

# **Appendix**

## **3**

(0845 010 6677) can be used by licensing staff to obtain general guidance on immigration documentation, although this Helpline is not able to advise on individual cases. The authority can obtain case specific immigration status information, including whether a licensing applicant is permitted to work or details of work restrictions, from the Evidence and Enquiry Unit, Floor 12, Lunar House, Wellesley Road, Croydon CR9 2BY . Further details on the procedures involved can be obtained by contacting the Unit (020 8196 3011).

44. It would seem best practice for Criminal Records Bureau disclosures to be sought when a licence is first applied for and then every three years, even if a licence is renewed annually, provided drivers are obliged to report all new convictions and cautions to the licensing authority.

### Medical Criteria

45. It is clearly good practice for medical checks to be made on each driver before the initial grant of a licence and thereafter for each renewal. It is common for licensing authorities to apply the 'Group 2' medical standards - applied by DVLA to the licensing of lorry and bus drivers - to taxi and PHV drivers. This seems best practice. The Group 2 standards preclude the licensing of drivers with insulin treated diabetes. However, exceptional arrangements do exist for drivers with insulin treated diabetes, who can meet a series of medical criteria, to obtain a licence to drive category C1 vehicles (i.e. 3500-7500 kgs lorries); the position is summarised at Annex B to the Guidance. In the light of the latest guidance from the Secretary of State's Honorary Medical Advisory Panel on Diabetes Mellitus and Driving, it is suggested that best practice is to apply the C1 standards to taxi and PHV drivers with insulin treated diabetes.

### Age Limits

46. It does not seem necessary to set a maximum age limit for drivers provided that regular medical checks are made. Nor do minimum age limits, beyond the statutory periods for holding a full driver licence, seem appropriate. Applicants should be assessed on their merits.



# For Medical Practitioners

At a glance

Guide to the current  
Medical Standards  
of Fitness to Drive

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Issued by

Drivers Medical Group

DVLA, Swansea

**SEPTEMBER 2008** Incorporation November 2008 amendments

The standards are reviewed every six months, following updated advice from the Secretary of State's Honorary Medical Advisory Panels. The next revision is scheduled for Spring 2009



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

## SUMMARY OF AMENDMENTS updated September 2008

(Date of Amendment – September 2008 unless otherwise stated)

### INTRODUCTION

- Page 2 Telephone number for “At a Glance” requests has changed.  
Page 3 SEATBELT EXEMPTION – Telephone numbers and Email addresses have been updated.  
Page 5 Telephone number for the Medical Adviser has changed.

### CHAPTER 1 NEUROLOGICAL DISORDERS

- Page 9 CEREBROVASCULAR DISEASE – To include venous sinus thrombosis. Group 2 Entitlement - Wording has been amended to give a clearer understanding.  
Page 10 COLLOID CYSTS - Craniotomy and/or endoscopic treatment – Group 1 & 2 Entitlement – Wording has been amended to give a clearer understanding.  
BENIGN SUPRATENTORIAL TUMOUR – “Untreated incidental finding” - has been removed and replaced with “Asymptomatic Incidental Meningioma Untreated” as a new entry.  
BENIGN INFRATENTORIAL TUMOUR (posterior fossa) – Group 2 Entitlement – Wording has been amended to give a clearer understanding.  
Page 11 GLIOMAS & MALIGNANT TUMOURS - “Infratentorial Tumours” – Has been given a section of its own.  
SERIOUS HEAD INJURY – Wording “SERIOUS HEAD INJURY NO NEUROSURGICAL INTERVENTION” has been removed and replaced with “SIGNIFICANT HEAD INJURY (e.g. brain contusion without surgery) as a new entry.  
Page 12 INTRACRANIAL HAEMATOMA “EXTRADURAL”, “ACUTE SUBDURAL” & “ACUTE INTRACEREBRAL” – Group 2 Entitlement – Wording has been amended to give a clearer understanding.  
Page 12-14 SUBARACHNOID HAEMORRHAGE Group 2 Entitlement – Some wording has been amended to give a clearer understanding.  
Page 14 INTRAVENTRICULAR SHUNT OR EXTRAVENTRICULAR DRAIN –Under this heading “ventriculo-peritoneal” has been removed and replaced with “ventricular” – Group 1 & Group 2 Entitlement – Wording has been revised.  
Page 15 NEUROENDOSCOPIC PROCEDURES – Group 1 Entitlement – Wording has been amended to give a clearer understanding.  
IMPLANTED ELECTRODES – Group 1 & 2 Entitlement – Wording has been amended to give a clearer understanding.  
Page 16 APPENDIX - GUIDANCE FOR CLINICIANS ADVISING PATIENTS TO SURRENDER THEIR DRIVING LICENCE IN THE CASE OF BREAK-THROUGH SEIZURES IN THOSE WITH ESTABLISHED EPILEPSY – New Entry.

### CHAPTER 2 CARDIOVASCULAR DISORDER

- Page 18 PERCUTANEOUS CORONARY INTERVENTION Replaces ANGIOPLASTY.  
ACUTE CORONARY SYNDROMES (ACS) - Medical Condition & Group 1 Entitlement – Wording has been revised. (amended 28/11/08)  
Page 19 SUCCESSFUL CATHETER ABLATION – Group 2 Entitlement – Wording has been revised. (amended 28/11/08)  
Page 21 IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (ICD) – Group 1 Entitlement – Wording has been amended to give a clearer understanding.  
PROPHYLACTIC ICD IMPLANT – Group 1 Entitlement – Wording has been amended to give a clearer understanding.  
Page 25 LEFT BUNDLE BRANCH BLOCK – Group 2 Entitlement – Wording of 2nd action point has been revised.

### CHAPTER 3 DIABETES MELLITUS

- Page 27 MANAGED BY EXENATIDE OR GLIPTINS IN COMBINATION WITH A SULPHONYLUREA – Group 2 Entitlement – Website address provided for further information.  
Page 29 APPENDIX – (INF188/2) “Drivers of cars or motorcycles with Diabetes treated by tablets, diet or both” – Wording has been revised.  
Page 30 “A Guide to Insulin Treated Diabetes and Driving (DIABINF)” – Wording has been revised in the section “You must inform DVLA”.

### CHAPTER 7 RENAL DISORDERS - RESITORY and SLEEP DISORDERS

- Page 42 SLEEP DISORDERS - Details of leaflet “INF159” and website address provided for further information.

### APPENDIX 2 DISABLED DRIVERS ASSESSMENT CENTRE

- Page 45-47 Various details in this section have been amended where appropriate.

The next revision is scheduled for Spring 2009.

## AT A GLANCE BOOKLET - INTRODUCTION

This publication summarises the national medical guidelines of fitness to drive and is available to doctors and health care professionals. It can be found specifically through EMIS, INPS secure GP Medical Information Systems and NHS purchasing.co.uk. It is also publicly available on the DVLA website at [www.dvla.gov.uk](http://www.dvla.gov.uk). Hard copies of the booklet are available on request for a fee of £4.50 (cheques made payable to DVLA Swansea) from Drivers Medical Group, DMDG, DVLA, Swansea SA99 1DF. Telephone 01792 782336 (answer machine for Medical Professionals Only).

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

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

### • Compilation of the Guidelines.

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

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

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

### • The Legal basis for the medical standards.

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

The legal basis of fitness to drive lies in the 2<sup>nd</sup> EC Directive on driving licences (91/439/EEC), which came into effect in the UK in January 1997, the Road Traffic Act 1988 and the Motor Vehicles (Driving Licences) Regulations 1999.

Section 92 of the Road Traffic Act 1988 refers to prescribed, relevant and prospective disabilities.

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

Sections 92 and 93 of The Road Traffic Act 1988 also cover drivers with physical disabilities who require adaptations to their vehicle to ensure its safe control. The adaptations required are now coded and entered on the licence. (See Appendices 1 & 2 on pages 44 & 45).

◦ **Licence Groups**

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

Group 1 includes motor cars and motor cycles.

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

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

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

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

◦ **Age limits**

Group 1: Licences are normally issued valid until age 70 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 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 (Group 1 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. Group 2 licences are renewable thereafter every five 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 on page 28.

◦ **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 Public Carriage Office in the Metropolitan area and the Local Authority in all other areas. Current best practice 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 legislation, and its appropriate application, is made within the context of driver licensing and the DVLA process. It is for others to decide whether or how those recommendations should be interpreted for their own areas of interest, in knowledge of their specific circumstances.

◦ **Seatbelt Exemption**

There is overwhelming evidence to show that seatbelts prevent death and serious injury in road traffic accidents. For this reason, the law makes it compulsory for car occupants to wear seatbelts, where fitted. One exception allowed by legislation is if the car occupant has a valid exemption certificate, which confirms it is inadvisable on medical grounds to wear a seatbelt. The certificates are issued by medical practitioners, who will need to consider very carefully the reasons for exemption, in view of the weight of evidence in favour of seatbelts. Medical Practitioners can obtain supplies of the relevant certificates and guidance leaflets from the Department of Health, PO Box 777, London SE1 6XH; Tel: 0300 123 1002 (NHS Responseline); Fax: 0300 123 1003 Email: [doh@prologistics.co.uk](mailto:doh@prologistics.co.uk). Further enquiries should be made to: Department for Transport, Road Safety Division 1, Zone 2/15, Great Minster House, 76 Marsham Street, London SW1P 4DR; Tel: 020 7944 2046; Email: [terry.deere@dft.gsi.gov.uk](mailto:terry.deere@dft.gsi.gov.uk).

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

#### ◦ Notification to DVLA

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

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

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

*(\*Reproduced with kind permission of the General Medical Council)*

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

Where the licence has been revoked previously for medical reasons then Section 88 of the Road Traffic Act 1988 entitlement does not apply.

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

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

### **Important Note.**

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



◦ **Driving after surgery**

Drivers do not need to notify DVLA unless the medical conditions likely to affect safe driving persist for longer than 3 months after the date of surgery (but please see 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 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 may enquire in writing, or may speak to one of the medical advisers during office hours, to seek advice about a particular driver (identified by a unique reference number) or about fitness to drive in general. After office hours there is an answer-phone and it would be helpful if doctors could indicate a time when it would be convenient for a return call.

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

**Address for enquiries in England, Scotland and Wales**

The Medical Adviser  
Drivers Medical Group  
DVLA  
Longview Road  
Morrison  
SWANSEA SA99 1TU  
Tel: 01792 782337 (Medical Professionals Only)  
Email: [medadviser@dvla.gsi.gov.uk](mailto:medadviser@dvla.gsi.gov.uk) (Medical Professionals Only)

**Address for enquiries in N. Ireland**

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

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This 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).