Fitness to Drive

Driving licences in the UK are issued by the Driver and Vehicle Licensing Agency (DVLA) or the Driver and Vehicle Agency (DVA) in Northern Ireland. This is dependent upon not having, or developing, a medical condition or disability which affects ability to drive.

It is the responsibility of the driver to inform the DVLA/DVA of any such medical condition which may affect ability to drive safely. It is the responsibility of doctors to advise patients that medical conditions (and drugs) may affect their ability to drive and for which conditions patients should inform the DVLA. The DVLA requires people to surrender their licence voluntarily when they have been advised not to drive. Its website stresses that “You can be fined up to £1,000 if you don’t tell DVLA about a medical condition that affects your driving. You may be prosecuted if you’re involved in an accident as a result.” Under General Medical Council (GMC) guidance, currently under consultation, it is a doctor's responsibility to inform the DVLA/DVA if the patient fails to act.

Drivers should also inform their insurance company of any condition disclosed to the DVLA/DVA.

This article provides an overview of common conditions, but is not exhaustive. The DVLA's 'At a glance guide to the current medical standards of fitness to drive' is the standard reference text on this subject and is available online at GOV.UK Current medical guidelines: DVLA guidance for professionals.

If in doubt, contact the medical adviser of the DVLA or your defence union.

Conditions for which the Driver and Vehicle Licensing Agency should be notified

The DVLA website lists almost 200 conditions in alphabetical order for which people MAY need to notify. For any condition which potentially could interfere with driving capacity, refer to this guide. Some of the more common examples for which the DVLA states that it must be informed include:

- An epileptic event (seizure or fit).
- Sudden attacks of disabling giddiness, fainting or blackouts.
- Severe learning disability.
- A pacemaker or implanted defibrillator device fitted.
- Diabetes controlled by insulin or tablets that have a high risk of causing hypoglycaemia - eg, sulfonylureas.
- Parkinson's disease.
- Any other chronic neurological condition.
- Dementia or a serious problem with memory.
- A major or minor cerebrovascular event (only if there is residual neurological or cognitive deficit one month after the event).
- Multiple transient ischaemic attacks (TIAs) over a short period but not single TIA.
- Any type of brain surgery, brain tumour or severe head injury involving inpatient treatment at hospital.
- Any severe psychiatric illness or mental disorder including acute psychosis, mania and severe depressive illness if there are features which affect risk to drive safely or suicidal thoughts.
- Continuing/permanent difficulty in the use of arms or legs which affects your ability to control a vehicle.
- Dependence on or misuse of alcohol, illicit drugs or chemical substances in the previous three years (do not include drink/driving offences).
- Any visual disability which affects BOTH eyes (do not declare short/long sight or colour blindness).
- Narcolepsy or other primary hypersomnia.

See GOV.UK Health Conditions and Driving for a full list of potentially notifiable conditions.
Much of the information in this article refers to Group 1 licences, which are for cars and motorcycles. Group 1 licences require a medical self-declaration. Group 2 licences are for lorries and buses and the medical standards are higher and may be different. These are renewable more frequently and require a medical examination/report.

**Vision**[4]

The DVLA states that:

The law requires that a licence holder or applicant must be able to meet the prescribed eyesight requirements, ie 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 (ie 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 (ie 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.

Optometrists have responsibilities to inform people in writing when their vision does not meet the criteria which make them safe to drive. They also have responsibility to inform that person’s GP or in certain situations the DVLA if they consider there is a risk to public safety.[5]

**Cardiovascular disorders**[4]

Driving must cease for at least one week after:

- Elective angioplasty with or without stent.
- Acute coronary syndrome following successful angioplasty.
- Pacemaker implantation.

Driving must cease for at least four weeks after:

- Coronary artery bypass graft.
- Acute coronary syndrome (not followed by successful angioplasty).
- Successful control of an arrhythmia.
- Heart valve surgery.

Driving should cease if:

- The patient has angina at rest (until symptoms are controlled).
- A left ventricular assist device or implantable cardioverter defibrillator is inserted (for at least six months - see guidance).

For most treated cardiovascular conditions, there is no need to notify the DVLA. The DVLA should be notified if:

- The patient has abdominal aortic aneurysm ≥6 cm diameter. **NB**: the patient is disqualified if diameter is >6.5 cm.
- Arrhythmias present (if the patient is incapacitated). Driving is allowed again when the underlying cause is identified and the symptoms have been controlled for four weeks.
- Left ventricular assist device or implantable cardioverter defibrillator in situ. (See guidance for specifics.)

**Diabetes**[4]

Drivers with diabetes are sent a detailed information sheet about their licence and driving by the DVLA[6]. The risk of hypoglycaemia is the main risk with regard to safe driving.
The following should notify the DVLA:

- All drivers on insulin. (Licences are under more frequent review.)
- Those at high risk of hypoglycaemia and those who have had more than one episode of severe hypoglycaemia in the previous 12 months. (Severe is defined by needing another person to help you manage the hypoglycaemia.)
- Those with impaired awareness of hypoglycaemia.
- Anyone who has experienced hypoglycaemia whilst driving.
- Anyone who requires laser treatment for diabetic retinopathy (to both eyes or to a second eye if sight only in one eye).
- Complications of diabetes which affect driving.

Furthermore:

- There must be demonstration of adequate blood glucose monitoring for those treated on insulin. This is defined as monitoring no more than two hours before the start of the first journey and every two 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.
- For those on tablets with a risk of inducing hypoglycaemia (including sulfonylureas and glinides), monitoring may be required where there has been more than one episode of severe hypoglycaemia.
- Drivers must demonstrate satisfactory control and must recognise hypoglycaemia.
- Check that vision conforms to required standard (see 'Vision', above).
- Patients should not drive if they feel hypoglycaemic or if their blood glucose is less than 4.0 mmol/L. Driving should not be resumed until 45 minutes after blood glucose has returned to normal.
- Patients should carry rapidly absorbed sugar in their vehicle and stop, turn off the ignition and eat it if there are any warning signs.
- A card should be carried to say which medications they are using, to aid with resuscitation if needed.
- If an accident is due to hypoglycaemia, a driver with diabetes may be charged with driving under the influence of drugs.

Neurological disorders[^4][^7]

**Epilepsy**

Epileptic attacks are the most frequent cause of collapse whilst driving.

- After a first seizure the person should have six months off driving from the date of the seizure for Group 1 (car or motorcycle) entitlement. If there are clinical factors or investigation results which suggest an unacceptably high risk of a further seizure, ie 20% or greater per annum, this may be extended.
- A person known to have epilepsy, who has experienced an attack awake or asleep, must refrain from driving for one year from the date of the attack. If their initial seizure was whilst asleep more than three years previously and they have had no attacks whilst awake during that period then they may be licensed even though sleeping attacks may still occur. If an attack whilst awake subsequently occurs then the formal epilepsy regulations apply and require at least one year off driving from the date of the attack.
- In any event, they should not drive if they are likely to cause danger to the public or to themselves.
- If a person with epilepsy satisfies the criteria of being seizure-free for one year, three-yearly licences are granted. If they are seizure-free for five years, a till 70 licence is granted.
- If anti-epileptic medication is stopped or changed, in Northern Ireland, the DVA must be informed, the person must stop driving and may reapply after six months. In the rest of the UK, the DVLA need not be notified but advises the person not to drive for six months.

**Stroke/TIA**

- Patients who have had a TIA or cerebrovascular event should not drive for at least one month.
- If there is still a neurological deficit after a month, however, the DVLA should be notified.
- If TIs have been recurrent and frequent, a three-month period free of attacks may be required.
**Parkinson's disease**
- The DVLA must be notified.
- A licence is revoked if there is significant disability or variation in motor function.

**Dementia**
- The DVLA must be notified.
- Those with dementia should only drive if the condition is mild (do not rely on armchair judgements: on-the-road trials are better).

**Other**
- Patients who have had a single episode of loss of consciousness which is likely to be cardiovascular in origin will have their licence revoked for at least six months. Structural heart disease or an abnormal ECG makes this likely. If the ECG is normal and the likely diagnosis is vasovagal syncope, driving may continue as usual.
- Disabling giddiness, vertigo and problems with movements preclude driving until there is satisfactory control of symptoms.
- The DVLA needs to know about unexplained blackouts, craniotomy, brain tumours, multiple sclerosis or motor neurone disease.

**Older drivers**[^4]

The DVLA states that:

> Age is no bar to the holding of a licence. The DVLA requires confirmation at the age of 70 that no medical disability is present. Thereafter a three-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, suggests consideration be given to ceasing driving. Physical frailty is not per se a bar to the holding of a licence.

[^4]: A Canadian paper showed that a near accident or accident was the only factor that would lead many to stop driving. Few elderly drivers plan for stopping driving.[^8]

Encourage relatives to contact DVLA if they believe a relative who has dementia should not be driving. Many elderly drivers who die in accidents are found to have Alzheimer’s disease.

GPs may have concerns about breaching confidentiality (by contacting the DVLA) when they have concerns about patients with mental illness or dementia. They are advised to seek advice from their defence union before doing so.

**General conditions which may make driving illegal**

Drivers may need to be considered for re-licensing by the DVLA if:

- There is severe mental disorder (including severe mental impairment).
- There are severe behavioural disorders.
- There is alcohol dependency (including inability to refrain from drink driving).
- There is drug abuse and dependency.
- Antipsychotic medication is taken in quantities sufficient to impair driving ability.
- Visual acuity (± spectacles) is insufficient: it should be sufficient to read a 79.4 mm-high number plate at 20.5 metres.
- Visual field is not full in monocular vision. Monocular vision is allowed only if the visual field is full.
- Binocular field of vision is below 120°. Binocular field of vision must be ≥120°.
- Diplopia is not mild and not correctable. Diplopia is not allowable unless mild and correctable - eg, by an eye patch.
Drugs

Driving, or being in charge of a vehicle when under the influence (including any side-effect) of a drug affecting fitness to drive, is an offence under the Road Traffic Act 1988. This applies to legal and illegal drugs. Police can stop drivers to check levels of alcohol, cannabis and cocaine. There is a list of prescribed and illegal drugs for which over a certain blood level it is illegal to drive. [3]

Many drugs affect alertness and driving ability - check data sheets. Many are potentiated by alcohol so warn patients:

- Not to drive until they are sure of side-effects.
- Not to drink and drive.
- Not to drive if feeling unwell.
- Never to drive within 24 hours of a general anaesthetic.

Contact details

Medical professionals only
Address for enquiries in England, Scotland and Wales:
The Medical Adviser
Drivers Medical Group
DVLA
SWANSEA
SA99 1DA
Tel: 01792 782337 (medical professionals only)
Email: medadviser@dvla.gsi.gov.uk (medical professionals only)

Address for enquiries in Northern Ireland:
Driver and Vehicle Licensing Northern Ireland
Castlerock Road
COLERaine
BT51 3TB
Tel: 028 703 41369

Patients
By post, fax, email, or telephone:

Driver Medical Enquiries
DVLA
Swansea
SA99 1TU
Email: go to www.gov.uk/contact-the-dvla
Telephone: 0300 790 6806 (car drivers and motorcyclists)
Telephone: 0300 790 6807 (bus, coach and lorry drivers)
Fax: 0845 850 0095

Further reading & references


1. Medical conditions, disabilities and driving; GOV.UK
2. Confidentiality: reporting concerns about patients to the DVLA or the DVA; General Medical Council (GMC) guidance.
3. Disclose to the DVLA if a patient should not be driving; GMC press release, November 25, 2015
4. At a glance guide to the current medical standards of fitness to drive; Driver and Vehicle Licensing Agency
5. Guidance for professional practice; The College of Optometrists 2014
6. Information for drivers with diabetes; GOV.UK
7. EpilepsyAction
9. Drug driving; GOV.UK

Disclaimer: This article is for information only and should not be used for the diagnosis or treatment of medical conditions. EMIS has used all reasonable care in compiling the information but make no warranty as to its accuracy. Consult a doctor or other health care professional for diagnosis and treatment of medical conditions. For details see our conditions.

Original Author: Dr Hayley Willacy
Current Version: Dr Mary Harding
Peer Reviewer: Prof Cathy Jackson

Document ID: 1294 (v25)
Last Checked: 07/01/2016
Next Review: 05/01/2021

View this article online at: patient.info/doctor/fitness-to-drive
Discuss Fitness to Drive and find more trusted resources at Patient.

Ask your doctor about Patient Access
- Book appointments
- Order repeat prescriptions
- View your medical record
- Create a personal health record (iOS only)
- emisgroup
- Print access

Like us. it's good for you!

© EMIS Group plc - all rights reserved.