurrence cannot be excluded. An exception may be made when seizure occur at the time of an acute head injury or intracranial surgery. When seizures occur at the time of intracranial venous thrombosis, 6 months is required, free from attacks, before resuming driving.	In all cases where a "liability to epileptic seizures" either primary or secondary has been diagnosed, the specific epilepsy regulations for this group applies. The only exception is a seizure occurring immediately at the time of an 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 risk of seizure must have fallen to no greater than 2% per annum before returning to vocational driving.
WITHDRAWAL OF ANTI-EPILEPSY 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.

NEUROLOGICAL DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
NON EPILEPTIC SEIZURE ATTACKS	Can be considered once attacks have been satisfactory controlled and there are no relevant mental health issues.	Can be considered once attacks have been satisfactory controlled and there are no relevant mental health issues.
SEIZURE AFTER A PERIOD OF EPILEPSY	If an individual has demonstrated at least 5 years' freedom from seizures and then has another seizure, they could be considered to have had an isolated seizure, for the purposes of driver licensing, Licensing would depend upon meeting the isolated seizure standards. The use of anti-epileptic medication would not automatically exclude an individual from consideration in this category.	If an individual has demonstrated at least 10 years' freedom from seizures without the use of anti-epileptic medication during these 10 years and then has another seizure, they could be considered to have had an isolated seizure, for the purposes of driver licensing. Licensing would depend upon meeting the isolated seizure standards, This can only apply on one occasion.

See Appendix at the end of this chapter for Epilepsy Regulation

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

LOSS OF CONSCIOUSNESS/LOSS OF OR ALTERED AWARENESS

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

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

80% of all cases have a cardiovascular 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 six categories in the following table (also continued on next page):

NEUROLOGICAL DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
1. Reflex Vasovagal Syncope Definite provocational factors with associated prodromal symptoms and which are unlikely to occur whilst sitting or lying. Benign in nature. If recurrent, will need to check the "3 P's" apply on each occasion (provocation/prodrome/postural). (If not, see number 6 below).	No driving restrictions. DVLA need not be notified.	No driving restrictions. DVLA need not be notified.
2. Solitary loss of consciousness/loss of or altered awareness likely to be unexplained syncope but with a high probability of reflex vasovagal syncope. These have no clinical evidence of structural heart disease and a normal ECG.	No driving restrictions. DVLA need not be notified.	Can drive 3 months after the event.
3. Solitary loss of consciousness/loss of or altered awareness likely to be cardiovascular in origin (excluding 1 or 2) Factors indicating high risk: a. abnormal ECG b. clinical evidence of structural heart disease c. syncope causing injury, occurring at the wheel or whilst sitting or lying Further investigation such as ambulatory ECG (48hrs), echocardiography and exercise testing may be indicated after specialist opinion has been sought. **for pacemakers see Chapter 2	Licence refused/revoked for 6 months if no cause identified. Can drive 4 weeks after the event if the cause has been identified and treated.	Licence refused/revoked for 12 months if no cause identified. Can driver after 3 months after the event if the cause has been identified and treated.

4. Solitary loss of consciousness/loss of or altered awareness **with** seizure markers. This category is for those where there is a strong clinical suspicion of a seizure but no definite evidence. Factors to be considered: - without reliable prodromal symptoms - unconsciousness for more than 5 minutes - amnesia longer than 5 minutes - injury - tongue biting - incontinence - remain conscious but with confused behaviour - headache post attack	6 months off driving from the date of an episode of loss of consciousness/loss of or altered awareness. If a person has a history of epilepsy, an isolated seizure or a loss of consciousness/loss of or altered awareness with seizure markers within the preceding 5 years, then a period of 1 years' freedom from any such events must be demonstrated before being considered eligible to drive.	5 years off driving from the date of an episode if the licence holder has undergone assessment by an appropriate specialist and no relevant abnormality has been identified on investigation, for example EEG and brain scan, where indicated. If a person has a history of epilepsy, an isolated seizure or a loss of consciousness/loss of altered awareness with seizure markers within the preceding 10 years then a period of 10 year's freedom from any such events must be demonstrated before being considered eligible to drive.
5. Solitary loss of consciousness/loss of or altered awareness **with no** clinical pointers. This category will have had appropriate neurological **and** cardiac opinion and investigations but with no abnormality detected.	Licence refused/revoked for 6 months.	Licence refused/revoked for 1 year.
6. Two or more episodes of loss of consciousness/loss of or altered awareness without reliable prodromal symptoms.	If the episodes have been within the last 5 years then licence revoked or refused for 12 months or until the risk has been reduced to <20% per annum.	If the episodes have been within the last 10 years then licence revoked or refused for 10 years or until the risk has been reduced to less that 2% per annum.

NEUROLOGICAL DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
COUGH SYNCOPE or PRESYNCOPE	**Driving must cease** for 6 months if a single episode and 12 months if multiple attacks within 5 years. Reapplication may be considered at an earlier time if the following can all be satisfied: Any underlying chronic respiratory condition is well controlled, smoking cessation, BMI <30, gastro oesophageal reflux treated.	Usually 5 years off driving from the date of the last attack, however exceptionally reapplication at 1 year if the following can be satisfied: Any underlying chronic respiratory condition is well controlled, smoking cessation, BMI <30, gastro oesophageal reflux treated. This will require confirmation by specialist opinion.
PRIMARY/CENTRAL HYPERSOMNIAS: Including Narcoleptic syndromes.	**Cease driving on diagnosis.** Licence may be issued when there has been a period of between 3 and 6 months satisfactory control of symptoms with appropriate treatment. If not on appropriate treatment, licensing may be allowed subject to a satisfactory objective assessment of maintained wakefulness, such as the Osler test.	**Cease driving on diagnosis.** Licence may be issued subject to specialised assessment and a satisfactory objective assessment of maintained wakefulness, such as the Osler test.
CHRONIC NEUROLOGICAL DISORDERS E.g. multiple sclerosis, motor neurone disease etc, which may affect vehicle control because of impairment of co-ordination and muscle power. See also Appendix 1 for information on driving assessment for "disabled drivers".	Providing medical assessment confirms that driving performance is not impaired, can be licensed, a 1, 2 or 3 year licence may be required. Should the driver require a restriction to certain controls, the law requires this to be specified on the licence.	Licence refused or revoked 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 (individual basis).
PARKINSON'S DISEASE	Licence refused or revoked if condition is disabling and/or there is clinically significant variability in motor function. If driving would not be impaired, can be considered for licensing subject to satisfactory reports. Licence may be issued subject to regular review.	Licence refused or revoked if condition is disabling and/or there is clinically significant variability in motor function. If driving would not be impaired, can be considered for licensing subject to satisfactory assessment. Licence may be issued subject to annual review.

NEUROLOGICAL DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
LIABILITY TO SUDDEN ATTACKS OF UNPROVOKED OR UNPRECIPITED DISABLING GIDDINESS	**Cease driving on diagnosis.** Driving will be permitted when satisfactory control of symptoms achieved. If remains asymptomatic, 'Till 70 licence restored.	Licence refused or revoked if condition sudden and disabling. Consider underlying diagnosis and if likely to cause recurrent attacks, must be symptom-free and completely controlled for 1 year from last attack before re-application.
STROKE/TIA to include amaurosis fugax	**STROKE:** **Must not drive for 1 month.** May resume driving after this period 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) Seizures 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. **TIAs:** **Must not drive for 1 month.** **SINGLE TIA no need to notify DVLA.** **MULTIPLE TIAs over a short period will require 3 months free from further attacks before resuming driving and DVLA should be notified.**	Licence refused or revoked for 1 year following a stroke or TIA, Can be considered for licensing after this period provided that there is no debarring residual impairment likely to affect safe driving and there are no other significant risk factors. Licensing may be subject to satisfactory medical report including exercise ECG testing. Where there is imaging evidence of less than 50% carotid artery stenosis and no previous history of cardiovascular disease Group 2 licensing may be allowed without the need for functional cardiac assessment. However, if there are recurrent TIAs or strokes, functional cardiac testing will still be required.

NEUROLOGICAL DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
ACUTE ENCEPHALITIC ILLNESSES AND MENINGITIS Including Limbic Encephalitis associated with seizures.	1. If no seizure(s), may resume driving when clinical recovery is complete. Only need notify DVLA if there is residual disability. 2. If associated with seizures during acute febrile illness, licence refused or revoked for 6 months from the date of seizure(s). 'Till 70 licence then reissued. 3. If associated with seizure(s) during or after convalescence, will be required to meet **epilepsy regulations.** **See Appendix to this chapter for full regulations.**	1. As for Group 1, provided no residual disabling symptoms and clinical recovery is complete. 2. **Must stop driving** and notify DVLA. a. Meningitis – 5 years free from seizures without anticonvulsant medication. b. Encephalitis – 10 years free from seizures without anticonvulsant medication. 3. **Must stop driving,** notify DVLA and meet current **epilepsy regulations** before driving resumes. **See Appendix to this chapter for full regulations.**
TRANSIENT GLOBAL AMNESIA	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 licence retained.	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 notified. Specialist assessment required to exclude all other causes of altered awareness.
ARACHNOID CYSTS:- Asymptomatic and untreated. Craniotomy and/or endoscopic treatment.	 No restriction. 6 months off.	 No restriction. Can drive 2 years after treatment, provided that there is no debarring residual impairment likely to affect safe driving.
COLLOID CYSTS:- Asymptomatic and untreated. Craniotomy and/or endoscopic treatment.	 No restriction. 6 months off.	 No restriction unless prescribed prophylactic medication for seizures when there should be individual assessment required. Can drive 2 years after treatment, provided that there is no debarring residual impairment likely to affect safe driving.
PITUITARY TUMOUR CRANIOTOMY TRANSPHENOIDAL SURGERY/OTHER TREATMENT (e.g. drugs, radiotherapy) or untreated	Provided no visual field defect (if visual field loss, see Vision section). 6 months off driving. Drive on recovery.	Provided no visual field defect (if visual field loss, see Vision section). 2 years off driving. Can drive when there is no debarring residual impairment likely to affect safe driving.

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

NEUROLOGICAL DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
BENIGN SUPRATENTORIAL TUMOUR e.g. WHO GRADE I MENINGIOMA		
TREATMENT BY CRANIOTOMY	6 months off driving when there is no debarring residual impairment likely to affect safe driving. Epilepsy regulations apply if relevant history of seizure(s).	Refusal or revocation. In the absence of any seizures, re-licensing can be considered 5 years after surgery, with evidence of complete removal. If tumour is associated with seizure(s) 10 years' freedom from seizures without anti-epileptic drugs following surgery is required. Specialist assessment may be required.
TREATMENT WITH STEREOTACTIC RADIOSURGERY	1 month off driving; can drive when there is no debarring residual impairment likely to affect safe driving. Epilepsy regulations apply if relevant history of seizure(s).	Can be considered 3 years after the completion of the primary treatment of the tumour, provided that there is evidence on imaging of stability. If tumour associated with seizure(s), 10 years' freedom from seizures without anti-epileptic drugs following surgery is required. Specialist assessment may be required.
TREATMENT WITH FRACTIONATED RADIOTHERAPY	Can drive on completion of treatment, provided that there is no debarring residual impairment likely to affect safe driving. Epilepsy regulations apply if relevant history of seizure(s).	As above.
WHO GRADE II MENINGIOMAS TREATED BY CRANIOTOMY AND/OR RADIOSURGERY AND/OR RADIOTHERAPY:	Requires 1 year off driving, dating from the completion of treatment. Epilepsy regulations apply if relevant history of seizure(s).	Refusal or revocation. In the absence of any seizures, re-licensing can be considered 5 years after surgery, with evidence of complete removal. If tumour is associated with seizure(s), 10 years' freedom from seizures without anti-epileptic drugs following surgery is required. Specialist assessment may be required.
Asymptomatic, incidental meningiomas: untreated.	Retain.	Refusal or revocation until 2 scans, 12 months apart showing no growth. If growth, individual Panel assessment. Annual review licence.

NEUROLOGICAL DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
MALIGNANT TUMOURS (Including metastatic deposits and pineal tumours) applies to initial occurrence and tumour recurrence/progression.		
SUPRATENTORIAL		
Grades I and II gliomas.	1 year off driving from time of completion of primary treatment.	Permanent refusal or revocation. (Pineocytoma, grade I, can be considered on an individual basis 2 years post primary treatment if satisfactory MRI).
WHO Grade III meningioma	2 years off driving from time of completion of primary treatment.	Permanent refusal or revocation.
Grades III and IV gliomas, metastatic deposit(s) and primary CNS lymphomas.	At least 2 years off driving from time of completion of primary treatment.	Permanent refusal or revocation.
Solitary metastatic deposit.	If totally excised, can be considered for licensing 1 year after completion of primary treatment if free from recurrence and no evidence of secondary spread elsewhere in the body.	Permanent refusal or revocation.
INFRATENTORIAL		
Grade I.	As for benign tumours: i.e. drive on recovery.	Individual assessment.
Grades II, III and IV.	As for supratentorial tumour.	Permanent refusal or revocation.
Medulloblastoma or Low Grade Ependymoma.	If totally excised, can be considered for licensing 1 year after primary treatment, if free from recurrence.	If entirely infratentorial, can be considered for licensing when disease-free for 5 years after treatment.
High Grade Ependymomas, Other Primary Malignant Brain Tumours and Primary CNS Lymphomas.	Normally, a period of 2 years off driving is required following treatment.	Permanent refusal or revocation.
Metastatic deposits.	Can be considered 1 year after completion of primary treatment if otherwise well.	May be considered 5 years from the date of completion of primary treatment.
Malignant Intracranial Tumours in children who survive to adult life without recurrence.	Normally, a Till 70 licence is issued /maintained.	Individual assessment: see above as for “Benign Supratentorial Tumour”.
Incidental, Asymptomatic Low Grade Gliomas on Imaging.	Individual assessment. Initially regular licence review (usually annually)	Revoke/refuse. May be considered after 1 year if there is favourable annual clinical assessment and the subsequent specialist opinion is that the lesion is not actually a glioma.

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

NEUROLOGICAL DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
BENIGN INFRANTENTORIAL TUMOURS e.g. meningioma with surgery by craniotomy with or without radiotherapy.	Drive on recovery.	As for Group 1, provided that there is no debarring residual impairment likely to affect safe driving.
ACOUSTIC NEUROMA/SCHWANNOMA	Need not notify DVLA unless sudden and disabling giddiness.	Need not notify DVLA unless accompanied by disabling giddiness and/or the condition is bilateral.
BRAIN BIOPSY AND UNCLEAR HISTOLOGY	6 months off driving. Can then be re-licensed when there is no debarring residual impairment likely to affect safe driving.	Minimum 6 months off and then licensing will be dependent upon the individual assessment of the underlying condition.
TRAUMATIC BRAIN INJURY	Usually requires 6-12 months off driving depending on features such as seizures, PTA, dural tear, haematoma and contusions. There will need to have been satisfactory clinical recovery and in particular no visual field defects, or cognitive impairment likely to affect safe driving. See also Appendix.	Refusal or revocation. May be able to return to driving when the risk of seizure has fallen to no greater than 2% per annum and with no debarring residual impairment likely to affect safe driving.
SPONTANEOUS ACUTE SUBDURAL HAEMATOMA (treated by craniotomy)	6 months off driving.	At least 6 months off driving and will require an individual assessment.
CHRONIC SUBDURAL (treated surgically)	Resume driving on recovery.	6 months – 1 year off driving, depending on features.

NEUROLOGICAL DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)	
SUBARACHNOID HAEMORRHAGE:- 1. NO CAUSE FOUND	Provided comprehensive cerebral angiography normal, may resume driving following recovery. Till 70 licence issued.	Provided comprehensive cerebral angiography normal, 6 months off driving and may regain licence if no debarring residual impairment likely to affect safe driving.	
2. a) INTRACRANIAL ANEURYSM:-			
CRANIOTOMY NON MIDDLE CEREBRAL ARTERY ANEURYSM	Drive on clinical recovery.	mRS less than 2 at 2 months. 12 months off driving.	mRS 2 or more at 2 months. 24 months off driving, there should be no residual impairment likely to affect driving.
CRANIOTOMY MIDDLE CEREBRIAL ARTERY ANEURYSM	Drive on clinical recovery.	mRS less than 2 at 2 months. 24 months off driving.	mRS 2 or more at 2 months. Refusal or revocation. See * below.
ENDOVASCULAR TREATMENT NON MIDDLE CEREBRAL ARTERY ANEURYSM	Drive on clinical recovery.	mRS less than 2 at 2 months. 6 months off driving.	mRS 2 or more at 2 months. 24 months off driving, there should be no residual impairment likely to affect driving.
ENDOVASCULAR TREATMENT MIDDLE CEREBRAL ARTERY ANEURYSM	Drive on clinical recovery.	mRS less than 2 at 2 months. 24 months off driving.	mRS 2 or more at 2 months. Refusal or revocation. See * below.
*Will require at least 24 months off driving and specialist assessment required, seizure risk should be 2%p.a. or less and there should be no residual impairment likely to affect driving.			
N.B. If any other procedure is undertaken e.g. V.P. shunt, craniotomy for a haematoma etc, then the standards for that procedure will apply. **MODIFIED RANKIN SCALE (mRS)**			

NEUROLOGICAL DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
b) NO TREATMENT i.e. Aneurysm responsible for SAH but no intervention.	6 months off driving.	Refusal or revocation.
c) TRULY INCIDENTAL FINDINGS OF INTRACRANIAL ANEURYSM (aneurysm has not been responsible for subarachnoid haemorrhage):-		
NO TREATMENT	Drive on clinical recovery.	To be acceptable for licensing, anterior circulation aneurysms (excluding cavernous carotid) must be ‹13 mm in diameter. Posterior circulation aneurysms must be ‹7 mm diameter.
SURGERY CRANIOTOMY	Drive on clinical recovery.	1 year off driving.
ENDOVASCULAR TREATMENT	Drive on clinical recovery.	Cease driving until clinical recovery unless there are complications from the procedure.

NEUROLOGICAL DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
ARTERIOVENOUS MALFORMATION N.B. If any other procedure is undertaken e.g. V.P. shunt, craniotomy for a haematoma etc then the standards for that procedure will apply.		
SUPRATENTORIAL AVM's		
Intracerebral haemorrhage due to supratentorial AVM: a) Craniotomy.	6 months off driving; can be re-licensed when there is no debarring residual impairment likely to affect safe driving.	Refusal or revocation until lesion is completely removed or ablated and **10 years** seizure-free from last definitive treatment. There must be no debarring residual impairment likely to affect safe driving.
b) Other treatment:- 1. Embolisation. 2. Strereotactic Radiotherapy.	1. 1 month off driving; can drive when there is no debarring residual impairment likely to affect safe driving. 2. As above.	1. As above. 2. Refusal or revocation until lesion is completely obliterated and 5 years seizure-free from last definitive treatment.
c) No treatment.	As above.	Permanent refusal or revocation.
Incidental finding of a supratentorial AVM (no history of intracranial bleed) a) No treatment. b) Surgical or other treatment.	Retain. See above: as for AVM with intracranial haemorrhage.	Permanent refusal or revocation. See above: as for AVM with intracranial haemorrhage.

NEUROLOGICAL DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
INFRANTENTORIAL AVM's		
Intracranial haemorrhage due to AVM:		
a) Treated by craniotomy.	Can drive when there is no debarring residual impairment likely to affect safe driving.	Refusal or revocation. Non-review licence on confirmation of compete obliteration with no debarring residual impairment likely to affect safe driving.
b) Embolisation/stereotactic radiotherapy.	As above.	As above.
c) No treatment.	As above.	Permanent refusal or revocation.
Incidental finding of an infratentorial AVM:		
a) No treatment.	Retain.	Individual assessment.
b) Surgical or other treatment.	Can drive when there is no debarring residual impairment likely to affect safe driving.	Refusal or revocation. Non-review licence on confirmation of complete obliteration with no debarring residual impairment likely to affect safe driving.
DURAL A FISTULA	Licence may be issued subject to an individual assessment.	Licence may be issued subject to an individual assessment.

NEUROLOGICAL DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
CAVERNOUS MALFORMATION		
SUPRATENTORIAL		
a) Incidental.	No restriction.	No restriction.
b) Seizure, no surgical treatment.	Epilepsy regulations apply if history of seizure(s).	Epilepsy regulations apply if history of seizure(s).
c) Haemorrhage and/or focal neurological deficit, no surgical treatment.	Can drive when there is no debarring residual impairment likely to affect safe driving. Epilepsy regulations apply if history of seizure(s).	Permanently refused or revoked.
d) Treated by surgical excision (Craniotomy).	6 months off; can drive when there is no debarring residual impairment likely to affect safe driving. Epilepsy regulations apply if history of seizure(s).	Refused or revoked until 10 years post-obliteration of the lesion and Epilepsy Regulations apply.
e) Treated by radiosurgery irrespective of whether incidental or symptomatic.	No restriction. Epilepsy regulations apply if history of seizure(s).	No restriction. Epilepsy regulations apply if history of seizure(s).
INFRATENTORIAL		
a) Incidental.	No restriction.	No restriction.
b) With focal neurological deficit or haemorrhage.	Can drive when there is no debarring residual impairment likely to affect safe driving. Epilepsy regulations apply if history of seizure(s).	Can drive when there is no debarring residual impairment likely to affect safe driving. Epilepsy regulations apply if history of seizure(s).
c) Treated by surgical excision (Craniotomy).	As above.	As above.

N.B.

- Multiple cavernomata: no firm evidence of ↑morbidity.
- Size is not an issue.

NEUROLOGICAL DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
INTRACEREBRAL ABSCESS/SUBDURAL EMPYEMA	One year off driving.	Refusal or revocation. Very high prospective risk of seizure(s). May consider licensing if 10 years seizure-free from treatment.
SUBSEQUENT CRANIOPLASTY	Following Cranioplasty driving may resume when clinically recovered providing there are no complications, if these occur, the appropriate licensing standards would apply. It will be necessary to consider the underlying condition which required surgery.	Minimum 6 months off and then licensing will be dependent upon the individual assessment of the underlying condition.
HYDROCEPHALUS	If uncomplicated, Till 70 licence retained.	Can be issued with a licence if uncomplicated and no associated neurological problems.
INTRAVENTRICULAR SHUNT OR EXTRAVENTRICULAR DRAIN Insertion or revision of upper end of ventricular shunt or extra-ventricular drain.	6 months off driving. Can then be re-licensed when there is no debarring residual impairment likely to affect safe driving.	Minimum 6 months off and then licensing will be dependent upon the individual assessment of the underlying condition.
NEUROENDOSCOPIC PROCEDURES, e.g. III rd ventriculostomy.	6 months off driving. Can then be re-licensed when there is no debarring residual impairment likely to affect safe driving and no other disqualifying condition.	Minimum 6 months off and then licensing will be dependent upon the individual assessment of the underlying condition.
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.
IMPLANTED ELECTRODES: DEEP BRAIN STIMULATION FOR MOVEMENT DISORDER OR PAIN.	If no complications from surgery and seizure-free, can drive when there is no debarring residual impairment likely to affect safe driving.	If no complications from surgery, seizure-free and underlying condition non-progressive, fitness to drive can be assessed when there is no debarring residual impairment likely to affect safe driving.
IMPLANTED MOTOR CORTEX STIMULATOR FOR PAIN RELIEF	If the aetiology of pain is non-cerebral, e.g. trigeminal neuralgia, 6 months off driving. If the aetiology is cerebral, e.g. stroke, 12 months off driving. Can then drive when there is no debarring residual impairment likely to affect safe driving.	Refusal or revocation.

APPENDIX

GROUP 1

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

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

a) Been free from any unprovoked seizure during the period of one year immediately preceding the date when the licence is granted; or
b) During that one year period has suffered no unprovoked seizure other than a permitted seizure.

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

a) A seizure, which can include a medication adjustment seizure, falling within only one of the permitted patterns of seizure; or
b) A medication adjustment seizure where –
   i. that medication adjustment seizure does not fall within a permitted pattern of seizure;
   ii. previously effective medication has been reinstated for at least 6 months immediately preceding the date when the licence is granted;
   iii. that seizure occurred more than 6 months before the date when the licence is granted; and
   iv. there have been no other unprovoked seizures since that seizure; or
c) A seizure occurring before a medication adjustment seizure permitted under sub-paragraph (b), where –
   i. that earlier seizure has, to that point, formed part of only one permitted pattern of seizure and has occurred prior to any medication adjustment seizure not falling within the same permitted pattern; or
   ii. it is a medication adjustment seizure, which was not followed by any other type of unprovoked seizure, except for another medication adjustment seizure.

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

a) occurring during sleep, where –
   i. there has been a seizure while asleep between the date when the licence is granted;
   ii. there have been seizures only while asleep between the date of that seizure while asleep and the date the licence is granted; and
   iii. there has never been an unprovoked seizure while awake; or
b) occurring during sleep, where –
   i. there has been a seizure while asleep more than three years before the date when the licence is granted;
   ii. there have been seizures only while asleep between the date of that seizure while asleep and the date the licence is granted; and
   iii. there is also a history of unprovoked seizure while awake, the last of which occurred more than three years before the date when the licence is granted, or
c) without influence on consciousness or the ability to act, where –
   i. such a seizure has occurred more than one year before the date when the licence is granted;
   ii. there have only been such seizures between the date of that seizure and the date when the licence is granted; and
   iii. there has never been any other type of unprovoked seizure.

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

a) in a case where there is an underlying causative factor that may increase future risk, where such a seizure has occurred during the previous one year period; and
b) in any other case, where such a seizure has occurred during the previous 6 month period.

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

a) –

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

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

b) has had no other unprovoked seizure since that seizure; and

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

(2F) The condition are that –

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

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

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

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

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

THE CURRENT EPILEPSY REGULATIONS FOR GROUP 1 AND GROUP 2 ENTITLEMENT

GROUP 2

(8) Epilepsy is prescribed for the purposes of section 92(2) of the Traffic Act as a relevant disability in relation to an applicant for, or a holder of, a Group 2 licence, where two or more epileptic seizures have occurred, or that person has been prescribed medication to treat epilepsy, during the previous ten year period.

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

a) in the case of a person whose last epileptic seizure was an isolated seizure satisfies the conditions in paragraph (8C) and (8D); or
b) in any other case, satisfies the conditions set out in paragraph (8D) and who, for a period of at least 10 years immediately preceding the date when the licence is granted has-
   i. been free from any epileptic seizure, and
   ii. has not been prescribed any medication to treat epilepsy.

(8B) An isolated seizure is prescribes for the purposes of section 92(2) of the Traffic Act as a relevant disability, in relation to an applicant for, or a holder of, a Group2 licence, where during the previous 5 year period, such a seizure has occurred, or that person has been prescribed medication to treat epilepsy or a seizure.

(8C) An isolated seizure is prescribed for the purposes of section 92(4) (b) of the Traffic Act in relation to an applicant for a Group 2 licence who satisfies the conditions set out in paragraph (8D) and who, for a period of at least 5 years immediately preceding the date when the licence is granted –

a) has been free from any unprovoked seizure, and
b) has not been prescribed medication to treat epilepsy or a seizure.

(8D) The conditions are that –

a) if required by the Secretary of State, there has been an appropriate medical assessment by a neurologist; and
b) the Secretary of State is satisfied that the driving of a vehicle by the applicant, in accordance with the licence, is not likely to be a source of danger to the public."

GUIDANCE FOR WITHDRAWAL OF ANTI-EPILEPSY 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 risk of further epileptic seizures occurring during this therapeutic procedure should be noted. If an epileptic seizure does occur, the patient will need to satisfy driving licence regulations before resuming driving and will need to be counselled accordingly.

It is clearly recognised that withdrawal of anti-epilepsy medication is associated with a risk of seizure recurrence. A number of studies have shown this, including the randomised study of anti-epilepsy drug withdrawal in patients in remission, conducted by the Medical research Council Anti-epileptic Drug Withdrawal Study Group. This study shows a 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 for Transport Honorary Medical Advisory Panel on Driving and Disorders on the Nervous Systems 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 is 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.

It is important to remember that the epilepsy regulations are still relevant even if epileptic seizures occur after medication is omitted, for example on admission to hospital for any condition.

PROVOKED SEIZURES:

For Group 1 and possibly Group 2 driver 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 is not considered provoked for licensing purposes. Similarly, reports of seizures as a side-effect of prescribed medication do 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 of driving will be influenced inter alia, by;-

a) Whether it is clear that the seizure has 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 has been successfully/appropriately treated or is 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
- seizure in the first week following a head injury (see head injury section). At the time of a stroke/TIA or within the ensuing 24 hours
- during intracranial surgery or in the ensuing 24 hours
- severe electrolyte disturbance

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

INS9

DRIVING LICENCES – EPILEPSY

BOTH GROUP 1 AND GROUP 2 LICENCES ARE ISSUED BY DVLA, SWANSEA

GROUP 1 (CAR AND MOTORCYCLE) DRIVING ENTITLEMENT

Epilepsy Regulations

1) a person who suffers from epilepsy may qualify for a Group 1 driving licence if he or she has been free from any epileptic attack for one year. An epileptic attack includes a minor one as well as such signs as limb jerking, auras or absences and need not necessarily involve loss of consciousness.
2) a person who has suffered an epileptic attack whilst asleep must also refrain from driving for one year from the date of the attack, unless they have had an attack whilst asleep more than 3 years ago and have not had any awake attacks since that asleep attack.
3) a person may qualify for a Group 1 driving licence provided that he or she has established, over a period of ***12-months*** (beginning on the date of a sleep attack), a history or patterns of attacks which have only ever occurred whilst asleep.
4) seizures occurring without any influence on the level of consciousness and not causing any functional impairment in those with no history of any other type of seizure may continue to be licensed despite ongoing attacks once the pattern has been established for 1 year.

In all of the above cases the applicant or licence holder suffering from epilepsy must not be regarded as likely to be a source of danger to the public as a driver. If, whilst holding a driving licence a driver suffers from any epileptic attack then driving must cease immediately (unless ***3 or 4*** can be met) and the DVLA must be notified. If a licence is issued under 3 or 4 and a different type of seizure occurs then the concession is lost and driving must cease and the DVLA notified.

Isolated Seizures

A person who has suffered from a single unprovoked epileptic seizure (isolated fit) will qualify for a driving licence if he or she has been free from further attacks for a 6 month period, provided there are no further clinical factors or investigation results that may suggest an unacceptably high risk of a further seizure occurring in which case it will be 12 months off driving.

Withdrawal

If a seizure occurs as a result of a physician-directed change of/or reduction of anti-epileptic medication the epilepsy regulations state that a licence is revoked FOR 12 MONTHS AS PER THE EPILEPSY REGULATIONS but re-application can be accepted EARLIER once treatment has been reinstated for 6 months and as long as there have been no further seizures in the 6 months period after recommencing

GROUP 2 (LORRY AND BUS) DRIVING ENTITLEMENT

Epilepsy Regulations

Drivers of these vehicles must satisfy all of the following conditions:-

- hold a full ordinary driving licence
- have been free of epileptic attacks for the last 10 years
- have not taken any anti-epileptic medication during this 10 year period
- do not have a continuing liability to epileptic seizures

Isolated Seizure

Drivers of these vehicles must satisfy all of the following conditions:-

- hold a full ordinary driving licence
- have been free of epileptic attacks for the last 5 years
- have not taken any anti-epileptic medication during this 5 year period
- have undergone a recent assessment by a Neurologist
- have satisfactory results from investigations

The following associations offer help to people with epilepsy

Epilepsy Action

New Anstey House
Gate Way Drive
Yeadon
LEEDS, LS19 7XY
Freephone: 0808 800 5050

Epilepsy Society

Chalfont St. Peter
Gerrard Cross
SL9 0RJ

Telephone No: 01494 601 300

The Epilepsy Association of Scotland

48 Govan Road
Glasgow
G51 1JL

Telephone No: 0141 427 5225

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, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
ANGINA	**Driving must cease when symptoms occur at rest, with emotion or at the wheel.** Driving may recommence when satisfactory symptom control is achieved. **DVLA need not be notified.**	**Refusal or revocation with continuing symptoms (treated and/or untreated)** Re-licensing may be permitted thereafter provided: • free from angina for at least 6/52 • the exercise or other functional test requirements can be met • there is no other disqualifying condition
ACUTE CORONARY SYNDROMES (ACS) defined as: 1) unstable angina (symptoms at rest with ECG changes) 2) non STEMI with at least two of the following criteria • symptoms at rest • raised serum Troponin • ECG changes 3) STEMI symptoms with ST elevation on ECG	If successfully treated by coronary angioplasty, driving may recommence after 1/52 provided: • no other URGENT revascularisation is planned (URGENT refers to within 4/52 from acute event) • LVEF is at least 40% prior to hospital discharge • there is no other disqualifying condition If not successfully treated by coronary angioplasty, driving may recommence after 4/52 provided: • there is no other disqualifying condition **DVLA need not be notified.**	**All Acute Coronary Syndromes disqualify the licence holder from driving for at least 6/52.** Re/licensing may be permitted thereafter provided: • the exercise or other functional test requirements can be met • there in no other disqualifying condition
PERCUTANEOUS CORONARY INTERVENTION (Angioplasty ± stent) Elective	**Driving must cease for at least 1/52.** Driving may recommence thereafter provided there in no other disqualifying condition. **DVLA need not be notified.**	**Driving must cease for at least 6/52.** Re/licensing may be permitted thereafter provided: • the exercise or other functional test requirements can be met • there in no other disqualifying condition

NB A LEFT VENTRICULAR EJECTION FRACTION OF ‹0.4 IS CONSIDERED A BAR TO GROUP 2 ENTITLEMENT

CARDIOVASCULAR DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
CABG	**Driving must cease for at least 4/52.** Driving may recommence thereafter provided there is no other disqualifying condition. **DVLA need not be notified.**	**Disqualifies from driving for at least 3/12.** Re/licensing may be permitted thereafter provided: • there is no evidence of significant impairment of left ventricular function i.e. LVEF is = to or › 40% • the exercise or other functional test requirements can be met 3 months or more post operatively • there is no other disqualifying condition
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 • the LV ejection fraction is = to or ›40% • there is no other disqualifying condition
SUCCESSFUL CATHETER ABLATION	**Driving must cease for at least 2/7.** Driving may be permitted thereafter provided there is no other disqualifying condition. **DVLA need not be notified.**	Following **successful** catheter ablation for an arrhythmia that has caused or would likely have caused incapacity, driving should cease for 6/52. Driving may recommence thereafter provided there in no other disqualifying condition. When the arrhythmia has **not** caused nor would likely have caused incapacity, driving may recommence after 2/52 provided 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.
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.	Re/licensing may be permitted provided: • the arrhythmia requirements are met • there is no other disqualifying condition
ATRIAL DEFIBRILLATOR Automatic	Driving may continue provided there is no other disqualifying condition. See also ICD section.	**Permanently bars.**

NB A LEFT VENTRICULAR EJECTION FRACTION OF ‹0.4 IS CONSIDERED A BAR TO GROUP 2 ENTITLEMENT

CARDIOVASCULAR DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD) implanted for ventricular arrhythmia **associated with incapacity.**	Patients with ICDs implanted for sustained ventricular arrhythmias should not drive for: 1. a period of 6/12 after the first implant 2. a further 6/12 after any shock therapy and/or symptomatic antitachycardia pacing (see 3a below) 3. – a) 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** b) if therapy was delivered due to an inappropriate cause, i.e. atrial fibrillation or programming issues, then driving may resume 1/12 after this has been completely controlled to the satisfaction of the cardiologist **DVLA need not be notified** c) if the incapacitating shock was appropriate (i.e. for sustained VT or VF) and steps have been taken to prevent recurrence, (e.g. introductions of anti-arrhythmic drugs or ablation procedure) driving may resume after 6/12 in the absence of further symptomatic therapy **For 2 and 3a/c, if the patient has been relicensed prior to the event, DVLA should be notified.** 4. a period of 1/12 off driving must occur following any revision of the electrodes or alteration of anti-arrhythmic drug treatment 5. a period of 1/52 off driving is required after a defibrillator box change **Resumption of driving requires that:** 1. the device is subject to regular review with interrogation 2. there is no other disqualifying condition	**Permanently bars.**

NB A LEFT VENTRICULAR EJECTION FRACTION OF ‹0.4 IS CONSIDERED A BAR TO GROUP 2 ENTITLEMENT

CARDIOVASCULAR DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD) implanted for sustained ventricular arrhythmia which did not cause incapacity.	If the patient presents with a non-disqualifying cardiac event, i.e. haemodynamically stable non-incapacitating sustained ventricular tachycardia, the patient can drive 1/12 after ICD implantation providing all of the following conditions are met: • LVEF › than 35% • no fast VT induced on electrophysiological study (RR‹250 msec) • any induced VT could be pace-terminated by the ICD twice, without acceleration, during the post implantation study **DVLA need not be notified.** Should the ICD subsequently deliver ATP and/or shock therapy (except during normal clinical testing) then the licensing criteria on the previous page applies and **DVLA should be notified.**	**Permanently bars.**
PROPHYLACTIC ICD IMPLANT	Asymptomatic individuals with high risk of significant arrhythmia. Driving should cease for 1/12. **DVLA need not be notified.** Should the ICD subsequently deliver ATP and/or shock therapy (except during normal clinical testing) then the licensing criteria on the previous page applies and **DVLA should be notified.**	**Permanently bars.**
ASCENDING/DESCENDING THORACIC and ABDOMINAL AORTIC ANEURYSM	**DVLA should be notified** of any aneurysm of **6 cm or more** in diameter. **An aortic diameter between 6 – 6.5 cm,** licensing will be permitted subject to **annual review.** **An aortic diameter of more than 6.5 cm disqualifies from driving.** Driving may continue after successful surgical treatment without evidence of further enlargement.	**Disqualifies from driving if the aortic diameter is greater than 5.5 cm.** Driving may continue after successful surgical treatment without evidence of further enlargement and no other disqualifying condition. **NB: The exercise or other functional test requirements will apply to abdominal aortic aneurysm.**

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

NB A LEFT VENTRICULAR EJECTION FRACTION OF ‹0.4 IS CONSIDERED A BAR TO GROUP 2 ENTITLEMENT

CARDIOVASCULAR DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
CHRONIC AORTIC DISSECTION	Driving may continue after **satisfactory** medical (blood pressure control) or surgical treatment, unless other disqualifying condition. Medical follow up is required. **DVLA need not be notified unless aortic diameter exceeds 6 cm** (standards for aortic aneurysm need to be met)	Re/licensing may be permitted if **all** of the following criteria can be met: • the maximum transverse diameter of the aorta, including false lumen/thrombosed segment, does not exceed **5.5 cm** • there is completer thrombosis of the false lumen • the BP is well controlled ***** NOTE: "well controlled" refers to clinical, **NOT** DVLA licensing standard. Medical follow up is required.
MARFAN'S SYNDROME **(to include other inherited aortopathies)**	DVLA need not be notified unless there is aneurysm.	Re/licensing permitted subject to: • the requirements for aortic aneurysm are met • satisfactory medical treatment • annual cardiac review to include aortic root measurement **Aortic root replacement will need individual assessment.** (See Appendix for details)
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 or other functional test requirements must be met.
PERIPHERAL ARTERIAL DISEASE	Driving may continue provided there is no other disqualifying condition. **DVLA need not be notified.**	Re/licensing may be permitted provided: • there is no symptomatic myocardial ischemia • the exercise or other functional test requirements can be met
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.

NB A LEFT VENTRICULAR EJECTION FRACTION OF ‹0.4 IS CONSIDERED A BAR TO GROUP 2 ENTITLEMENT

CARDIOVASCULAR DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
HYPERTROPHIC CARDIOMYOPATHY (H.C.M) (see also arrhythmia, pacemaker and ICD sections)	Driving may continue provided no other disqualifying condition. **DVLA need not be notified.**	Disqualifies from driving if symptomatic. Licensing may only be permitted: • If asymptomatic, • there is at least a 25 mm Hg increase in systolic blood pressure during exercise testing – (exercise testing to be repeated every 3 years) and when at least 2 of the following 3 criteria are met: • there is no family history in the first degree relative of sudden premature death from presumed HCM • the cardiologist can confirm that the HCM is not anatomically severe. The maximum wall thickness does not exceed **3 cm** • there is no serious abnormality of heart rhythm demonstrated, e.g. Non-Sustained-Ventricular Tachycardia (NSVT) **See Appendix to this chapter for full details.**
DILATED CARDIOMYOPATHY (see also arrhythmia, pacemaker and ICD 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.
ARRHYTHMOGENIC RIGHT VENTRICULAR CARDIOMYOPATHY (ARVC) AND ALLIED DISORDERS (see also arrhythmia, pacemaker and ICD sections)	**Asymptomatic** – Driving may continue **DVLA need not be notified.**	**Asymptomatic** – Driving must cease but may be permitted following specialist electrophysiological assessment provided there is no other disqualifying condition.
	Symptomatic – Driving must cease if an arrhythmia has occurred or is likely to cause incapacity. Re/licensing may be permitted when arrhythmia is controlled and there is no other disqualifying condition.	**Symptomatic – Permanently bars.**
HEART FAILURE	Driving may continue provided there are no symptoms that may distract the drivers' attention. **DVLA need not be notified.**	**Disqualifies from driving if symptomatic.** Re/licensing may be permitted provided: • the LV ejection fractions is = to or ›0.4 • there is no other disqualifying condition Exercise or other functional testing may be required depending on the likely cause for the heart failure.

NB A LEFT VENTRICULAR EJECTION FRACTION OF ‹0.4 IS CONSIDERED A BAR TO GROUP 2 ENTITLEMENT

CARDIOVASCULAR DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
LEFT VENTRICULAR ASSIST DEVICES	**Driving should cease on insertion.** Re/licensing can be considered on an individual basis 6/12 after device implantation. **DVLA need not be notified.**	**Permanently bars.**
CARDIAC RESYNCHRONISATION THERAPY (CRT)		
CRT-P	**Driving must cease for at least 1/52 following implantation.** Driving may continue provided: • there are no symptoms relevant to driving • there is no other disqualifying condition	**Driving must cease for at least 6/52 following implantation.** Re/licensing may be permitted provided: • the Heart Failure requirements are met • there is no other disqualifying condition
CRT-D	Driving may be permitted provided: • the ICD requirements are met • there is no other disqualifying condition	**Permanently bars.**
HEART OT HEART/LUNG TRANSPLANT	Driving may continue provided that the driver is not suffering from a disqualifying condition. **DVLA need not be notified.**	**Disqualifies from driving if symptomatic.** Re/licensing may be permitted provided: • the exercise or other functional test requirements can be met • the LV ejection fraction is = to or ›0.4 • there is no other disqualifying condition
HEART VALVE DISEASE **(additional guidelines for heart valve surgery later in the text)** **(for Aortic Stenosis, see next section below)**	Driving may continue provided no other disqualifying condition. **DVLA need not be notified.**	**Disqualifies from driving:** • whilst symptomatic • 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.

NB A LEFT VENTRICULAR EJECTION FRACTION OF ‹0.4 IS CONSIDERED A BAR TO GROUP 2 ENTITLEMENT

CARDIOVASCULAR DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
AORTIC STENOSIS	**Disqualified if symptomatic.**	**Disqualified if symptomatic.** If asymptomatic and severe aortic stenosis *(definition in appendix)*: DVLA exercise tolerance test requirements must be met. If meets exercise test requirements, annual licence to be issued (satisfactory medical follow-up required). **Disqualified:** • if a cardiologist's opinion is that it is unsafe for the individual to undergo exercise testing (as clearly they cannot meet the Group 2 criteria) • if during an exercise test: development of symptoms, fall in blood pressure, ECG changes • if unable to undertake an exercise test due to other reasons
HEART VALVE SURGERY **(including Transcatheter Aortic Valve Implantation)**	**Driving must cease for at least 4/52.** Driving may recommence thereafter provided there is no other disqualifying condition. **DVLA need not be notified.**	**Disqualifies from driving for at least 3/12.** Re/licensing may be permitted thereafter provided: • there is no evidence of significant impairment of left ventricular function, i.e. LVEF is = to or ›40% • there are no ongoing symptoms and any other disqualifying condition
CONGENITAL HEART DISEASE	Driving may continue provided there is no other disqualifying condition. Following a first licence application or identification of such a condition, specialist assessment may be required before a licence is (re)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. Following a first licence application or identification of such a condition, specialist assessment may be required before a licence is (re)issued. Those with a minor disease and others who have had successful repair of defects or relief of valvular problems, fistulae etc, may be licensed provided there is no other disqualifying condition. Certain conditions will require the issue of a medical review licence for 1, 2 or 3 years.
SYNCOPE **(NB Cough Syncope see Chapter 1)**	See section entitled **"Loss of Consciousness"** (Chapter 1)	See section entitled **"Loss of Consciousness"** (Chapter 1)

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

NB A LEFT VENTRICULAR EJECTION FRACTION OF ‹0.4 IS CONSIDERED A BAR TO GROUP 2 ENTITLEMENT

CARDIOVASCULAR DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
ECG ABNORMALITY **Suspected myocardial infarction**	Driving may continue unless other disqualifying condition. **DVLA need not be notified.**	Re/licensing may be permitted provided: • there is no other disqualifying condition • the exercise or other functional test requirements can be met
LEFT BUNDLE BRANCH BLOCK	Driving may continue unless other disqualifying condition. **DVLA need not be notified.**	Re/licensing may be permitted provided: • there is no other disqualifying condition • the Myocardial Perfusion Scan or Stress Echocardiography requirements can be met
PRE-EXCITATION	Driving may continue unless other disqualifying condition. **DVLA need not be notified.**	May be ignored **unless** associated with an arrhythmia (see arrhythmia section) or other disqualifying condition.

APPENDIX

GROUP 1 (CAR AND MOTORCYCLE) AND GROUP 2 (LORRY AND BUS) ENTITLEMENTS

Medication

If drug treatment for any cardiovascular condition is required, any adverse effect which is likely to affect driving performance will disqualify.

GROUP 2 (LORRY AND BUS) ENTITLEMENT ONLY

Licence duration

An applicant or driver who has, after cardiac assessment, (usually for ischaemic or untreated heart valve disease) been permitted to hold either a 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

Exercise evaluation will be performed on a bicycle * or treadmill. Drivers should be able to complete 3 stages of the standard 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 (usually ›2 mm horizontal or down-sloping) which accredited medical opinion interprets as being indicative of myocardial ischaemia during exercise or the recovery period. In the presence of established coronary heart disease, exercise evaluation will 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, Calcium channel blockers, Nicorandil, Ivabradine and Ranolazine **prescribed for anti-anginal purposes or for other reasons, e.g. cardio-protection.**

NB: When any of the above drugs are being prescribed purely for the control of hypertension or an arrhythmia then discontinuation prior to exercise testing is not required.

Should atrial fibrillation develop *de novo* during exercise testing, provided the individual meets all the DVLA exercise tolerance test criteria, the individual will be required to undergo an echocardiogram and meet the licensing criteria, just as any individual with pre-existing atrial Fibrillation.

Chest pain of uncertain cause

Exercise testing should be carried out as above. Those with a locomotor disability who cannot comply will require a gated Myocardial Perfusion Scan OR a Stress Echo study and/or specialised cardiological opinion.

Stress Myocardial Perfusion Scan/Stress Echocardiography

The licensing standards require that:

1. The LVEF is 40% or more
2. a) no more than 10% of the myocardium is affected by reversible ischaemic change on Myocardial Perfusion Imaging
   OR
   b) no more than one segment is affected by reversible ischaemic change on Stress Echocardiography

NB: Full details on DVLA protocol requirements for such tests can be obtained on request.

GROUP 2 (LORRY AND BUS) ENTITLEMENT ONLY (continued)

Coronary Angiography

The functional implication of coronary heart disease is considered to be more predicative for licensing purposes that the anatomical findings. For this reason the Exercise Tolerance Test and where necessary, Myocardial Perfusion Imaging or Stress Echocardiography 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. When there remains conflict between the outcome of a functional test and the results of recent angiography, such cases can be considered on an individual basis. However, (re-)licensing will not normally be considered unless the coronary arteries are **unobstructed or the stenosis is not flow limiting** and the **left ventricular ejection fraction is = to or › 40%**

'Predictive' refers to the risk of an infarct within 1 year. Grafts are considered as 'Coronary Arteries'

ETT and Hypertrophic Cardiomyopathy

For the purpose of assessment of hypertrophic cardiomyopathy cases, an exercise test falling short of 9 minutes would be acceptable provided:

1. there is no obvious cardiac cause for stopping the test in less than 9 minutes
2. there is at least a 25mm Hg rise in systolic blood pressure during exercise testing
3. meets all other requirements as mentioned in HCM section

Marfan's Syndrome: Aortic root replacement

Debarred if: emergency aortic root surgery; elective aortic root surgery associated with complications/high risk factors, e.g. aortic root, valve and arch (including de-branching) surgery; external aortic support operation.

Annual review of Group 2 licence to be allowed in elective aortic root replacement surgery – if uncomplicated, successful surgery with satisfactory regular specialist follow-up – valve sparing surgery, root replacement + valve replacement with no post-operative evidence of suture line aneurysm and on 2 yearly MRI/CT surveillance.

Definition of severe aortic root stenosis (as per the European Society of Cardiology guidelines, August 2012)

1. aortic valve area ‹1 cm^2 or ‹0.6 cm^2 per m^2 BSA (body surface area)
2. mean aortic pressure gradient ›40 mm Hg
3. maximum jet velocity ›4 m/s

CHAPTER 3

DIABETES MELLITUS

DIABETES MELLITUS	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
INSULIN-TREATED **Drivers are sent a detailed letter of explanation about their licence and driving by DVLA.** See Appendix to this chapter for a sample of this letter (DIABINF)	• must have adequate awareness of hypoglycaemia • must not have had more than one episode of hypoglycaemia requiring the assistance of another person in the preceding 12 months • there should be appropriate blood glucose monitoring. This has been defined by the Secretary of State's Honorary Medical Advisory Panel on Driving and Diabetes, as no more than 2 hours before the start of the first journey and every 2 hours while driving. More frequent testing may be required if for any reason there is a greater risk of hypoglycaemia, for example after physical activity or altered meal routine • must not be regarded as a likely source of danger to the public while driving • the visual standards for acuity and visual field must be met Impaired awareness of hypoglycaemia has been defined by Secretary of State's Honorary Medical Advisory Panel on Driving and Diabetes as, 'an inability to detect the onset of hypoglycaemia because of total absence of warning symptoms'. If medical standards are met a 1, 2 or 3 year licence will be issued.	May apply for any Group 2 licence. Must satisfy the following criteria: • no episode of hypoglycaemia requiring the assistance of another person has occurred in the preceding 12 months • has full awareness of hypoglycaemia • regularly monitors blood glucose at least twice daily and at times relevant to driving, (no more than 2 hours before the start of the first journey and every 2 hours while driving). More frequent testing may be required if for any reason there is a greater risk of hypoglycaemia, for example after physical activity or altered meal routine, using a glucose meter with a memory function to measure and record blood glucose levels. At the annual examination by an independent Consultant Diabetologist, the last 3 months of blood glucose readings must be available • advised to use a modern blood glucose meter which has a memory chip • must demonstrate an understanding of the risks of hypoglycaemia • there are no other debarring complications of diabetes such as visual field defect • if medical standards are met, a 1 year licence will be issued
Continuous Glucose Monitoring Systems (CGMS)	As these systems measure interstitial glucose, drivers must also monitor blood glucose as above	As these systems measure interstitial glucose, drivers must also monitor blood glucose as above
TEMPORARY INSULIN TREATMENT **E.g. gestational diabetes, post-myocardial infarction, participants in oral/inhaled insulin trials.**	Provided they are under medical supervision and have not been advised by their doctor that they are at risk of disabling hypoglycaemia, need not notify DVLA. If experiencing disabling hypoglycaemia, DVLA should be notified. Notify DVLA if treatment continues for more than 3 months or for more than 3 months after delivery for gestational diabetes.	As above.

DIABETES MELLITUS	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
MANAGED BY TABLETS WHICH CARRY A RISK OF INDUCING HYPOGLYCAEMIA. **This includes sulphonylureas and glinides** See Appendix to this chapter for INF188/2	Must not have had more than one episode of hypoglycaemia requiring the assistance of another person within the preceding 12 months. It may be appropriate to monitor blood glucose (depending on clinical factors including frequency of driving) at times relevant to driving to enable the detection of hypoglycaemia. Must be under regular review. If the above requirement and all of those set out in the attached information on INF 188/2 are met, DVLA does not require notification. (This information leaflet can be printed and retained for future reference). Alternatively, if the information indicates that medical enquiries will need to be undertaken, DVLA should be notified.	Must satisfy the following criteria: • no episode of hypoglycaemia requiring the assistance of another person has occurred in the preceding 12 months • has full awareness of hypoglycaemia • regularly monitors blood glucose at least twice daily and at times relevant to driving • must demonstrate an understanding of the risks of hypoglycaemia • there are no other debarring complications of diabetes, such as a visual field defect If medical standards are met a 1, 2 or 3 year licence will be issued.
MANAGED BY TABLETS OTHER THAN THOSE ABOVE OR BY NON-INSULIN INJECTABLE MEDICATION See Appendix to this chapter for INF188/2	If all the requirements set out in the attached information on INF188/2 are met and they are under regular medical review, DVLA does not require notification. (This information leaflet can be printed and retained for future reference). Alternatively, if the information indicates that medical enquiries will need to be undertaken, DVLA should be notified.	Drivers will be licensed unless they develop relevant disabilities, e.g. diabetic eye problem affecting visual acuity or visual fields, in which case refusal, revocation or (if they meet the required standards) a short-term licence may be issued. They must be under regular medical review.
MANAGED BY DIET ALONE	Need not notify DVLA, unless they develop relevant disabilities, e.g. diabetic eye problems affecting visual acuity or visual field or if insulin required.	Need not notify DVLA, unless develop relevant disabilities, e.g. diabetic eye problems affecting visual acuity or visual field or if insulin required.
IMPAIRED AWARENESS OF HYPOGLYCAEMIA	If confirmed, driving must stop. Driving may resume provided reports show awareness of hypoglycaemia has been regained, confirmed by consultant/GP report.	See previous page for **insulin treated.** Refusal or revocation.
EYESIGHT COMPLICATIONS (AFFECTING VISUAL ACUITY OR VISUAL FIELDS)	See Visual Disorders Chapter.	See previous page for **insulin treated** and Visual Disorders Chapter.
RENAL DISORDERS	See Renal Disorders Chapter.	See Renal Disorders Chapter.
LIMB DISABILITY **e.g. peripheral neuropathy**	See Disabled Drivers at Appendix.	See Disabled Drivers at Appendix.

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 the knowledge of their specific circumstances.

A guide for drivers with insulin treated diabetes who wish to apply for Group 2 (LGV/PCV) entitlement

Qualifying condition which must be met:

- no episode of hypoglycaemia requiring the assistance of another person has occurred in the preceding 12 months
- must have full awareness of hypoglycaemia
- must demonstrate an understanding of the risks of hypoglycaemia
- will not be able to apply until their condition has been stable for a period of at least one month
- must regularly monitor their condition by checking their blood glucose levels at least twice daily and at times relevant to driving (a glucose meter with a memory function to measure and record blood glucose levels must be used)
- DVLA will arrange an examination by an independent hospital consultant who specialises in the treatment of diabetes every 12 months. At the examination, the consultant will require sight of their blood glucose records for the previous 3 months
- must have no other condition which would render them a danger when driving Group 2 vehicles
- they will require to sign an undertaking to comply with the directions of the doctor(s) treating the diabetes and to report immediately to DVLA any significant change in their condition

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

INF188/2

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

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

Drivers do not need to tell DVLA if their diabetes is treated by tablets, diet or both and they are free of the complications listed below.

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

Hypoglycaemia (low blood sugar)

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

Severe hypoglycaemia

The risk of hypoglycaemia is the main danger to safe driving and can occur with diabetes treated with insulin or tablets or both. This may endanger your own like as well as that on other road users. Many of the accidents caused by hypoglycaemia are because drivers carry on driving even though they get warning symptoms of hypoglycaemia. If you get warning symptoms of hypoglycaemia while driving, you must stop as soon as safely possible – **do no ignore the warning symptoms.**

EARLY SYMPTOMS OF HYPOGLYCAEMIA

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

If you don't treat this it may results in more severe symptoms such as: slurred speech, difficulty concentrating, confusion, disorderly or irrational behaviour which may be mistaken for drunkenness. **If left untreated this may lead to unconsciousness.**

What you need to tell DVLA about

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

- You suffer more than one episode of severe hypoglycaemia within the last 12 months. You must also tell us if you or your medical team feel you are at high risk of developing severe hypoglycaemia. **For Group 2 (bus/lorry) drivers, one episode of severe hypoglycaemia must be reported immediately.**
- You develop impaired awareness of hypoglycaemia (difficulty in recognising the warning symptoms of low blood sugar).
- You have suffered severe hypoglycaemia while driving.
- You need treatment with insulin.
- You need laser treatment on both eyes or in the remaining eye if you have sight in one eye only.
- You have problems with vision in both eyes or in the remaining eye if you have sight in one eye only. By law, you must be able to read with glasses or contact lenses if necessary, a car number plate in good daylight at 20 metres (65 feet). In addition, the visual acuity (with the aid of glasses or contact lenses if worn) must be at least 6/12 (0.5 decimal) with both eyes open, it in the only eye if monocular.
- You develop any problems with the circulation or sensation in your legs or feet which make it necessary for you to drive certain types of vehicles only, e.g. automatic vehicles or vehicles with a hand-operated accelerator or brake. This must be shown on your driving licence.
- An existing medical condition gets worse or you develop any other condition that may affect you driving safely.

IN THE INTEREST OF ROAD SAFETY, YOU MUST BE SURE THAT YOU CAN SAFELY CONTROL A VEHICLE AT ALL TIMES

How to notify DVLA:

If your doctor, specialist or optician tells you to report your condition to us, you need to complete a medical questionnaire about diabetes (DIAB1), which you can download from www.gov.uk/browse/driving

Telephone: 0300 790 6806
(8am-5:30pm, Mon-Fri) & (8am-1pm, Saturday)

Address: Drivers Medical Group, DVLA, Swansea, SA99 1TU

Useful addresses:

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

Diabetes UK Scotland
Savoy House
140 Sauchiehall Street
Glasgow

G2 3DH

Diabetic UK Central Office
Macleod House
10 Parkway
London

NW1 7AA

Diabetes UK website:
www.diabetes.org.uk

DIABINF

A Guide to Insulin Treated Diabetes and Driving

Drivers who have any form of diabetes treated with any insulin preparation must inform DVLA (Caveat: see temporary insulin treatment)

Hypoglycaemia (low blood sugar)

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

Severe hypoglycaemia

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

EARLY SYMPTOMS OF HYPOGLYCAEMIA

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

If you don't treat this it may results in more severe symptoms such as: slurred speech, difficulty concentrating, confusion, disorderly or irrational behaviour which may be mistaken for drunkenness. **If left untreated this may lead to unconsciousness.**

DRIVERS WITH INSULIN TREATED DIABETES ARE ADVISED TO TAKE THE FOLLOWING PRECAUTIONS:

- You should **always** carry your glucose meter and blood glucose strips with you. You should check your blood glucose no more than 2 hours before the start of the first journey and every two hours whilst you are driving. If driving multiple short journeys, you do not necessarily need to test before each additional journey as long as you test every 2 hours while driving. More frequent testing may be required if for any reason there is a greater risk of hypoglycaemia, e.g. after physical activity or altered meal routine. The intention is to ensure that blood glucose is always above 5.0mmol/l while driving.
- In each case if your blood glucose is **5.0mmol/l or less, take a snack.** If it is less than **4.0mmol/l or you feel hypoglycaemic, do not drive.**
- If hypoglycaemia develops while driving:
  - stop the vehicle as soon as safely possible
  - switch off the engine, remove the keys from the ignition and move from the drivers seat
  - do not resume driving until 45 minutes after blood glucose has returned to normal (confirmed by measuring blood glucose) as it takes up to 45 minutes for the brain to recover fully
- Always keep an emergency supply of fast-acting carbohydrate such as glucose tablets or sweets within easy reach in the vehicle.
- You should carry personal identification to show that you have diabetes in case of injury in a road traffic accident.
- Particular care should be taken during changes of insulin regimes, changes of lifestyle, exercise, travel and pregnancy.
- You must take regular meals, snacks and rest periods on long journeys. Always avoid alcohol.

Eyesight

By law, all drivers must be able to read with glasses or contact lenses if necessary, a car number plate in good daylight at 20 metres (65 feet). In addition, the visual acuity (with the aid of glassed or contact lenses if worn) must be at least 6/12 (0.5 decimal) with both eyes open, it in the only eye if monocular.

Limb problems

Limb problems/amputations are unlikely to prevent driving. They may be overcome by driving certain types of vehicles only, e.g. automatic vehicles or vehicles with a hand-operated accelerator or brake.

You must inform DVLA if:

- You suffer more than one episode of severe hypoglycaemia (needing the assistance of another person) within the last 12 months. You must also tell us if you or your medical team feel you are at high risk of developing severe hypoglycaemia. **For Group 2 (bus/lorry) drivers, one episode of severe hypoglycaemia must be reported immediately.**
- You develop impaired awareness of hypoglycaemia (difficulty in recognising the warning symptoms of low blood sugar).
- You have suffered severe hypoglycaemia while driving.
- An existing medical condition gets worse or you develop any other condition that may affect you driving safely.

How to contact DVLA:

Website:	Telephone:	Address:	Diabetes UK website:
www.gov.uk/browse/driving	0300 790 6806 (8am-5:30pm, Mon-Fri) & (8am-1pm, Saturday	Drivers Medical Group, DVLA, Swansea, SA99 1TU	www.diabetes.org.uk

CHAPTER 4

PSYCHIATRIC DISORDERS

PSYCHIATRIC DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
ANXIETY OR DEPRESSION **(without significant memory or concentration problems, agitation, behavioural disturbance or suicidal thoughts)**	DVLA need not be notified and driving may continue. (see note about medication in Appendix at the end of this chapter)	Very minor short-lived illnesses need not be notified to DVLA. (see note about medication in Appendix at the end of this chapter)
MORE SEVERE ANXIETY STATES OR DEPRESSIVE ILLNESSES **(with significant memory or concentration problems, agitation, behavioural disturbance or suicidal thoughts)** NB: For cases, which **also** involve **persistent misuse of or dependence 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.	**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.	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 does not impair. DVLA may require specialist reports. NB: It is the illness rather than the medications, which is of prime importance, but see notes on medication.
ACUTE PSYCHOTIC DISORDER For cases, which **also** involve **persistent misuse of or dependence 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.	**Driving must cease** during the acute illness. Re-licensing can be considered when **all** of the following conditions can be satisfied: a) has remained well and stable for at least 3 months b) is engaged with any treatment c) Has regained insight. d) is free from adverse effects of medication which would impair driving e) subject to a favourable specialist report Drivers who have a history of instability and/or poor engagement will require a longer period off driving.	**Driving must cease** during the acute illness. Re-licensing can be reconsidered when **all** the following conditions can be satisfied: a) Has remained well and stable for a minimum period of 12 months. b) Is engaged with any treatment. c) Has regained insight. d) Is free from adverse effects of medication which would impair driving. e) Subject to a favourable specialist report. 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. DVLA will normally require a consultant report that specifically addresses the relevant issues above before the licence can be considered.

PSYCHIATRIC DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
HYPOMANIA/MANIA NB: For cases, which **also** involve **persistent misuse of or dependence 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.	**Driving must cease** during the acute illness. Following an **isolated episode,** re-licensing can be considered when **all** the following conditions can be satisfied: a) has remained well and stable for at least 3 months b) is engaged with any treatment c) has regained insight d) is free from adverse effects of medication which would impair driving e) subject to a favourable specialist report **Repeated changes of mood:** Hypomania or mania is particularly dangerous to driving when there is repeated change of mood. Therefore, when there have been 4 or more episodes of significant mood swings within the previous 12 months, at least **6 months** stability will be required under condition a), in addition to satisfying conditions b) to e).	**Driving must cease** during the acute illness. Re-licensing can be reconsidered when **all** the following conditions can be satisfied: a) Has remained well and stable for a minimum period of 12 months. b) Is engaged with any treatment. c) Has regained insight. d) Is free from adverse effects of medication which would impair driving. e) Subject to a favourable specialist report. 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. DVLA will normally require a consultant report that specifically addresses the relevant issues above before the licence can be considered.
SCHIZOPHRENIA & OTHER CHRONIC RELAPSING/REMITTING DISORDERS NB: For cases, which **also** involve **persistent misuse of or dependence 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.	The driver must satisfy **all** the following conditions: a) stable behaviour for at least 3 months b) is adequately engaged with any treatment c) remain free from adverse effect of medication, which would impair driving d) subject to a favourable specialist report **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.	Driving must cease during the acute illness. Re-licensing can be reconsidered when **all** the following conditions can be satisfied: a) Has remained well and stable for a minimum period of 12 months. b) Is engaged with any treatment. c) Has regained insight. d) Is free from adverse effects of medication which would impair driving. e) Subject to a favourable specialist report. 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. DVLA will normally require a consultant report that specifically addresses the relevant issues above before the licence can be considered.

PSYCHIATRIC DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
PERVASIVE DEVELOPMENTAL DISORDERS & ADHD **including Asperger's Syndrome, Autistic Spectrum Disorder, severe communication disorders and Attention Deficit Hyperactivity Disorder (ADHD).**	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 and others need to be considered.	Continuing minor symptoms may be compatible with licensing. Cases will be considered on an individual basis.
MILD COGNITIVE IMPAIRMENT (MCI)	If there are no effects on driving then DVLA does not need to be notified. If however, there are any concerns that driving may be adversely affected then DVLA should be notified to allow enquiries to take place.	If there are no effects on driving then DVLA does not need to be notified. If however, there are any concerns that driving may be adversely affected then DVLA should be notified to allow enquiries to take place.
DEMENTIA - OR ANY ORGANIC BRAIN SYNDROME AFFECTING COGNITIVE FUNCTIONING	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. The variable presentations and rates of progression are acknowledged. Disorders of attention will also cause impairment. A decision regarding driver licensing is usually based on medical reports. 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)	Refusal or revocation of licence. **Driving should cease.**
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. It will be necessary to demonstrate adequate functional ability at the wheel. This should not be confused with Learning Difficulty. Dyslexia, dyscalculia etc would not require notification.	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 driving licence. It would be expected that a full Group 1 licence would already be held following a DVSA test pass.
BEHAVIOURAL DISORDERS including post head injury syndrome and Non-Epileptic Seizure Disorder (NESD)	If seriously disturbed, e.g. violent behaviour or alcohol abuse and likely to be a source of danger at the wheel, a driving licence would be revoked or the application refused. A licence will be issued after medical reports confirm that behavioural disturbances have been satisfactorily controlled.	Refusal or revocation of a driving licence if associated with serious behavioural disturbance likely to make the individual a source of danger at the wheel. If specialist reports confirm stability, then consideration would be given to licensing.

PERSONALITY DISORDERS	If likely to be a source of danger at the wheel the driving licence would be revoked or the application refused. Licensing would be permitted providing medical enquiry confirms that any behavioural disturbance is not related to driving or not likely to adversely affect driving or road safety	Refusal or revocation of a driving licence if associated with serious behavioural disturbance likely to make the individual a source of danger at the wheel. If specialist reports confirm stability, then consideration would be given to licensing.

APPENDIX
PSYCHIATRIC NOTES

IMPORTANT NOTES

Other psychiatric conditions, which do not fit neatly onto the aforementioned classification, will need to be reported to DVLA **if causing or felt likely to cause** symptoms affecting safe driving. These would include, for example any impairment of consciousness or awareness; any increased liability to distraction or any symptoms affecting the safe operation of the vehicle. The patient should be advised to declare both the condition and symptoms of concern.

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

- The 3rd 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 the 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 dependence on alcohol or drugs will require the standards in this chapter to be considered in conjunction with those in 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 for prosecution.
- All drugs action 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.

ELECTRO CONVULSIVE THERAPY (ECT)

Electro Convulsive Therapy (ECT) may be employed as an acute intervention, usually in the context of a severe depressive illness or more infrequently as a longer term maintenance therapy.
In both situations the severity of the underlying mental health condition is of prime importance in determining when driving may start or continue.

The seizure induced by ECT is regarded as provoked for licensing purposes and is not a bar to licensing or driving for Group 1 or Group 2 vehicles.

The concerns for driving are the severity of the illness that requires ECT treatment and the potential cognitive/memory disturbances associated with both the underlying depression and the ECT therapy

During an acute course of treatment with ECT driving should cease and should not restart until the medical standards and observation period associated with the underlying condition can be met. These are outlined in the sections above. It must be stressed that it is the underlying condition & response to treatment that is the determining factor for licensing and driving.

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

In addition the patient/driver should be advised NOT to drive within 48 hours of the administration of the anaesthetic agent.

Due to the likely severity of the underlying condition requiring ECT the driver should be advised to notify DVLA

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.

CHAPTER 5

DRUG & ALCOHOL MISUSE & DEPENDENCE

ALCOHOL PROBLEMS	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
ALCOHOL MISUSE **There is no single definition which embraces all the variables in this condition but the following is offered as a guide:** **"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 dependence".** Reference to ICD10 **F10.1** is relevant, found via: www.gov.uk/current-medical-guidelines-dvla-guidance-for-professionals-conditions-a-to-c#alcohol-misuse	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 **6 month** period of controlled drinking or abstinence has been attained, with normalisation of blood parameters. Patient to seek advice from medical or other sources during the period off the road.	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 **1 year** period of controlled drinking or abstinence has been attained, with normalisation of blood parameters. Patient to seek advice from medical or other sources during the period off the road.
ALCOHOL DEPENDENCE **"A cluster of behavioural, cognitive and physiological phenomena that develop after repeated alcohol use and 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".** **Indicators may include a history of withdrawal symptoms, of tolerance, of detoxification(s) and/or alcohol related fits.** Reference to ICD10 **F10.1** is relevant found via: www.gov.uk/current-medical-guidelines-dvla-guidance-for-professionals-conditions-a-to-c#alcohol-dependence	Alcohol dependence, confirmed by medical enquiry, requires licence revocation or refusal until a **1 year** period free from alcohol problems has been attained. Abstinence will normally be required, with normalisation of blood parameters, if relevant.	Vocational licensing will not be granted where there is a history of alcohol dependence within the past **3 years**.
	Licence restoration will require satisfactory medical reports from one doctor(s) and may require independent medical examination and blood tests arranged by DVLA. Consultant support/referral may be necessary. See also **"alcohol related seizure(s)"** below.	
ALCOHOL RELATED DISORDERS **E.g. hepatic cirrhosis with neuro-psychiatric impairment, psychosis.**	**Driving should cease.** Licence to be refused/revoked until there is satisfactory recovery and is able to satisfy all other relevant medical standards.	Licence to be refused/revoked.

ALCOHOL PROBLEMS	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
ALCOHOL RELATED SEIZURE(S) Seizures associated with alcohol are not considered provoked for licensing purposes.	Following a solitary alcohol-related seizure, a licence will be revoked or refused for a minimum of **6 months** period from the date of the event. Should, however the seizure have occurred on a background of alcohol, the standards for such conditions will need to be satisfied before a new application can be considered. Where more than one seizure has occurred, the Epilepsy Regulations will apply (see Appendix to the Neurology chapter for full details). A medical enquiry will be required before licence restoration to confirm appropriate period free from persistent alcohol misuse and/or dependence. Independent medical assessment with blood analysis and consultant reports will normally be necessary.	Following a **solitary** alcohol-related seizure, a licence will be revoked or refused for a minimum **5 year** period from the date of the event. Licence restoration thereafter requires: • 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 and neurological opinion Where **more than one seizure** has occurred or there is an underlying cerebral structural abnormality, the Vocational Epilepsy Regulations apply (see Appendix to the Neurology chapter for full details).

APPENDIX

ALCOHOL PROBLEMS

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 10 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

d) one disqualification for refusing to give permission for a laboratory test of a specimen of blood

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 CDT assay and may include further assessments as indicated. If favourable, a "Till 70" licence is restored for Group 1 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 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 standards as specified.

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

DRUG MISUSE & DEPENDENCE Reference to ICD10 F10.1-F10.7 inclusive is relevant	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
• **Cannabis** • **Amphetamines *(note: Methamphetamine below)*** • **Ecstasy** • **Ketamine and** • **other psychoactive substances, including LSD and Hallucinogens**	Persistent use of or dependence on these substances confirmed by medical enquiry, will lead to licence refusal or revocation until a minimum **6 month** period free of such use has been attained. For Ketamine misuse, 6 months off driving drug-free is required and 12 months in the case of dependence. Independent medical assessment and urine screen arranged by DVLA may be required.	Persistent use of or dependence on these substances will lead to refusal or revocation of a vocational licence for a minimum **1 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** • **Methamphetamine**	Persistent use of or dependence on these substances confirmed by medical enquiry, will lead to licence refusal or revocation until a minimum **1 year** period free of such use has been attained. Independent medical assessment and urine screen arranged by DVLA may be required. In addition a favourable consultant or specialist report **may** be required on re-application. *****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 dependence on these substances will require revocation or refusal of a vocational licence until a minimum **3 year** period free of such use has been attained. Independent medical assessment and urine screen arranged by DVLA **will normally** be required. In addition a favourable consultant or specialist report **will** be required before re-licensing. *****Applicants or drivers **complying fully with a** consultant supervised oral Methadone maintenance programme may be considered for an annual medical review licence once a minimum **3 year** period of stability on the maintenance programme has been established with favourable random urine tests and assessment. Expert Panel advice will be required in each case.
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/dependence for licensing purposes. The prescribed use of these drugs at therapeutic doses (BNF), without evidence of impairment does not amount to misuse/dependence for licensing purposes (although clinical dependence may exist).	Persistent misuse of or dependence on these substances confirmed by medical enquiry, will lead to licence refusal or revocation until a minimum 1 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 re-application.	Persistent misuse of or dependence on these substances will require revocation or refusal of a vocational licence until a minimum **3 year** period free of such use has been attained. Independent medical assessment and urine screen arranged by DVLA **will normally** be required. In addition a favourable consultant or specialist report **will** be required before re-licensing.
Multiple substance misuse and/or dependence – including misuse with alcohol – is incompatible with licensing fitness		

DRUG MISUSE & DEPENDENCE Reference to ICD10 F10.1-F10.7 inclusive is relevant	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
SEIZURE(S) associated with drug misuse/dependence. These are not considered provoked for licensing purposes.	Following a **solitary** seizure associated with drug misuse or dependence, a licence will be refused or revoked for a minimum of **6 month** period from the date of the event. Should however the seizure have occurred on a background of substance misuse or dependence, the standards for such conditions will need to be satisfied before a new application can be considered. Where more than one seizure has occurred, the Epilepsy Regulations will apply **(see Appendix to Neurology chapter for full details)**. Medical enquiry will be required before licence restoration to confirm appropriate period free from persistent drug misuse and /or dependence. Independent medical assessment with urine analysis and consultant reports will normally be necessary.	Following a **solitary** seizure associated with drug misuse or dependence, a licence will be revoked or refused for a minimum **5 year** period from the date of the event. Licence restoration thereafter requires: • 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 and neurological opinion Where **more than one seizure** has occurred or there is an underlying cerebral structural abnormality, the Vocational Epilepsy Regulations apply **(see Appendix to the Neurology chapter for full details).**

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

CHAPTER 6

VISUAL DISORDERS

The law requires that a licence holder or applicant must be able to meet the prescribed eyesight requirements, i.e. to read in good daylight (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). In addition the visual acuity (with the aid of glasses or contact lenses if needed) must be at least Snellen 6/12 with both eyes open or in the only eye if monocular. If unable to meet these standards, the driver must not drive and the licence must be refused or revoked.

Registration for sight impairment or severe sight impairment is incompatible with holding a driving licence and should be notified.

Bioptic telescope devices are not acceptable for driving in Great Britain

VISUAL DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
ACUITY	Must be able to meet the above prescribed standard.	Drivers must have a visual acuity, using corrective lenses if necessary, of at least Snellen 6/7.5 (Snellen decimal 0.8) in the better eye and at least Snellen 6/60 (Snellen decimal 0.1) in the other eye. Where glasses are worn to meet the minimum standards, they should have a corrective power ≤ +8 dioptres in any meridian of either lens. It is also necessary for all drivers of Group 2 vehicles to be able to meet the prescribed Group 1 visual acuity requirements. (Please see * in section on Grandfather rights)
CATARACT	Must be able to meet the above eyesight requirements. In the presence of cataract, glare may affect the ability to meet the number plate requirements, even with apparently appropriate acuities. **DVLA need not be notified if prescribed eyesight standards are met.**	Must be able to meet the above prescribed acuity requirements. In the presence of cataract, glare may affect the ability to meet the number plate requirements, even with appropriate acuities.
MONOCULAR VISION Includes the use of one eye only for driving.	**Complete** loss of vision in one eye (i.e. If there is any light perception in the affected eye, the driver is not considered monocular for Group 1 entitlement). Must meet the same visual acuity and visual field standards as binocular drivers, but may drive when clinically advised that has adapted to the condition. **DVLA need not be notified if above conditions are met.**	**Complete** loss of vision in one eye or corrected acuity of less than Snellen 3/60 (Snellen decimal 0.05) in one eye. Applicants are barred by law from holding a Group 2 licence. It is necessary for all drivers of Group 2 vehicles to be able to meet the prescribed Group 1 visual acuity requirements. (Please see ** in section on Grandfather rights)

VISUAL DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
VISAUL FIELD DEFECTS **Disorders such as bilateral glaucoma, bilateral retinopathy, retinitis pigmentosa and other disorders producing field defect(s) 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 Appendix at the end of chapter for full definition and for conditions to be met for consideration as an exceptional case on an individual basis).	The horizontal visual field should be at least 160 degrees; the extension should be at least 70 degrees left and right and 30 degrees up and down. No defects should be present within a radius of the central 30 degrees.
DIPLOPIA	**Cease driving on diagnosis.** Resume driving on confirmation to the Licensing Authority that the diplopia is controlled by for example glasses or by a patch which the licence holder undertakes to wear while driving. (If patching, note requirements for monocularity). **Exceptionally** a stable uncorrected diplopia of 6 months' duration or more may be compatible with driving if there is consultant support indicating satisfactory functional adaptation.	**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 restrictions on the 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.	

<u>Grandfather rights</u>

NB: Before the exceptions *, ** and * can be accepted, the driver or applicant must meet all of the Group 1 acuity standards.**

***** **Must have held the Group 2 licence on 1-3-1992 and be able to complete a satisfactory certificate of experience to be eligible. If obtained first Group 2 licence between 2-3-1992 and 31-12-1996 visual acuity using corrective lenses if necessary must be at least 6/9 in the better eye and at least 6/12 in the other eye; uncorrected visual acuity may be worse than 3/60 in one eye.**

****** **Group 2 licence must have been issued prior to 1-1-1991 in knowledge of monocularity.**

******* **Monocularity is acceptable for C1 applicants who passed the ordinary driving test prior to 1-1-1997 if they satisfy the number plate test, the visual acuity standards and the visual field requirement for the remaining eye.**

APPENDIX

FIELD OF VISION REQUIREMENTS FOR THE HOLDING OF A 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; the extension should be at least 50° left and right. In addition, there should be no **significant** defect in the binocular field which encroaches within 20° of the 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 Honorary Medical Advisory Panel for Visual Disorders and Driving advises that, for an Esterman binocular chart to be considered reliable for licensing, the false positive score must be no more than 20%. When assessing monocular charts and Goldmann perimetry, fixation accuracy will also be considered.

Defect affecting central area ONLY (Esterman)

- 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, pending the outcome of current research, the following are generally regarded as **un acceptable (i.e. as 'significant') central** loss:
  - a cluster of 4 or more adjoining points that is either wholly **or partly** within the central 20 degree areas
  - 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

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

Exceptional cases – 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 re-apply 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
- the defects must have been caused by an isolated event or a non-progressive condition
- there must be no other condition or pathology present which is regarded as progressive and likely to be affecting the visual fields
- the applicant has sight in both eyes
- there is no uncontrolled diplopia
- there is no other impairment of visual function, including glare sensitivity, contrast sensitivity or impairment of twilight vision
- there is clinical confirmation of full functional adaptation

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

A process is now in place for application for a provisional licence from those with a static visual field defect.
Details may be found on the DVLA website: www.gov.uk/government/publications/static-visual-field-defects-new-process

NB: An individual who is monocular cannot be considered under exceptional case criteria

FIELD OF VISION REQUIREMENTS FOR THE HOLDING OF A GROUP 2 LICENCE ENTITLEMENT

Panel has considered that the Group2 visual field standard will be interpreted as follows:

a) A measurement of at least 160° on the horizontal plane
b) An extension of at least 70° left and an extension of at least 70° right
c) An extension of at least 30° above and an extension of at least 30° below the horizontal plane
d) There should be no significant defect within 70° right and 70° left between 30° up and 30° down; it would be acceptable to have a total of up to three missed points, which may or may not be contiguous (see below)
e) No defect is present within a radius of the central 30°, and
f) no other impairment of visual function, including glare sensitivity, contrast sensitivity or impairment of twilight vision

The view expressed in d) above describes points tested in to the 'letterbox' outside the central radius of 30° from fixation

For Group 2 driving an upper limit of a total of three missed points (which may be contiguous) within the letterbox but outside the central 30° radius would correspond to the upper acceptable limit for a defect in Group2 visual field charts. However, a total of more than three missed points, even if not contiguous, would not be acceptable for Group 2 driving because of the higher standards required. No defects of any size should be allowed in the letterbox if they are contiguous with a defect outside it whose size make the size of the combined defect more than three missed points.

CHAPTER 7

RENAL DISORDORDERS

RENAL DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
CHRONIC RENAL FAILURE **CAPD (continuous ambulatory peritoneal dialysis)** **Haemodialysis**	No restriction on holding a 'Till 70 licence unless subject to severe electrolyte disturbance or 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 against the criteria as shown in the Group 1 entitlement.
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 DISORDORDERS

RESPIRATORY DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
RESPIRATORY DISORDERS **Including asthma, COPD (chronic obstructive pulmonary disease)**	Need not notify DVLA **unless** attacks are associated with disabling giddiness, fainting or loss of consciousness.	As for Group 1 licence.
PRIMARY CARCINOMA OF LUNG	Need not notify DVLA **unless** cerebral secondaries are present (see chapter 1 for malignant brain tumour)	Those drivers with non small cell lung cancer classified as TIN0M0 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 is satisfactory and no brain scan evidence of intracranial metastases.

CHAPTER 8

MISCELLANEOUS CONDITIONS

Excessive sleepiness is defined as sleepiness having, or likely to have, any effect on the ability to drive safely

Further information can be found on leaflet "INF159" – www.gov.uk/current-medical-guidelines-dvla-guidance-for-professionals-conditions-d-to-f#excessive-sleepiness

CONDITION	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
EXCESSIVE SLEEPINESS including: 1. Obstructive Sleep Apnoea Syndrome 2. any other condition or medication that may cause excessive sleepiness severe enough to likely impair safe driving	**Driving must cease** until satisfactory control of symptoms has been attained.	**Driving must cease** until satisfactory control of symptoms has been attained with ongoing compliance with treatment confirmed with consultant/specialist opinion. Regular (normally annual) licensing review is required.
OBSTRUCTIVE SLEEP APNOEA SYNDROME (OSAS) Mild (AHI‹15 or equivalent sleep study measurement)	As for excessive sleepiness	As for excessive sleepiness
Moderate (AHI 15-29 or equivalent sleep study measurement) AND sleepiness OR Severe (AHI ›30 or equivalent sleep study measurement) AND sleepiness	If suspected, may not drive until diagnosis is confirmed and the condition is controlled, sleepiness is improved and treatment is complied with. This will require medical confirmation. Licence holders will have to confirm that they will have medical reviews no less frequently than every 3 years.	If suspected, may not drive until diagnosis is confirmed and the condition is controlled, sleepiness is improved and treatment is complied with. This will require medical confirmation. Licence holders will have to confirm that they will have medical reviews no less frequently than every year.
Moderate (AHI 15-29 or equivalent sleep study measurement) WITHOUT sleepiness OR Severe (AHI ›30 or equivalent sleep study measurement) WITHOUT sleepiness	Driving must cease until satisfactory control of other symptoms (eg poor concentration) has been attained.	Driving must cease until satisfactory control of other symptoms (eg poor concentration) has been attained.
EU legislation requires objective sleep study measurement using the apnoea hypopnea index (AHI). Recognising that not all sleep services will use AHI, DVLA will accept equivalent objective test results.		

CONDITION	GROUP 1 ENTITLEMENT ODL – CAR, MOTORCYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
DEAFNESS (PROFOUND)	Need not notify DVLA. 'Till 70 licence 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 to do so, the licence is likely to be refused or revoked.
CANCERS NOT ALREADY COVERED IN EARLIER SECTIONS	For all tumours, fitness to drive depends upon: • the prospective risk of a seizure: - for Group 1 entitlement, DVLA does not need to be notified unless there are cerebral metastases or significant complications of relevance (see subsequent bullet points for guidance) - for Group 2 entitlement, specific attention in paid to the risk of cerebral metastasis • specific limb impairment, e.g. from bone primary or secondary cancer • general state of health – advanced malignancies causing symptoms such as general weakness or cachexia to such an extent that safe driving would be compromised, is not acceptable for safe driving NB: for eye cancers, the vision requirements must be met as well as the above.	
Acquired Immune Deficiency Syndrome	Driving may continue providing medical enquires confirm no relevant associated disability likely to affect driving. 1, 2 or 3 year licence will be issued with a medical review.	Cases will be assessed on an individual basis. In the absence of any debarring symptoms, CD4 will need to be maintained at 200 or above for at least 6 months to be eligible.
HIV positive status	Need not notify DVLA.	Need not notify DVLA.
HYPOGLYCAEMIA from any cause other than the treatment of diabetes	If suffering episodes of severe hypoglycaemia (with or without symptoms), should cease driving while liable to these episodes. Examples would include, after bariatric surgery or in association with eating disorders.	
AGE (older drivers)	Age is no bar to the holding of a licence. DVLA requires confirmation at the 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. However, as ageing progresses, a driver or his/her 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 the age of 45 and 5 yearly thereafter until 65, when annual application is required.
PANCREAS TRANSPLANT	As long as not on insulin and provided the driver is not suffering from a disqualifying condition, medical review licence will be issued. If on insulin, please see insulin treated diabetes.	Individual assessment required. If on insulin, please see insulin treated diabetes.

PANCREATIC ISLET CELL TRANSPLANT	As long as not on insulin and provided the driver is not suffering from a disqualifying condition, medical review licence will be issued. If on insulin, please see insulin treated diabetes.	Individual assessment required. If on insulin, please see insulin treated diabetes.
TRANSPLANT NOT COVERED IN EARLIER SECTIONS	Driving may continue provided the driver is not suffering from a disqualifying condition. May need to notify DVLA depending upon underlying condition.	Driving may continue provided the driver is not suffering from a disqualifying condition. May need to notify DVLA depending upon underlying condition. May require an individual assessment.
DEVICES OR IMPLANTS NOT COVERED IN EARLIER SECTIONS	Driving may continue provided the driver is not suffering from a disqualifying condition. May need to notify DVLA depending upon underlying condition.	Driving may continue provided the driver is not suffering from a disqualifying condition. May need to notify DVLA depending upon underlying condition. May require an individual assessment.

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 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.

Electronically 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, therefore not required to meet the medical standards requires 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 Practise for Class 3 Vehicle Users" available from:

Address: **The Mobility & Inclusion Unit,**
Department for Transport,
Great Minster House,
76 Marsham Street,
London, SW1P 4DR

Telephone: **0207 944 4461**

Fax: **0207 944 6102**

Email: miu@dft.gsi.gov.uk

APPENDIX 2

Forum of Mobility Centres

Telephone: 0800 559 636 www.mobility-centres.org.uk

KEY TO FACILITIES AVAILABLE AT THE CENTRES:	
I	Free information service for disabled and older people, their families and professionals.
D	Advice regarding vehicle adaptation, ability to learn, continue or return to driving.
P	Assessment and advice for passengers getting in and out of vehicles and about safe loading of wheelchairs and other equipment.
W	Advice regarding the selection and use of wheelchairs (powered and manually propelled) and scooters.
T	Driving tuition, for novice drivers, those returning to driving after a break and those changing to a different method of vehicle control.
A	Fitting of car adaptations for both drivers and passengers with disabilities.
G	Advice and assessment for disabled drivers who require to drive LGV and/or PCV

Centre Location ➢ Incorporating satellite centres	Contact Details	Address	Facilities & Services
Birmingham ➢ Cannock ➢ Staffordshire & Northampton ➢ Worcester & Leamington Spa	Tel: 0845 337 1540 Fax: 0121 333 4568 Email: info@rdac.co.uk Website: www.rdac.co.uk	**Regional Driving Assessment Centre** **Unit 11** Network Park Duddeston Mill Road, Saltley, Birmingham, B8 1AU	I D P T
Bodelwyddan ➢ Newtown ➢ Powys	Tel: 01745 584 858 Fax: 01745 535 042 Email: mobilityinfo@btconnect.com Website: www.wmdas.co.uk	**North Wales Mobility & Driving Assessment Service** The Disability Resource Centre, Glan Clwyd Hospital, Bodelwyddan, Denbighshire, LL18 5UJ	I D P T A W G
Bristol	Tel: 0117 965 9353 Fax: 0117 965 3652 Email: mobserv@drivingandmobility.org Website: www.drivingandmobility.org	**Mobility Service at Living (dlc)** The Vassall Centre, Gill Avenue, Fishponds, Bristol, BS16 2QQ	I D P W T
Cardiff ➢ Pembroke Dock	Tel: 02920 555130 Fax: 02920 555130 Email: helen@wddac.co.uk www.wmdas.co.uk	**South Wales Mobility & Driving Assessment Service** Rookwood Hospital, Fairwater Road, Llandaff, Cardiff, CF5 2YN	I D P G
Carshalton	Tel: 020 8770 1151 Fax: 020 8770 1211 Email: info@qef.org.uk Website: www.qef.org.uk	**QEF Mobility Services** 1 Metcalfe Avenue, Carshalton, Surrey, SM5 4AW	I D P W advice on electric scooters & wheelchairs (not manuals) T also training course

Centre Location ➢ Incorporating satellite centres	Contact Details	Address	Facilities & Services
Derby	Tel: 01332 371929 Fax: 01332 382377 Email: driving@derbyhospitals.nhs.uk Website: www.derbydrivability.com	**Derby DriveAbility** Kingsway Hospital, Kingsway, Derby, DE22 3LZ	I D P T A
Edinburgh ➢ Aberdeen ➢ Inverness ➢ Dundee ➢ Paisley ➢ Irvine ➢ Dumfries	Tel: 0131 537 9192 Fax: 0131 537 9193 Email: marlene.mackenzie@nhslothian.scot.nhs.uk	**Scottish Driving Assessment Service** Astley Ainslie Hospital, 133 Grange Loan, Edinburgh, EH9 2HL	I D P
Hull	Tel: 0845 337 1540 Fax: 0121 333 4568 Email: info@rdac.co.uk Website: www.rdac.co.uk	c/o **Regional Driving Assessment Centre** **Unit 11** Network Park Duddeston Mill Road, Saltley, Birmingham, B8 1AU	I D P T
Leeds ➢ York	Tel: 0113 350 8989 Fax: 0113 350 8681 Email: info@wmdlc.org Website: www.wmdlc.org	**William Merritt Disabled Living Centre & Mobility Service** St Mary's Hospital, Green Hill Road, Armley, Leeds, LS12 3QE	I D P W
Maidstone ➢ Herne Bay ➢ Kent & Hailsham ➢ East Sussex	Tel: 01622 606 900 Fax: 01622 606 901 Email: wk-pct.sedrviveability@nhs.net Website: www.kentcht.nhs.uk/our-services/specialist-clinical-services/south-east-drive-ability	**South East DriveAbility** Kent Community Health NHS Trust, St Laurence Avenue, 20/20 Business Park, Allington, Maidstone, Kent, ME16 0LL	I D P
Newcastle-upon-Tyne ➢ Penrith ➢ Cumbria	Tel: 0191 287 5090 Email: northeast.drivemobility@ntw.nhs.uk Website: www.ntw.nhs.uk	**North East Driver Mobility Northumberland, Tyne & Ware NHS Foundation Trust** Watergate Park, Centre for neuro-rehabilitation & neuro-psychiatry, Benfield Road, Newcastle-upon-Tyne NE6 4QD	I D P T

Centre Location ➢ Incorporating satellite centres	Contact Details	Address	Facilities & Services
Oxford	Tel: 0845 337 1540 Fax: 0121 333 4568 Email: info@rdac.co.uk Website: www.rdac.co.uk	c/o **Regional Driving Assessment Centre** **Unit 11** Network Park Duddeston Mill Road, Saltley, Birmingham, B8 1AU	I D P T
Southampton ➢ Salisbury ➢ Wilts ➢ Basingstoke	Tel: 023 8051 2222 Email: enquiries@wessexdriveability.org.uk Website: www.wessexdriveability.org.uk	**Wessex DriveAbility** Loernain House, Portswood, Southampton, SO17 2LJ	I D P T
Thetford ➢ Colchester ➢ Essex &Spalding ➢ Lincs	Tel: 01842 753 029 Fax: 01842 755 950 Email: info@eastangliandriveability.org.uk Website: www.eastangliandriveability.org.uk	**East Anglian DriveAbility** 2 Napier Place, Thetford, Norfolk, IP24 3RL	I D P W T
Truro ➢ Exeter ➢ Plymouth ➢ Holsworthy ➢ Devon	Tel: 01872 254920 Fax: 01872 254921 Email: info@cornwallmobility.co.uk Website: www.cornwallmobility.co.uk	**Cornwall Mobility Centre** Tehidy House, Royal Cornwall Hospital, Truro, Cornwall, TR1 3LJ	I D P W T A (Also, wheelchair repairs, independent living and drop in centre)
Welwyn Garden City ➢ Luton ➢ Dunstable	Tel: 01707 324 581 Fax: 01707 371 297 Email: driving@hadnet.org.uk Website: www.hadnet.org.uk	**Hertfordshire Action on Disability Mobility Centre** The Woodside Centre, The Commons, Welwyn Garden City, Hertfordshire, AL7 4DD	I D P W T
Wigan ➢ Manchester	Tel: 01942 483713 Fax: 01257 256538 Email: mobility.centre@alwpct.nhs.uk	**The North Western Driving Assessment Centre** Fleet House, Pye Close, Haydock, St. Helens WA11 9SJ	I D P (T only following assessment in certain cases)

INDEX

A

B

C

D

E

F

G

H

I

L

M

N

O

P

R

S

T

U

V

W