

FITNESS TO DRIVE – ‘A Guide for GP’s.

Assessment of a patient’s fitness to drive can be a medical minefield and holds responsibility for the patient, passengers and the public. We have tried to condense the information from www.dvla.gov.uk in a more concise and readable way. The guidelines are set up by the DVLA advisory panel which includes both specialists and lay members.

Licence Groups.

GROUP 1: Cars and motorcycles. Valid until 70yrs. No upper age limit, 3 yrly renewal after 70.

GROUP 2: (C T C/D) Large lorries, small lorries, buses, minibus, can be issued after 21yrs, valid until 45. Renewable every 5 yrs until 65 yr then renewable annually.

Notification to the DVLA.-

It is the licence holder’s duty to inform the DVLA of any medical condition which may affect driving, and also their insurance company. The GMC has clear guidelines:

- 1) DVLA is legally responsible in deciding if someone is fit to drive.
- 2) As the patient’s doctor-it is our responsibility that the patient understands that their condition may impair their ability to drive. If a patient cannot make this decision based on competence, e.g. dementia - then you should inform the DVLA.
- 3) If a patient refuses to accept a diagnosis or its effect on their ability to drive you can
 - a) seek a second opinion
 - b) make every effort to persuade them to stop(inc.telling their next of kin)
 - c) IF still continue to drive despite contrary advice-tell the DVLA and tell the patient you have done so in writing.

If a doctor has any queries regarding a patient they can contact the DVLA medical advisor in office hours on 01792 761119 or medadvisor.dvla@gt.net



CARDIOVASCULAR DISORDERS

CVS DISORDERS	GROUP 1 ENTITLED - CAR, M/CYC LE	GROUP 2 ENTITLED - GV/PCV
ANGINA	Driving must cease when symptoms occur at rest or at the wheel. DV A need not be notified.	Refusal with continuing symptoms (treated and/or untreated) Review after 6/52 symptom free,
ANGIOPLASTY	Driving must cease for at least 1/52.	Disqualifies from driving for at least 6/52.
CABG	Driving must cease for at least 4/52.	Disqualifies from driving for at least 3 months.
ACUTE CORONARY SYNDROMES (ACS) /MI	After MI, driving must cease for at least 4 weeks.. (Angioplasty/stent no damage... 1w)	Driving must cease for 6 weeks min
ARRHYTHMIA	Driving must cease until underlying cause has been identified and controlled for at least 4/52. DV A need not be notified	Driving may be permitted when the arrhythmia is controlled for at least 3/12
HYPERTENSION	Driving may continue unless treatment causes unacceptable side effects. DV A 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.
HEART FAILURE	Driving may continue provided there are no symptoms that may distract the driver's attention. DV A need not be notified	Disqualifies from driving if symptomatic. Left ventricular ejection fraction less than 0.4 excludes

	Class I	Class 2
Neurological Conditions <u>Single seizure</u>	Revoked licence Until fit free for 6m (+/- meds)	Fit free 5 years : no meds
Epilepsy	1y fit free or 3y in sleep only (3y license)	Fit free 10y no meds
Withdrawal of anticonvulsants	Not while withdrawing or 6m afterwards	
OC	Simple faint: no driving restrictions as long as provoked/postural or prodrome	
Undiagnosed OC (low risk)	If investigations (cardiac) normal 4 weeks	3 months
Unexplained OC (high risk)	If cause identified and treated. 4w from Rx	
	If high risk (eg OC with injury or when driving/sitting/lying or abnormal ECG or abnormal heart or > 1 episode in 6m) If cause identified and treated. 4w from Rx	3months
	6m after event if no cause found.	1 yr
Cerebrovascular Disease CVA/TIA/Amaurosis Fugax	1m (unless relevant disability)	12m
Multiple TIA	3m ditto	
Meningitis/encephalitis	When fully recovered	Ditto
+ accompanying seizure	6m	5y meningitis 10y encephalitis
Narcolepsy/Cataplexy	Until symptoms controlled	Permanent
Meniere's	Until symptoms controlled	Symptom free and no likely recurrence x 1y

DIABETES.

DIABETES	Group 1	Group 2
IDDM (includes transient insulin requirement)	Retain licence as long as minimum visual requirement met and can recognise warning symptoms of hypoglycaemia. Need to notify	Barred in law from HGV /PCV licence. Transient insulin req. – reapply when stopped.
DIET/TABLET CONTROLLED DM.	No need to inform DVLA unless complications or insulin needed.	As for group 1
FREQUENT HYPOGLYCAEMIC EPISODES/IMPAIRED AWARENESS	Cease driving until satisfactory control established by GP/Consultant.	Recommended revocation
VISUAL FIELD/ACUITY DEFECTS	Must be able to meet the prescribed eyesight requirement + national guidelines for visual field.	New applicants are barred by law, if acuity is worse than 6/9 in the better eye or 6/12 in the other eye.(corrected).uncorrected acuity MUST be >3/60 Normal binocular vision is required.
RETINAL DISORDERS	Licence issue dependent on medical enquiries.	If a relevant disability-individual assessment by DVLA.
IMB DISABILITY e.g. Peripheral Neuropathy.	Inform DVLA-questionnaire reqd re: modifications and attend assessment centre.	Inform DVLA-for individual assessment.

Note 1: Re: Tablet controlled Diabetics: Need to inform DVLA if ;

- (a) require treatment with insulin
- (b) require laser treatment for retinopathy
- (c) other eye problems
- (d) development of limb ischaemia or neuropathy, that may require modification to your vehicle.



DRIVING AND THE ELDERLY

Most insurance companies are happy to insure older drivers (but at increased premiums of about £100 per year).

The number of older drivers is increasing, rising from only 15% of over 70's with a licence in 1974 to 47% by 2004.

The DVLA requires of drivers over 70 confirmation that no medical disability is present, with a 3 year licence issued thereafter, subject to satisfactory completion of medical questions on the application form.

Drivers who lose confidence when driving or are unsure of their safety are encouraged to have an informal assessment (e.g. Glos county council operates an assessment system specifically designed for older drivers, called SAGE – Safer driving for people of older AGE).

DRIVING AND DEMENTIA

10% of people with dementia in the UK drive.

The concern is for people with more advanced dementia, with additional perceptual impairment, who may lack insight judgment and insight into their failing abilities.

The risk of an accident in people with dementia is about 2.5 higher than age-matched controls.

Medical advice to stop driving is at the level of risk – taking into accounts stories of “near-misses” or history from relatives.

Drivers have a legal obligation to inform the DVLA if they are diagnosed with dementia – they must also inform their insurance company.

In progressive conditions such as dementia the DVLA will commonly issue a licence for a fixed period, usually a year, after which the driver will have to reapply.

The 3 key questions asked on the relevant form (Form NEURO 2C) are -

- (1) Is there significant deterioration?
- (2) Is there significant loss of memory?
- (3) Is there loss of judgement?

Mental Health

Anxiety/Depression – DVLA do not need to be notified unless there is significant impairment of concentration, agitation, suicidal ideation or behavioural disturbance.

Acute psychosis, mania/hypomania – Must stop driving. May be re-licensed after 3 months if client has had a favourable report from a specialist, remains well, is compliant with medication and is free from adverse effects from medication that may impair driving.

Chronic schizophrenia – may continue to drive if stable for 3 months, has had a favourable report from a specialist, is compliant with medication and is free from adverse effects. Poor insight does not necessarily preclude driving if concentration and memory are intact and the client is not significantly distractible while driving.

earning difficulties, developmental disorders and behavioural disorders
– will be considered on an individual basis by the DV A taking into account the following factors: impulsiveness, the level of a clients understanding of the effects of his/her behaviour on others, history of anger/violence.



Drugs and Alcohol

Alcohol misuse – persistent alcohol misuse, confirmed by medical inquiry or by evidence of otherwise unexplained abnormal blood markers should cease driving until and period of six months of controlled drinking/abstinence with normal blood markers has elapsed.

Alcohol dependence (tolerance, symptoms of withdrawal, fits or attempts at detoxification) – licence may be returned after one year of abstinence and normal blood markers, dependent on a report from the clients own doctor. DV A may also require an independent report.

Drug misuse – persistent misuse of cannabis, ecstasy, amphetamines or SD required licence to be revoked until period of six month abstinence has been achieved. DV A may require confirmation by an independent report/urine screen. Persistent misuse of opiates/cocaine requires the same but for a year. Clients fully compliant with a consultant led methadone replacement programme may be licensed depending on a favourable medical report.

Visual Disorders

Eyesight requirements – registration mark fixed to a vehicle 79mm high & 57mm wide at a distance of 20m (you are allowed to wear glasses/contacts). You must fulfil this requirement if you have cataracts.

If registered sight impaired normally regarded as incompatible with driving!

HGV licences - corrected acuity worse than 6/9 in better eye or 6/12 in worst eye. Uncorrected must be at least 3/60.

Complete loss vision in 1 eye must notify but can drive if fulfils eyesight requirement, stable defect & normal vision in normal eye.

Visual Field defects – Cease driving until able to satisfy “field of vision requirements”.

Renal Failure

Chronic Renal Failure - No restrictions until 70 unless subject to significant symptoms (ie fainting, cognitive impairment).

Respiratory & sleep disorders

Sleep disorders – (includes obstructive sleep apnoea) Driving must cease until satisfactory control of symptoms, confirmed by medical opinion. For HGV licences needs consultant opinion & proof of compliance with treatment.

COPD/Asthma – no need to notify unless assoc with OC

Ca lung – need not notify until cerebral metastasis present