Driver & Vehicle Licensing Agency

Assessing fitness to drive

– a guide for medical professionals

www.gov.uk/dvla/fitnesstodrive

September 2025

High level changes

Chapter – Introduction

There are no changes to this chapter in this edition.

Chapter – General information

Amendments to the contact details for DVA Northern Ireland.

Chapter 1 – Neurological disorders

Transcranial magnetic stimulation – addition of guidance (including Appendix B).

Subarachnoid haemorrhage – revision of standard to include extradural aneurysms.

Functional neurosurgical techniques – new standard added.

Addition of functional neurological disorders to the chronic neurological disorders section.

Dissociative seizures – revision of standard.

Updating references to the appendices.

Chapter 2 – Cardiovascular disorders

Addition of a link to guidance, in the appendices, regarding 'Transient loss of consciousness ('blackouts') – or lost or altered awareness'.

Amendment to the guidance around 'Pacemaker implant' to include advice related to regular review.

Marfan syndrome and aortic surgery – definition of disqualifying conditions.

Aortic aneurysm:

- inclusion of post-surgical repair, EVAR or TEVAR
- indication for functional cardiac test extended to include descending thoracic aortic aneurysm (which includes the aortic arch)

Aortic stenosis – standard revised.

Brugada syndrome – standard and nomenclature revised.

Hypertrophic cardiomyopathy – standard revised.

Arrhythmia – standard revised.

Heart valve surgery – standard revised.

Heart failure – standard revised to include dilated cardiomyopathy.

ICD – standard revised.

Carotid artery stenosis – replication of medical standard which previously featured only in the neurology chapter.

Updating references to the appendices.

Chapter 3 – Diabetes mellitus

Amendment to the duration of blood glucose readings taken whilst on insulin under the section 'How DVLA checks diabetes management requirements for insulin-treated Group 2 bus and lorry licensing'.

Updating references to the appendices.

Chapter 4 – Psychiatric disorders

Updating references to the appendices.

continued

Chapter 5 – Drug or alcohol misuse or dependence

Changes to the 'Note on methadone/buprenorphine treatment programmes Group 1' – revision of medical standard (Group 1 and Group 2).

Changes to the high-risk offenders section to clarify licensing decision process.

Alcohol dependence – the wording has been revised (but not the standard).

Chapter 6 – Visual disorders

Amendment to the section regarding Nystagmus to clarify advice around associated medical conditions.

Updating references to the appendices.

Chapter 7 – Renal and respiratory disorders

Removal of the section regarding primary lung carcinoma.

Chapter 8 – Miscellaneous conditions

There are no changes to this chapter in this edition.

Chapter – Appendices

Addition of a new appendix titled – 'Appendix D: Transient loss of consciousness (blackouts) and lost or altered awareness', removed from neurology chapter. References to new appendix are now included in both the neurology and cardiovascular chapter.

Contents

Introduction

The impact of medical conditions on driving

Driving involves a complex and rapidly repeating cycle that requires a level of skill and the ability to interact simultaneously with both the vehicle and the external environment.

Information about the environment is via the visual and auditory senses and is acted on by many cognitive processes (including short-and long-term memory, and judgement) to affect decisions for the driving task in hand. These decisions are enacted by the musculoskeletal system, which acts on the controls of the vehicle and its relation to the road and other users.

The whole process is coordinated by complex interactions involving behaviour, strategic and tactical abilities, and personality. In the face of illness or disability, adaptive strategies are important for maintaining safe driving.

Safe driving requires, among other elements, the involvement of:

- vision
- visuospatial perception
- attention and concentration
- memory
- insight and understanding
- judgement
- adaptive strategies
- good reaction time
- planning and organisation
- ability to self-monitor
- sensation
- muscle power and control
- coordination

Given these requirements, it follows that many body systems need to be functional for safe driving – and injury or disease may affect any one or more of these abilities. Notwithstanding this, many short term conditions do not require notification to DVLA.

The guidelines and their development

The drivers' medical section within DVLA deals with all aspects of driver licensing when there are medical conditions that impact, or potentially impact, on safe control of a vehicle.

To do this, DVLA develops and works within guidance, and this publication summarises the national medical guidelines on fitness to drive. It is intended to assist doctors and other healthcare professionals in advising their patients:

- whether or not DVLA requires notification of a medical condition
- what the licensing outcome from DVLA's medical enquiries is likely to be

Some of the guidelines – for example, those around diabetes mellitus, epilepsy and vision – are set against legislative requirements (see Appendix A for details) but others are the result of advice from the 6 Honorary Medical Advisory Panels to the Secretary of State, which cover:

- cardiology
- neurology
- diabetes
- vision
- alcohol or substance misuse and dependence
- psychiatry

Each panel consists of acknowledged experts in the relevant area and includes DVLA and lay membership. The panels meet biannually and, between meetings, give continual advice to the Secretary of State and DVLA.

The medical standards are continually reviewed and updated when indicated in light of recent developments in medicine generally, and traffic medicine in particular. The most up-to-date version of this guide will always be online on GOV.UK

General information

General information

GB driver licensing

Licensing and licence groups

The GB medical standards for driver licensing refer to Group 1 and Group 2 licence holders:

- Group 1 includes cars and motorcycles
- Group 2 includes large lorries (category C) and buses (category D)

In most cases, the medical standards for Group 2 drivers are substantially higher than for Group 1 drivers. This is because of the size and weight of the vehicle and the length of time an occupational driver typically spends at the wheel.

Drivers who were awarded a Group 1 category B (motor car) licence before 1st January 1997 have additional entitlement to categories C1 (medium-sized lorries, 3.5t to 7.5t) and D1 (minibuses, 9 to 16 seats, not for hire or reward). Drivers with this entitlement retain it only until their licence expires or it is revoked for medical reasons. On subsequent renewal or reapplication, the higher medical standards applicable to Group 2 will apply.

Under certain circumstances, volunteer drivers may drive a minibus of up to 16 seats without category D1 entitlement. DVLA outlines the rules for such circumstances on the GOV.UK website (see Driving a minibus).

Age limits for licensing

Group 1

Licences are normally valid until 70 years of age (the 'til 70 licence) unless restricted to a shorter duration for medical reasons.

There is no upper age limit to licensing, but after 70 renewal is required every 3 years.

A person in receipt of the mobility component of Personal Independence Payment (PIP) can hold a driving licence from 16 years of age. (A person can't apply for PIP until their 16th birthday.)

Group 2

The minimum age for Group 2 entitlement to drive lorries (category C) is 21 and for buses (category D) is 24, unless the driver is undergoing or has passed the Driver Certificate of Competence (CPC) initial qualification which they can do at the age of 21. The Group 2 licensing entitlement is valid for a maximum of 5 years. New applicants for a Group 2 licence are required to have a D4 medical examination completed by a registered medical practitioner. Drivers under the age of 45 are required to renew their Group 2 licence every 5 years by way of self-declaration.

When a Group 2 driver reaches the age of 45, their licence will expire and they will need to have a D4 medical examination. Drivers above the age of 45 will need to renew their driving licence every 5 years and will need to have a D4 medical examination each time they renew.

Once a Group 2 driver reaches the age of 65, they need to renew their licence and have a D4 medical examination every year.

Group 2 drivers must notify DVLA if they develop a notifiable medical condition. Shorter duration licences may be issued for medical reasons.

There are exceptions, such as driving in the armed forces, and people of a minimum age of 18 can drive lorries and buses after gaining, or training towards, the Driver CPC.

Police, fire, ambulance and health service driver licensing

The same medical standards apply for drivers of police, fire, coastguard, ambulance and health service vehicles as they do for all drivers holding Group 1 and 2 licences. Any responsibility for determining higher medical standards, over and above these licensing requirements, rests with the individual force, service or other relevant body.

Taxi licensing

Responsibility for determining any higher standards and medical requirements for taxi drivers, over and above the driver licensing requirements, rests with Transport for London in the Metropolitan area, or the local council in all other areas.

Decisions taken by employers on the use and application of the GB standards on fitness to drive in particular circumstances and as they relate to employees are for the employer to make. Any responsibility for determining higher medical standards, over and above these licensing requirements, rests with the individual force, service or other relevant body.

Interpretation of GB legislation

The advice of the Honorary Medical Advisory Panels on the interpretation of GB legislation and its appropriate application is made within the context of driver licensing.

Sudden disabling events

Anyone with a medical condition likely to cause a sudden disabling event at the wheel, or who is unable to control their vehicle safely for any other reason, **must not drive**.

DVLA defines the risk of a sudden disabling event as:

- 20% likelihood of an event in 1 year for Group 1 licensing
- 2% likelihood of an event in 1 year for Group 2 licensing

These figures, while originally defined by older studies, have since been revalidated by more recent risk-of-harm calculations.

DVLA notification by drivers or healthcare professionals

Applicants and licence holders have a legal duty to:

- notify DVLA of any injury or illness that would have a likely impact on safe driving ability (except some short-term conditions that are unlikely to continue beyond 3 months, as set out in this guide)
- respond fully and accurately to any requests for information from either DVLA or healthcare professionals
- comply with the requirements of the issued licence, including any periodic medical reviews indicated by DVLA

They should also adhere, with ongoing consideration of fitness to drive, to prescribed medical treatment, and to monitor and manage the condition and any adaptations.

Doctors and other healthcare professionals should:

- advise the individual on the impact of their medical condition for safe driving ability
- advise the individual on their legal requirement to notify DVLA of any relevant condition
- treat, manage and monitor the individual's condition with ongoing consideration of their fitness to drive
- notify DVLA directly of an individual's medical condition or fitness to drive, where they cannot or will not notify DVLA themselves

Of course, this last obligation on professionals may pose a challenge to issues of authorisation and the relationship between patient and healthcare professional. The General Medical Council (GMC) and the General Optical Council (GOC) offer guidance on this which is summarised below.

In law, it is the duty of the licence holder or applicant to notify DVLA of any medical condition that may affect safe driving. Individuals from Scotland, Wales and England can notify via GOV.UK – see **Medical conditions, disabilities and driving**.

For people with licences issued by the Driver and Vehicle Agency (DVA) in Northern Ireland, the options for direct notification are given on the NI Direct page: **How to tell DVA about a medical condition**.

Circumstances may arise in which a person cannot or will not notify DVLA. It may be necessary for a doctor, optometrist or other healthcare professional to consider notifying DVLA under such circumstances if there is concern for road safety, which would be for both the individual and the wider public.

The General Medical Council (GMC) and the General Optical Council (GOC) offer clear guidance about notifying the DVLA when the person cannot or will not exercise their own legal duty to do so.

The GMC guidelines 2017 (reproduced with permission) state:

1. *In our guidance Confidentiality: good practice in handling patient information we say:*

    1. Trust is an essential part of the doctor-patient relationship and confidentiality is central to this. Patients may avoid seeking medical help, or may under-report symptoms, if they think that their personal information will be disclosed by doctors without consent, or without the chance to have some control over the timing or amount of information shared.

60. Doctors owe a duty of confidentiality to their patients, but they also have a wider duty to protect and promote the health of patients and the public.

62. You should ask for a patient's consent to disclose information for the protection of others unless it is not safe or practicable to do so, or the information is required by law. You should consider any reasons given for refusal.

64. If it is not practicable to seek consent, and in exceptional cases where a patient has refused consent, disclosing personal information may be justified in the public interest if failure to do so may expose others to a risk of death or serious harm. The benefits to an individual or to society of the disclosure must outweigh both the patient's and the public interest in keeping the information confidential.

68. If you consider that failure to disclose the information would leave individuals or society exposed to a risk so serious that it outweighs patients' and the public interest in maintaining confidentiality, you should disclose relevant information promptly to an appropriate person or authority. You should inform the patient before disclosing the information, if it is practicable and safe to do so, even if you intend to disclose without their consent.

About this guidance

2. *Doctors owe a duty of confidentiality to their patients, but they also have a wider duty to protect and promote the health of patients and the public. This explanatory guidance sets out the steps doctors should take if a patient's failure or refusal to stop driving exposes others to a risk of death or serious harm.*

Fitness to drive: doctors' and patients' responsibilities

3. *The Driver and Vehicle Licensing Agency (DVLA) in England, Scotland and Wales and the Driver and Vehicle Agency (DVA) in Northern Ireland are legally responsible for deciding if a person is medically unfit to drive. This means they need to know if a person holding a driving licence has a condition or is undergoing treatment that may now, or in the future, affect their safety as a driver.*

4. *The driver is legally responsible for telling the DVLA or DVA about any such condition or treatment. Doctors should therefore alert patients to conditions and treatments that might affect their ability to drive and remind them of their duty to tell the appropriate agency. Doctors may, however, need to make a decision about whether to disclose relevant information without consent to the DVLA or DVA in the public interest if a patient is unfit to drive but continues to do so.*

Assessing a patient's fitness to drive

5. *When diagnosing a patient's condition, or providing or arranging treatment, you should consider whether the condition or treatment may affect their ability to drive safely. You should:*
   - *refer to the DVLA's guidance Assessing fitness to drive – a guide for medical professionals, which includes information about disorders and conditions that can impair a patient's fitness to drive*
   - *seek the advice of an experienced colleague or the DVLA's or DVA's medical adviser if you are not sure whether a condition or treatment might affect a patient's fitness to drive.*

Reporting concerns to the DVLA or DVA

6. *If a patient has a condition or is undergoing treatment that could impair their fitness to drive, you should:*
   a. *explain this to the patient and tell them that they have a legal duty to inform the DVLA or DVA*
   b. *tell the patient that you may be obliged to disclose relevant medical information about them, in confidence, to the DVLA or DVA if they continue to drive when they are not fit to do so*
   c. *make a note of any advice you have given to a patient about their fitness to drive in their medical record.*
7. *If a patient is incapable of understanding this advice – for example, because of dementia – you should inform the DVLA or DVA as soon as practicable.*
8. *If a patient refuses to accept the diagnosis, or the effect of the condition or treatment on 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. As long as the patient agrees, you may discuss your concerns with their relatives, friends or carers.*
9. *If you become aware that a patient is continuing to drive when they may not be fit to do so, you should make every reasonable effort to persuade them to stop. 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 consider whether the patient's refusal to stop driving leaves others exposed to a risk of death or serious harm. If you believe that it does, you should contact the DVLA or DVA promptly and disclose any relevant medical information, in confidence, to the medical adviser.*
10. *Before contacting the DVLA or DVA, you should try to inform the patient of your intention to disclose personal information. If the patient objects to the disclosure, you should consider any reasons they give for objecting. If you decide to contact the DVLA or DVA, you should tell your patient in writing once you have done so, and make a note on the patient's record.*

Responding to requests for information from the DVLA or the DVA

11. *If you agree to prepare a report or complete or sign a document to assist the DVLA's or the DVA's assessment of a patient's fitness to drive, you should do so without unreasonable delay.*

See the full guidance at the GMC website, **Confidentiality: patients' fitness to drive and reporting concerns to the DVLA or DVA.**

The GOC offers similar guidance, available in full at its website under the confidentiality section of its General Optical Council Standards (use the subsection on 'disclosing confidential information about patients with or without consent').

This guidance includes the following (reproduced with permission of GOC):

Disclosing information with consent

Where you are not sharing information with other healthcare professionals for the purpose of providing (or supporting the provision of) direct care to a patient, you should always try to get your patient's explicit consent to disclose sensitive information about them, unless any of the following apply:

a. *obtaining consent would defeat the purpose of the disclosure (for example, where there would be a risk of harm to others; where detection of a serious crime would be obstructed); or*

b. *you have already made the decision to disclose information in the public interest and obtaining consent would be meaningless or tokenistic; or*

c. *the patient is not able to give consent as a result of disability, illness or injury. A patient's ability to give consent is referred to as their 'capacity' to consent. For more information on capacity, including what to do if a patient lacks capacity, see our consent guidance.*

Where your patient provides you with explicit consent to disclose confidential information about them, you must ensure that they know what they are consenting to (see Standards 2 and 3 of the Standards of Practice, and our consent guidance) and that they are clear what information is going to be disclosed, why it is being disclosed and to which person or authority. Where you are relying on implied consent (see paragraph 10 above), patients should not be surprised to learn how their information is used; if the information would be used in ways that patients would not reasonably expect, you should seek explicit consent for this from the patient.

It is important to remember that patients with the capacity to consent have the right to make their own decisions and to refuse consent, even where you or others may consider the decision to be ill-advised. If a patient makes a decision contrary to clinical advice, you should document this in the patient records so that it is clear to all involved in that patient's care.

Disclosing information without consent

If a patient does not provide you with explicit consent to disclose confidential information about them, and if you cannot rely on implied consent, there may still be circumstances in which you may pass the information on to an appropriate authority, such as where it is in the public interest, or where there is a legal requirement for you to do so.

Notification can be provided by healthcare professionals in the above circumstances, in confidence:

Email: medadviser@dvla.gov.uk

Post:
Medical Business Support
D7 West
DVLA
Swansea
SA6 7JL

For Northern Ireland
Please contact DVA.

Email: DVAUrgentMedical@infrastructure-ni.gov.uk

Post:
Drivers Medical Section
Driver and Vehicle Agency
County Hall
Castlerock Road
Coleraine
BT51 3TB

How DVLA responds to notification and applies the medical standards

Once DVLA is notified of a medical condition and obtains authorisation, it will make medical enquiries as required.

The Secretary of State (in practice, DVLA) is unable to make a licensing decision until all the relevant medical information is available and has been considered. Exceptions to this do exist, specifically DVLA's ability to revoke a licence immediately in the interests of road safety and without detailed enquiry if individual case circumstances dictate this.

DVLA's medical enquiries procedure is generally a 2-stage process:

1. Information on the medical condition is sought from the licence holder or applicant, either by paper questionnaire or online
2. Information is sought from relevant healthcare professionals, either by questionnaire or provision of medical notes.

In some circumstances DVLA will require independent review by a DVLA-appointed doctor or optician/optometrist. Depending on individual circumstances, a licence applicant may also require a driving assessment and/or appraisal.

Driving during medical enquiries

The time taken to obtain all necessary reports can be lengthy but a licence holder may retain entitlement to drive under Section 88 of the Road Traffic Act 1988. However, a driver whose last licence was revoked or refused because of a medical condition or is a high risk offender re-applying after a drink/drive disqualification from 1 June 2013 would not, however, be eligible to drive until they are issued with a new licence.

The driver may be covered to drive, but this carries implications for road safety in that the licence holder may continue to drive with a medical condition that, on completion of DVLA's enquiries, may ultimately result in licence withdrawal.

It is for the patient to assure themselves that they are fit to drive. Medical professionals who are asked for an opinion about a patient's fitness to drive in these circumstances should explain the likely outcome by reference to this guide. The final decision in relation to driver licensing will, however, rest with DVLA.

By reference to DVLA's guidance, the doctor in charge of an individual's care should be able to advise the driver whether or not it is safe for them to continue to drive during this period.

Patients must be reminded that if they choose to ignore medical advice to stop driving this may affect the validity of their motor insurance cover. Doctors are advised to formally and clearly document the advice given.

DVLA is solely reliant on doctors and other healthcare professionals for the provision of medical information. To make timely licensing decisions that impact on the safety of the individual and the public, DVLA needs information to be provided as quickly as possible.

When DVLA holds all relevant information, a decision can then be made as to whether or not the driver or applicant satisfies the national medical guidelines and the requirements of the law. A licence is accordingly issued or refused/revoked.

Outcome of medical enquiries

DVLA does not routinely tell doctors of the outcome of a medical enquiry. Drivers are always

informed of the outcome, either by being issued a licence or by notification of a refusal or revocation.

For cases in which the driver may not have the insight and/or memory function to abide by the refusal or revocation of their licence – for example, in cognitive impairment, dementia or a mental health condition – DVLA may, in exceptional circumstances, send a decision letter to the GP in line with prevailing legislation and GMC guidance on disclosures in the public interest.

When a notification is received from a doctor in accordance with the GMC guidelines, unless relevant to one of these conditions affecting mental capacity, DVLA will send an acknowledgement letter only to the GP, to confirm receipt of the original notification.

Medical notification form for use by healthcare professionals

The medical notification form for use when patients cannot or will not notify DVLA themselves is available, for use by healthcare professionals only, on GOV.UK. This form is only for patients living in England, Scotland or Wales who hold a driving licence issued by DVLA.

The completed form should be returned to:

medadviser@dvla.gov.uk

Or by post:

Medical Business Support
D7 West
DVLA
Swansea
SA6 7JL

For patients living in Northern Ireland who cannot or will not self-notify, please use these contact details.

Email: DVAUrgentMedical@infrastructure-ni.gov.uk

Post:

Drivers Medical Section
Driver and Vehicle Agency
County Hall
Castlerock Road
Coleraine
BT51 3TB

Please fill in all parts of DVLA's medical notification form in relation to the medical condition of your patient. Parts A and B are for your patient's and your own details, including your signed and dated declaration that all details are correct to the best of your knowledge.

Part C of the form should be completed in all fields and providing as much detail as possible regarding your patient's medical condition. You may send clinic letters with this notification, to help provide details of your patient's medical condition or if you think it will aid the licensing decision.

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

DVLA cannot be responsible for the payment of any fee associated with notification.

Obtaining advice from DVLA on fitness to drive

Contacting DVLA's doctors

Doctors and other healthcare professionals are always welcome to write to or email one of DVLA's doctors.

Advice may be sought about a particular driver identified by a unique reference number, or about fitness to drive in general.

The contact details for such enquiries in England, Scotland and Wales are:

medadviser@dvla.gov.uk

Drivers Medical Group
DVLA
Swansea
SA99 1DA

Please note that this service is for medical professionals only.

The contact details for enquiries in Northern Ireland are below:

Email: DVAUrgentMedical@infrastructure-ni.gov.uk

Post:

Drivers Medical Section
Driver and Vehicle Agency
County Hall
Castlerock Road
Coleraine
BT51 3TB

Seat belt use and exemption

The law makes it compulsory for car occupants to wear seatbelts where fixed. Exemption on medical grounds requires a valid exemption certificate to confirm that, in a medical practitioner's view, exemption is justified. Exemption will require careful consideration in view of extensive evidence for the safety implications of seatbelts in reducing casualty rates.

The guidance leaflet Medical exemption from compulsory seat belt wearing.

01 Neurological disorders

continued

01 Neurological disorders

Serious neurological disorders

Changes to Annex III to the EC Directive 2006/126/EC require that driving licences **may not** be issued to, or renewed for, applicants or drivers who have a serious neurological disorder unless there is medical support from their doctors.

A serious neurological disorder is considered as:

- any condition of the central or peripheral nervous system presently with, or at risk of progression to a condition with, functional (sensory (including special senses), motor and/or cognitive) effects likely to impact on safe driving

Further information relating to specific functional criteria is provided on:

- specific neurological conditions in this chapter (Neurology)
- cognitive and related conditions
- visual conditions and disorders
- excessive sleepiness

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.

Epilepsy and seizures

Appendix B sets out the relevant regulations.

The following definitions apply:

- epilepsy encompasses all seizure types, including major, minor and auras
- if within a 24-hour period more than one epileptic event occurs, these are treated as a single event for the purpose of applying the epilepsy and seizure regulations
- from a licensing perspective, epilepsy means 2 or more unprovoked seizures over a period which exceeds 24 hours and less than five years apart
- epilepsy is prescribed in legislation as a relevant disability where there have been 2 or more epileptic seizures during the previous 5 year period
- isolated seizure means one or more unprovoked seizures within a 24 hour period, or one or more unprovoked seizures within a 24 hour period where that period of seizure has occurred more than 5 years after the last unprovoked seizure

The following features, in both Group 1 car and motorcycle and Group 2 bus and lorry drivers, are considered to indicate a good prognosis for a person under care for a first unprovoked or isolated epileptic seizure:

- no relevant structural abnormalities on brain imaging
- no definite epileptiform activity on EEG
- support of a neurologist
- annual risk of seizure considered to be 2% or lower for bus and lorry drivers

	Group 1 car and motorcycle	Group 2 bus and lorry
Epilepsy or multiple unprovoked seizures	Must not drive and must notify DVLA. Driving must cease for 12 months from the date of the most recent seizure, unless the seizure meets legal criteria to be considered as a permitted seizure (see Appendix B).	Must not drive and must notify DVLA. The person with epilepsy must remain seizure-free for 10 years (without epilepsy medication) before licensing may be considered.
First unprovoked epileptic seizure/ isolated seizure	Must not drive and must notify DVLA. Driving must cease 6 months from the date of the seizure, or for 12 months if there is an underlying causative factor that **may** increase risk.	Must not drive and must notify DVLA. Driving must cease 5 years from the date of the seizure. If, after 5 years, a neurologist has made a recent assessment and clinical factors or investigation results (for example, EEG or brain scan) indicate no annual risk greater than 2% of a further seizure, the licence may be restored. Such licensing also requires that there has been no need for epilepsy medication throughout the 5 years up to the date of the licence being restored.

continued

	Group 1 car and motorcycle	Group 2 bus and lorry
Withdrawal of epilepsy medication	▲ See the special considerations below, and Appendix B gives full guidance on withdrawing epilepsy medication.	
Provoked seizures (except related to use of alcohol or illicit drugs)	● Must not drive and must notify DVLA. In most cases driving must cease for 6 months after the provoked seizure. See the special considerations in Appendix B and Provoked seizures.	● Must not drive and must notify DVLA. Driving must cease for up to 5 years after the provoked seizure. See the special considerations in Appendix B and Provoked seizures.
Dissociative seizures (synonyms often used include non-epileptic attack disorder or functional seizures)	● Must not drive and must notify DVLA. Licensing may be considered when the driver or applicant has been event free for 3 months. If episodes have occurred or are considered likely to occur whilst driving a vehicle, a minimum period of 6 months off driving plus a specialist's review, including consideration of any relevant mental health issues, would be required prior to licensing.	● Must not drive and must notify DVLA. A minimum period of 6 months off driving plus a specialist's review, including consideration of any relevant mental health issues, is required prior to relicensing.

Special considerations

Group 1 car and motorcycle

The following special considerations apply to drivers of cars and motorcycles:

1. The person with epilepsy may qualify for a driving licence if they have been free from any seizure for 1 year. This needs to include being free of minor seizures, including those that do not involve a loss of consciousness, and epilepsy signs such as limb jerking, auras and absences.
2. The person who has had a seizure while asleep must stop driving for 1 year from the date of the seizure unless point 3 or 5 apply.
3. Relicensing may be granted if the person, over the course of at least 1 year from the date of the first sleep seizure, establishes a history or pattern of seizures occurring only ever while asleep.
4. Relicensing may be granted if the person, over the course of at least 1 year from the date of the first seizure, establishes a history or pattern of seizures which affect neither consciousness nor cause any functional impairment. The person must never have experienced any other type of unprovoked seizure.
5. Regardless of preceding seizure history, if a person establishes a pattern of asleep seizures only (all seizures had onset during sleep), starting at least 3 years prior to licence application and there have been no other unprovoked seizures during those 3 years, a licence may be issued.

continued

Overriding all of the above considerations is that the licence holder or applicant with epilepsy must not be regarded as a likely source of danger to the public while driving and that they are compliant with their treatment and follow up.

If the licensed driver has any epileptic seizure, they must stop driving immediately unless DVLA has established that considerations 3, 4 or 5 can be met, and they must notify DVLA.

If a licence is issued under considerations 3, 4 or 5 and the driver has a different type of seizure, they lose the concession, must stop driving, and must notify DVLA.

Isolated seizures

An isolated seizure is an unprovoked seizure experienced by a person who has not had any other unprovoked seizures during the preceding 5 years. A person who has an isolated seizure will qualify for a driving licence if they are free from any further seizure for 6 months, unless there are clinical factors or results of investigations suggesting an underlying causative factor that may increase the risk of a further seizure, in which case 12 months is required before relicensing.

Withdrawal of epilepsy medication (also see Appendix B)

Individuals should not drive whilst anti-epilepsy medication is being withdrawn and for 6 months after the last dose.

For a driver with epilepsy, if a seizure occurs within 6 months of, and because of a documented physician-advised substitution, reduction or withdrawal of anti-epilepsy medication, the regulations allow relicensing prior to the usual 12 month post-seizure period. Earlier relicensing may be considered if previously effective medication has been reinstated for at least 6 months and the driver has remained seizure free for at least 6 months.

Seizures associated with transcranial magnetic stimulation (TMS)

Single-pulse TMS – a seizure occurring during or after single-pulse TMS administration is considered to be an unprovoked seizure. The seizure regulations will apply.

Repetitive TMS (rTMS) – a seizure occurring during or within 5 minutes of cessation of rTMS is considered to be a provoked seizure. Such seizures do not necessitate driving cessation. See Appendix B.

Group 2 bus and lorry

Drivers of buses and lorries must satisfy all of the following conditions under the regulations. They must:

- hold a full ordinary driving licence
- have been free of epileptic seizures for the last 10 years
- not have taken any medication to treat epilepsy during these 10 years (there are thus no special considerations for withdrawal)
- have no continuing increased risk of epileptic seizures
- not be a source of danger whilst driving

Isolated seizure

Drivers of buses and lorries must satisfy all the following conditions in relation to an isolated seizure. They must:

- hold a full ordinary driving licence
- have been free of epileptic attacks for the last 5 years
- not have taken any medication to treat epilepsy or a seizure during these 5 years
- have undergone a recent assessment by a neurologist
- have no continuing increased risk of seizures

Transient loss of consciousness ('blackouts')

– or lost or altered awareness – including blackouts with seizure markers and cough syncope

Refer to Appendix D.

Primary/central hypersomnias
– including narcolepsy type 1 (narcolepsy with cataplexy) and type 2

For other causes of excessive sleepiness, see Chapter 8 (miscellaneous conditions).

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive and must notify DVLA. A licence may be issued only when there has been satisfactory symptom control for at least 3 months. Should an assessment of symptom control be required, including those instances when an applicant or licence holder is not receiving treatment, relicensing may be considered after satisfactory objective assessment of maintained wakefulness, such as an on-road driving assessment*. Should treatment be discontinued (e.g. when pregnant or when planning pregnancy), driving should cease until a minimum period of one month's stability of satisfactory symptom control has been attained.	Must not drive and must notify DVLA. A licence may be issued only when there has been satisfactory symptom control for at least 3 months. The following requirements must all be met: ■ under the clinical care of an appropriate specialist and receiving at least annual specialist review ■ a concomitant diagnosis of obstructive sleep apnoea syndrome (OSAS) has either been specifically excluded or, if the condition is present, the medical standards for OSAS are met ■ an on-road driving assessment* has confirmed satisfactory control of symptoms Should treatment be discontinued (e.g. when pregnant or when planning pregnancy), driving should cease until specialist opinion confirms stability of condition and low risk.

*The on-road assessment should require a minimum period of 90 minutes driving in an appropriate vehicle.

Chronic neurological disorders

– including multiple sclerosis, motor neurone disease and functional neurological disorders

Any chronic neurological disorder that may affect vehicle control because of impaired coordination and muscle strength.

For information on in-car driving assessments for those with a disability, see Appendix H.

	Group 1 car and motorcycle	Group 2 bus and lorry
	▲ Must notify DVLA. May drive as long as safe vehicle control is maintained at all times. A licence valid for 1, 2, 3 or 5 years may be issued provided medical enquiries by DVLA confirm that driving performance is not impaired. The licence may specify a restriction to cars with certain controls.	▲ Must notify DVLA. May drive as long as safe vehicle control is maintained at all times. A licence will be refused or revoked if the individual's condition is progressive or disabling. If driving is not impaired and the underlying condition is stable, licensing will be considered on an individual basis subject to satisfactory medical reports and annual review.

Parkinson's disease

	Group 1 car and motorcycle	Group 2 bus and lorry
	▲ Must notify DVLA. May drive as long as safe vehicle control is maintained at all times. If the individual's condition is disabling and/or there is clinically significant variability in motor function, the licence will be refused or revoked. If driving is not impaired, licensing will be considered subject to satisfactory medical reports. A licence may be issued subject to regular review.	▲ Must notify DVLA. May drive as long as safe vehicle control is maintained at all times. If the individual's condition is disabling and/or there is clinically significant variability in motor function, the licence will be refused or revoked. If driving is not impaired, licensing will be considered subject to satisfactory medical reports and assessment. A licence may be issued subject to annual review.

Dizziness

– liability to sudden and unprovoked or unprecipitated episodes of disabling dizziness

Sudden is defined as 'without sufficient warning to allow safe evasive action when driving' and disabling is defined as 'unable to continue safely with the activity being performed'.

	Group 1 car and motorcycle	Group 2 bus and lorry
	● Must not drive on presentation and must notify DVLA. When satisfactory control of symptoms has been achieved, relicensing may be considered for restoration of the 'til 70 licence.	● Must not drive on presentation and must notify DVLA. If there are sudden and disabling symptoms, the licence will be refused or revoked. If an underlying diagnosis is likely to cause recurrence, the patient must be asymptomatic and completely controlled for 1 year from an episode before reapplying for their licence.

Stroke, transient ischaemic attack (TIA) and cerebral venous thrombosis

– including amaurosis fugax and retinal artery occlusion

For Group 2 bus and lorry drivers, the guidance is the same whether concerning stroke, or single or multiple transient ischaemic attack (TIA).

	Group 1 car and motorcycle	Group 2 bus and lorry
Stroke and cerebral venous thrombosis	Must not drive but may not need to notify DVLA. Driving may resume after 1 month if there has been satisfactory clinical recovery. DVLA does not need to be notified unless there is residual neurological deficit 1 month after the episode and, in particular: ■ visual field defects ■ cognitive defects ■ impaired limb function Minor limb weakness alone after a stroke will not require notification to DVLA unless restriction to certain types of vehicle or adapted controls may be needed. With adaptations, severe physical impairment may not be an obstacle to driving. Seizures occurring at the time of a stroke or TIA, or in the ensuing first week, may be treated as provoked for licensing purposes, provided there is no previous history of unprovoked seizure or cerebral pathology. Such provoked seizures will usually necessitate driving cessation. See Appendix B.	Must not drive and must notify DVLA. A licence will be refused or revoked for 1 year following a stroke or TIA. Relicensing after 1 year may be considered if: ■ there is no debarring residual impairment likely to affect safe driving **and** ■ there are no other significant risk factors Licensing may be subject to a satisfactory medical report, including results of exercise ECG testing. Following an isolated stroke or TIA, if there is imaging evidence of less than 50% carotid artery stenosis and there is no previous history of cardiovascular disease, a licence may be issued without the need for functional cardiac assessment. Patients with recurrent TIAs or strokes will be required to undergo functional cardiac testing. If the condition is cerebral venous thrombosis, a licence may be issued without the need for functional cardiac assessment.
Transient ischaemic attack	Must not drive for 1 month but need not notify DVLA. Where more than one TIA is experienced, 1 month off driving is required following each episode of TIA.	

Cerebral amyloid angiopathy-related transient focal neurologic episodes (previously termed "amyloid spells")

Cerebral amyloid angiopathy (CAA)-related transient focal neurological episodes (TFNE) are usually recurrent, stereotyped attacks of unilateral spreading symptoms including paraesthesia, numbness, or weakness (alone or in combination), lasting less than 10 minutes. In most cases, TFNE are associated with either convexity sub-arachnoid haemorrhage (cSAH), cortical superficial siderosis (the chronic form of cSAH), or both.

CAA related TFNE

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive and must notify DVLA. Driving must cease for 6 months from the most recent CAA-related TFNE.	Must notify DVLA. Driving must cease for 5 years from the most recent CAA-related TFNE.

See also the section on non-aneurysmal (including perimesencephalic subarachnoid haemorrhage).

Posterior reversible encephalopathy syndrome (PRES) and reversible cerebral vasoconstriction syndrome (RCVS)

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive but need not notify DVLA. Driving may resume following clinical recovery. If associated with stroke (cerebral infarct or haemorrhage), the stroke standards will apply. If associated with seizure(s), the provoked seizure guidance will apply (see Appendix B).	Must not drive and must notify DVLA. Driving may resume following clinical recovery. If associated with stroke (cerebral infarct or haemorrhage), the stroke standards will apply (see Appendix B).

Visual inattention

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive and must notify DVLA. Clinically apparent visual inattention is debarring for licensing.	

Carotid artery stenosis

	Group 1 car and motorcycle	Group 2 bus and lorry
	May drive and need not notify DVLA.	Should not drive unless, in the view of an appropriate healthcare professional, it is safe to do so. Must notify DVLA. If the level of stenosis is over 50%, the requirements for exercise or other functional test must be met – see Appendix C.

Acute encephalitic illness and meningitis
– including limbic encephalitis associated with seizures

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive and may need to notify DVLA. If there are no seizures, driving may resume after complete clinical recovery and DVLA need not be notified unless there is residual disability. If associated with seizure(s) DVLA must be notified and driving must cease. **a.** If seizures occur during an acute febrile illness, providing there is no previous history of unprovoked seizure or pre-existing cerebral pathology, a licence will be revoked or refused for 6 months. **b.** If seizures occur during or after convalescence, or if there is a previous history of unprovoked seizure or pre-existing cerebral pathology, a licence will be refused or revoked for 12 months (see Appendix B).	Must not drive and may need to notify DVLA. **a.** If there are no seizures, may resume driving after complete clinical recovery and need not notify DVLA unless there is residual disability. **b.** If seizures occur DVLA must be notified and will refuse or revoke a licence until the seizure regulations are met (see Appendix B).

Transient global amnesia

	Group 1 car and motorcycle	Group 2 bus and lorry
	▲ May drive provided epilepsy, any sequelae from head injury and other causes of altered awareness have been excluded. DVLA does not need to be notified and a 'til 70 licence may be retained.	▲ Driving is not barred by a single confirmed episode, and the licence may be retained. Driving should stop if 2 or more episodes occur, and DVLA must be notified. Specialist assessment will be required to exclude all other causes of altered awareness.

Arachnoid cysts

Management	Group 1	Group 2
Observation without any symptoms likely to affect driving	**Supratentorial** ■ May drive and need not notify DVLA. **Infratentorial** ■ May drive and need not notify DVLA.	**Supratentorial** ■ May drive and need not notify DVLA. **Infratentorial** ■ May drive and need not notify DVLA.
Treatment – burr hole craniotomy	**Supratentorial** ● Must not drive for 6 months and must notify DVLA. **Infratentorial** ■ May drive and need not notify DVLA.	**Supratentorial** ● Must not drive and must notify DVLA. Relicensing may be considered after 1 year following treatment, provided there is no debarring residual impairment likely to affect safe driving. **Infratentorial** ▲ Must notify DVLA and may drive on recovery from surgery.

Colloid cysts

Management	Group 1	Group 2
Observation and without any symptoms likely to affect driving	May drive and need not notify DVLA.	Must notify DVLA. May be able to drive provided there are no symptoms or impairment that affects driving. If prophylactic medication for seizures is prescribed, cases will be individually assessed. Ongoing licensing will be subject to review.
Treatment	**Neuroendoscopy** Must not drive for 6 months and must notify DVLA. **Craniotomy** Must not drive for 6 months and must notify DVLA.	**Neuroendoscopy** Must not drive and must notify DVLA. Relicensing may be considered after 1 year following treatment, provided there is no debarring residual impairment likely to affect safe driving. **Craniotomy** Must not drive and must notify DVLA. Relicensing may be considered after two years following treatment. Individual consideration will be given as to whether driving may be allowed to resume after this time depending on surgical approach and recovery with no debarring residual impairment likely to affect safe driving.

Pituitary tumour
– including craniopharyngioma

	Group 1 car and motorcycle	Group 2 bus and lorry
Treated by craniotomy	Must not drive and must notify DVLA. Driving may resume after 6 months provided there is no visual field defect. If there is visual field loss, see visual disorders.	Must not drive and must notify DVLA. Driving will remain prohibited for 2 years.
No need for treatment, or treated by transsphenoidal surgery or therapy such as drugs or radiotherapy	Must not drive but need not notify DVLA. Driving may resume on recovery provided there is no debarring visual field defect.	Must not drive but need not notify DVLA. Driving may resume on recovery provided there is no debarring visual field defect.

Brain tumours

The standards will apply to first occurrence, recurrence and progression.

Section 1 classifies the different tumour types into 4 groups:

- very low risk primary brain tumours
- low risk primary brain tumours
- high risk primary brain tumours
- metastatic cerebral disease, primary and secondary lymphoma, and non-Central Nervous System (CNS) tumours invading intracranially and breaching the dura

The risk refers to seizure risk and/or risk of recurrence and also the risk of deterioration.

Section 2 then provides the medical standards of fitness to drive for Group 1 licensing (cars and motorcycles) and Group 2 licensing (lorries and buses) for each of these 4 groups.

The standards for acoustic neuroma/schwannoma, pituitary tumours and arachnoid and colloid cysts are detailed elsewhere.

In individuals where there are mixed grades of tumours and/or two types of therapy, the higher standard (longer time off driving) will apply.

When a tumour or its treatment is being monitored with imaging, this should usually demonstrate an absence of progression or deterioration.

Pineal tumours have been categorised as infratentorial in the classification table. DVLA acknowledges these tumours are not anatomically considered to be infratentorial. It was concluded this classification best reflected the risk of seizures and potential effect on driving of this tumour type.

continued

If the tumour has been associated with seizures, please refer to the seizure guidelines within Assessing Fitness to Drive: A guide for medical professionals, which will apply in addition to the standards listed in this document. A brain tumour is generally considered to be an underlying risk factor that increases risk of further seizures, and a longer time off driving will be applied. Licensing is dependent on there being no residual impairment likely to affect safe driving, for example, debarring hemianopia or cognitive impairment.

Any brain tumours in childhood (age 16 or before) must be notified to DVLA. If the tumour is successfully treated with no recurrence, a full-term (until 70) licence is usually issued.

Section 1 – Classification of tumour

Classification	Brain tumours
Very low risk **(0-6 months off driving for Group 1)**	**Supratentorial** This includes: ■ WHO Grade 1 meningioma, without any persisting neurological impairment that would affect driving ■ WHO Grade 2 meningioma, without brain invasion or any persisting neurological impairment that would affect driving ■ meningioma without a histological diagnosis, where imaging is consistent with a WHO Grade 1 or Grade 2 meningioma (without brain invasion), and there is no persisting neurological impairment which would affect driving ■ sub-ependymoma ■ WHO Grade 2 central neurocytoma ■ asymptomatic, diagnosed or suspected low-grade tumours identified on imaging which are being monitored only and not treated or biopsied **Infratentorial** This includes: ■ meningiomas (WHO Grade 1 and 2) ■ meningioma without a histological diagnosis, where imaging is consistent with a WHO Grade 1 or Grade 2 meningioma (without brain invasion), and there is no persisting neurological impairment which would affect driving ■ WHO Grade 1 glioma ■ WHO Grade 1 glioneuronal tumour ■ WHO Grade 1 haemangioblastoma ■ subependymoma ■ ependymomas ■ IDH mutant WHO Grade 2 and 3 Gliomas ■ pineocytoma ■ chondrosarcoma and Chordoma ■ germinoma, pineal parenchymal tumours of indeterminate differentiation and papillary tumours of the pineal region ■ asymptomatic, diagnosed or suspected low-grade tumours identified on imaging which are being monitored only and not treated or biopsied

continued

Low risk **(6 months to one year off driving for Group 1)**	**Supratentorial** This includes: ■ WHO Grade 2 meningioma with brain invasion ■ WHO Grade 1 glioma or glioneuronal tumour ■ IDH mutant WHO Grade 2 and Grade 3 glioma (astrocytoma and oligodendroglioma) except IDH mutant astrocytoma with the CDKN2A/B homozygous deletion ■ ependymoma except ZFTA fusion positive ependymomas (please see high risk) **Infratentorial** This includes: ■ PNET ■ medulloblastoma ■ pineoblastoma
High risk **(2 years off driving for Group 1)**	**Supratentorial** This includes: ■ IDH wild type WHO Grade 2 and 3 astrocytoma ■ IDH mutant Grade 4 astrocytoma ■ IDH mutant Grade 2 or 3 astrocytoma with the CDKN2A/B homozygous deletion ■ glioblastoma/gliosarcoma ■ Diffuse Midline Glioma ■ PNET ■ WHO Grade 3 or malignant (anaplastic) meningioma ■ ZFTA fusion positive ependymoma ■ WHO grade 3 anaplastic ganglioglioma ■ WHO Grade 3 pleomorphic xanthroastrocytoma **Infratentorial** This includes: ■ WHO Grade 4 astrocytoma ■ IDH wild type WHO Grade 2 and 3 astrocytoma ■ Diffuse Midline Glioma ■ WHO Grade 3 or malignant (anaplastic) meningioma
Brain Metastases **Primary and Secondary CNS lymphoma** **Non-CNS tumours invading intracranially and breaching the dura**	Standards apply to first occurrence and any cerebral recurrence but not to recurrence elsewhere in the body.

Section 2 – Medical standards of fitness to drive

Very low risk brain tumours

Management	Group 1 licensing	Group 2 licensing
Observation	May drive and need not notify DVLA.	Must not drive and must notify DVLA. Driving must stop for at least 12 months. A return to driving can be considered after 2 scans performed 12 months apart confirm stability of the lesion.

continued

Management	Group 1 licensing	Group 2 licensing
Biopsy only	**Supratentorial** ● Must not drive and must notify DVLA. Driving must stop until at least 6 months after the biopsy. **Infratentorial** ▲ Must notify DVLA and may drive on recovery. If a supratentorial approach is used, then driving must stop until at least 6 months after the biopsy.	**Supratentorial** ● Must not drive and must notify DVLA. Driving must stop until 2 scans 12 months apart confirm stability of the lesion AND driving cannot resume until at least 6 months after the biopsy. **Infratentorial** ● Must not drive and must notify DVLA. A return to driving can be considered after 2 scans performed 12 months apart confirm stability of the lesion and there is full recovery from the biopsy. If a supratentorial approach is used, driving cannot resume until at least 6 months after the biopsy.
Surgical management (neuroendoscopy)	**Supratentorial** ● Must not drive and must notify DVLA. Driving must stop until at least 6 months after the neuroendoscopic treatment. **Infratentorial** ▲ Must notify DVLA and may drive on recovery from the neuroendoscopic treatment. However, if a supratentorial approach is used, then driving must stop until at least 6 months after the neuroendoscopic treatment.	**Supratentorial** ● Must not drive and must notify DVLA. Driving must stop until at least 3 years after the neuroendoscopic treatment. Provided there is evidence of stability on imaging a return to driving can be considered after 3 years. **Infratentorial** ▲ Must notify DVLA and may drive on recovery from the neuroendoscopic treatment. However, if a supratentorial approach is used, then driving must stop until at least 1 year after neuroendoscopic treatment.
Surgical management (craniotomy)	**Supratentorial** ● Must not drive and must notify DVLA. Driving must stop until at least 6 months after surgery. **Infratentorial** ▲ Must notify DVLA and may drive on recovery from surgery. However, if a supratentorial approach is used, driving must stop until at least 6 months after surgery	**Supratentorial** ● Must not drive and must notify DVLA. Driving must stop until at least 3 years after surgery. Provided there is evidence of stability on imaging a return to driving can be considered after 3 years. **Infratentorial** ▲ Must notify DVLA and may drive on recovery from surgery. However, if a supratentorial approach is used, driving must stop until at least 1 year after surgery.

continued

Management	Group 1 licensing	Group 2 licensing
Radiotherapy – this includes stereotactic radiosurgery (gamma knife), proton beam therapy, stereotactic radiotherapy and intensity modulated radiotherapy	Must notify DVLA and may drive on full recovery from treatment.	**Supratentorial** Must not drive and must notify DVLA. Driving must stop until at least 3 years after completion of radiotherapy. Provided there is evidence of stability on imaging a return to driving can be considered after 3 years. **Infratentorial** Must notify DVLA and may drive on full recovery from treatment.
Chemotherapy	Must notify DVLA and may drive on full recovery from treatment.	**Supratentorial** Must not drive and must notify DVLA. Driving must stop until at least 3 years after starting chemotherapy treatment. Provided there is evidence of stability on imaging a return to driving can be considered after 3 years. **Infratentorial** Must notify DVLA and may drive on full recovery from treatment.

Low risk brain tumours

Management	Group 1 licensing	Group 2 licensing
Observation	Must notify DVLA and may drive, provided there are no seizures and no impairment likely to affect safe driving.	Must not drive and must notify DVLA. Driving must stop for at least 1 year. A return to driving can be considered after 2 scans performed 12 months apart confirm stability of the lesion.
Biopsy only	Must not drive and must notify DVLA. Driving must stop until at least 6 months after the biopsy.	Must not drive and must notify DVLA. In cases of meningioma driving must stop until at least 3 years after the biopsy. In cases of glioma driving must stop until at least 5 years after the biopsy. Provided there is evidence of stability on imaging a return to driving can be considered after this time.

continued

Management	Group 1 licensing	Group 2 licensing
Surgical management (neuroendoscopy)	Must not drive and must notify DVLA. Driving must stop until at least 6 months after neuroendoscopic treatment.	Must not drive and must notify DVLA. In cases of meningioma driving must stop until at least 3 years after neuroendoscopic treatment. In cases of glioma driving must stop until at least 5 years after neuroendoscopic treatment. Provided there is evidence of stability on imaging a return to driving can be considered after this time.
Surgical management (craniotomy)	Must not drive and must notify DVLA. Driving must stop until at least 1 year after surgery.	Must not drive and must notify DVLA. In cases of meningioma driving must stop until at least 3 years after surgery. In cases of glioma driving must stop until at least 5 years after surgery. Provided there is evidence of stability on imaging a return to driving can be considered after this time.
Radiotherapy – this includes stereotactic radiosurgery (gamma knife), proton beam therapy, stereotactic radiotherapy and intensity modulated radiotherapy	Must not drive and must notify DVLA. Driving must stop until at least 1 year after completion of radiotherapy.	Must not drive and must notify DVLA. In cases of meningioma driving must stop until at least 3 years after the completion of radiotherapy. In cases of glioma driving must stop until at least 5 years after the completion of radiotherapy. Provided there is evidence of stability on imaging a return to driving can be considered after this time.
Chemotherapy	Must not drive and must notify DVLA. If chemotherapy is the only primary treatment driving must stop for at least 1 year after starting the chemotherapy treatment. If chemotherapy is used in addition to surgery and/or targeted radiotherapy treatment driving must stop for at least 1 year from the completion of the surgical and/or radiotherapy treatment. If there is evidence, on imaging, of stability or improvement a return to driving can then be considered after 1 year.	Must not drive and must notify DVLA. In cases of meningioma driving must stop until at least 3 years after starting the chemotherapy treatment. In cases of glioma driving must stop until at least 5 years after starting chemotherapy treatment. Provided there is evidence of stability on imaging a return to driving can be considered.

continued

Management	Group 1 licensing	Group 2 licensing
Recurrence or progression identified on imaging alone	▲ Must notify DVLA. May be able to drive where there is imaging evidence of tumour recurrence or progression, if: ■ the seizure standards are met ■ there is no clinical disease progression ■ no further primary treatment (except for chemotherapy) was required for the recurrence If these criteria cannot be met, driving must stop for at least 1 year following further primary treatment for recurrence/ progression. Following a seizure the seizure regulations would have to be satisfied.	● Must not drive and must notify DVLA. In cases of meningioma driving must stop until at least 3 years after treatment. In cases of glioma driving must stop until at least 5 years after treatment. Provided there is evidence of stability on imaging a return to driving can be considered after this time.

High risk brain tumours

Management	Group 1 licensing	Group 2 licensing
Observation	● Must not drive and must notify DVLA. If a high-risk tumour is not treated a licence application will not be considered.	● Must not drive and must notify DVLA. If a high-risk tumour is not treated a licence application will not be considered.
Biopsy only	● Must not drive and must notify DVLA. If a high-risk tumour is not treated a licence application will not be considered.	● Must not drive and must notify DVLA. If a high-risk tumour is not treated a licence application will not be considered.
Surgical management with craniotomy	● Must not drive and must notify DVLA. Driving must stop until at least 2 years after surgery.	● Must not drive and must notify DVLA. The licence will be refused or revoked permanently.
Radiotherapy – this includes stereotactic radiosurgery (gamma knife), proton beam therapy, stereotactic radiotherapy and intensity modulated radiotherapy	● Must not drive and must notify DVLA. Driving must stop until at least 2 years after completion of radiotherapy. Radiotherapy (targeted). Must not drive and must notify DVLA. Driving must stop until at least 2 years after completion of radiotherapy. If stereotactic radiosurgery is used to treat an asymptomatic, radiological only recurrence of a WHO Grade 3 meningioma, and there is no history of associated seizures and the disease is controlled, driving must stop. After one year these cases can be considered individually.	● Must not drive and must notify DVLA. The licence will be refused or revoked permanently.

continued

Management	Group 1 licensing	Group 2 licensing
Chemotherapy	Must not drive and must notify DVLA. If chemotherapy is the only primary treatment driving must stop for at least 2 years after starting the chemotherapy treatment. If chemotherapy is used in addition to surgery and/or radiotherapy treatment driving must stop for at least 2 years from the completion of the surgical and/or radiotherapy treatment. Relicensing after the 2 years will also require evidence of stability or improvement, on imaging.	Must not drive and must notify DVLA. The licence will be refused or revoked permanently.

Metastatic brain disease, CNS Lymphoma and non-CNS tumours invading intracranially and breaching the dura – these standards apply to any cerebral recurrences as well as first occurrence

Management	Group 1 licensing	Group 2 licensing
Observation (incidental – only those identified on interval scanning done for staging purposes, without any symptoms, and the clinical decision is that the disease can be observed without any change to the already planned or current treatment)	May drive and must notify DVLA. Driving can continue unless interval scanning shows progression, or new treatment for the cerebral disease is started. The situation must be monitored with regular interval scanning. Individuals who do not have their cerebral disease treated because of the advanced stage of their primary disease will need to stop driving due to the risk of developing seizures.	Must not drive and must notify DVLA. Driving must stop for at least 1 year. A return to driving can be considered after 2 scans performed 12 months apart confirm stability of the lesion. Licence will be issued on annual review.
Observation (symptomatic)	Must not drive and must notify DVLA. If a symptomatic metastatic lesion is not treated a licence application will not be considered.	Must not drive and must notify DVLA. The licence will be refused or revoked permanently.

continued

Management	Group 1 licensing	Group 2 licensing
Biopsy only	Must not drive and must notify DVLA. If a symptomatic metastatic lesion is not treated a licence application will not be considered. If there are no symptoms and the lesion(s) was identified on interval scanning then driving must stop for 6 months after the biopsy. If after 6 months there is evidence on imaging of stability, with no progression, and the person remains asymptomatic, a return to driving can then be considered. If asymptomatic solitary infratentorial metastasis is identified on interval scanning, driving can only continue on recovery from treatment.	Must not drive and must notify DVLA. Driving must stop for 1 year after identification of the tumour and 6 months after a biopsy for incidental lesions identified on interval scanning. A return to driving may be considered after 2 scans performed 12 months apart confirm stability of the lesion. The licence will be refused or revoked permanently if symptomatic.
Surgical management (neuroendoscopy)	Must not drive and must notify DVLA. Driving must stop until at least 1 year after neuroendoscopic treatment. If asymptomatic solitary infratentorial metastasis is identified on interval scanning, driving can only continue on recovery from treatment.	Must not drive and must notify DVLA. Driving must stop until at least 5 years after neuroendoscopic or surgical treatment. Provided there is evidence of stability on imaging a return to driving can be considered after 5 years.
Surgical management (craniotomy)	Must not drive and must notify DVLA. Driving must stop until at least 1 year after surgery. If asymptomatic solitary infratentorial metastasis is identified on interval scanning, driving can only continue on recovery from treatment.	Must not drive and must notify DVLA. Driving must stop until at least 5 years after neuroendoscopic or surgical treatment. Provided there is evidence of stability on imaging a return to driving can be considered after 5 years.
Radiotherapy (targeted)	Must not drive and must notify DVLA. Driving must stop until at least 1 year after completion of targeted radiotherapy. If asymptomatic solitary infratentorial metastasis is identified on interval scanning, driving can only continue on recovery from treatment.	Must not drive and must notify DVLA. Driving must stop until at least 5 years after the completion of targeted radiotherapy. Provided there is evidence of stability on imaging a return to driving can be considered after 5 years.

continued

Management	Group 1 licensing	Group 2 licensing
Radiotherapy (whole brain)	Must not drive and must notify DVLA. Driving must stop until at least 2 years after completion of the whole brain radiotherapy. Exception – leptomeningeal metastases. When used to treat leptomeningeal metastases, driving to stop for one year. Relicensing is dependent on there being a durable response to treatment with no progression.	Must not drive and must notify DVLA. Driving must stop until at least 5 years after the completion of targeted radiotherapy. Provided there is evidence of stability on imaging a return to driving can be considered after 5 years. Driving must stop until at least 5 years after treatment with whole brain radiotherapy. Each case will then be considered individually.
Chemotherapy	Must not drive and must notify DVLA. If chemotherapy is the only primary treatment driving must stop for at least 1 year after starting the chemotherapy treatment. If chemotherapy is used in addition to surgery and/or radiotherapy treatment driving must stop for at least 1 year from the completion of the surgical and/or radiotherapy treatment. Providing there is evidence, on imaging, of stability or improvement a return to driving can be considered after 1 year. If asymptomatic solitary infratentorial metastasis is identified on interval scanning, driving can only continue on recovery from treatment.	Must not drive and must notify DVLA. Driving must stop until at least 5 years after starting chemotherapy treatment. Provided there is evidence of stability on imaging a return to driving can be considered after 5 years.
Molecular targeted therapy/ immunotherapy	Must not drive and must notify DVLA. The licence will be refused or revoked. Driving must stop until at least 1 year after the completion of the primary surgery or targeted radiotherapy (or 1 year after starting immunotherapy or molecular targeted therapy if no other primary treatment for the intracranial disease has been given). Provided there is clinical and imaging evidence of disease stability or improvement, with no deterioration intracranially, a return to driving can then be considered. If asymptomatic solitary infratentorial metastasis is identified on interval scanning, driving can only continue on recovery from treatment.	Must not drive and must notify DVLA. Driving must stop until at least 5 years after the completion of the primary surgery or targeted radiotherapy (or 5 years after starting the molecular targeted therapy or immunotherapy if no other primary treatment for the intracranial disease has been given). Provided there is clinical and imaging evidence of disease stability or improvement, with no deterioration intracranially, a return to driving can then be considered after 5 years. If these criteria cannot be met the Group 2 licence will be permanently revoked.

Acoustic neuroma/schwannoma

	Group 1 car and motorcycle	Group 2 bus and lorry
	▲ May drive and need not notify DVLA unless there is sudden and disabling giddiness.	▲ May drive and need not notify DVLA unless there is sudden and disabling giddiness and/or the condition is bilateral.

Brain biopsy

	Group 1 car and motorcycle	Group 2 bus and lorry
	● Must not drive and must notify DVLA. Relicensing may be considered after 6 months if the biopsy shows insignificant (from a licensing perspective) histology and if there is no debarring residual impairment likely to affect safe driving. If a tumour is diagnosed on biopsy please refer to the relevant tumour standard.	● Must not drive and must notify DVLA. Relicensing may be considered after a minimum of 6 months depending on individual assessment of the underlying condition and if the biopsy shows insignificant (from a licensing perspective) histology. If a tumour is diagnosed on biopsy please refer to the relevant tumour standard.

Traumatic brain injury

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive but may need to notify DVLA. Relicensing may be considered usually after 6 to 12 months dependent on features such as seizures, post-traumatic amnesia more than 24 hours, dural tear, haematoma and/or contusions seen on CT imaging. There will need to have been satisfactory clinical recovery and in particular no visual field defects or cognitive impairment likely to affect safe driving. Driving can resume on recovery and DVLA need not be notified if all of the following can be satisfied: ■ there is full clinical recovery ■ there are no seizures (other than an immediate seizure at the moment of impact) ■ there is no post traumatic amnesia lasting more than 24 hours ■ there is no intracranial haematoma and/or contusions seen on CT imaging (a small traumatic subarachnoid haemorrhage in isolation would be acceptable)	Must not drive and must notify DVLA. The licence will be refused or revoked. Drivers may be relicensed after the annual risk of seizure has fallen to 2% or below and provided no debarring residual impairment is likely to affect safe driving. The Advisory Panel has suggested that by five years, and sometimes after 2 or 3 years following a head injury, when there has been a full recovery with no residual functional deficit likely to affect safe driving, licensing can usually be permitted for Group 2. Relicensing can be reconsidered after 3 months if all of the following can be satisfied: ■ there is full clinical recovery ■ there are no seizures (other than an immediate seizure at the moment of impact) ■ there is no post traumatic amnesia lasting more than 24 hours ■ there is no intracranial haematoma and/or contusions seen on CT imaging If there has been a small subarachnoid haemorrhage but the bullet points above can otherwise be satisfied, and there is documented evidence of a full clinical recovery, driving may resume after 6 months.

Subdural haematoma

With any procedure, if another one is also undertaken (for example a ventriculoperitoneal shunt, and a craniotomy for a haematoma), the standards for that procedure also apply, and may take precedence.

Isolated subdural haematoma without traumatic brain injury

	Group 1 car and motorcycle	Group 2 bus and lorry
Treated surgically or non-surgically	Must not drive and must notify DVLA. Resume driving on recovery.	Must not drive and must notify DVLA. At least 6 months off driving and will require an individual assessment.
Chronic subdural haematoma or acute-on-chronic subdural haematoma		
Treated with or without surgery	Must not drive and must notify DVLA. Resume driving on recovery.	Must not drive and must notify DVLA. 6 months to 1 year off driving, depending on features (seizure risk must be less than 2%). 6 months is required if all of the following apply: ▪ the condition is uncomplicated ▪ there is only 1 drainage procedure ▪ there is no recurrence ▪ there are no multiple membranes seen in the haematoma All other cases require 1 year.
Traumatic subdural haematoma		
	Must not drive and must notify DVLA. At least 6 months off driving.	Must not drive and must notify DVLA. Please see standards above for traumatic brain injury. Refusal or revocation: May be able to return to driving when risk of seizure has fallen to no greater than 2% per annum.

Subarachnoid haemorrhage

Perimesencephalic (non-aneurysmal) haemorrhage*

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive and must notify DVLA. Driving may resume on clinical confirmation of recovery and, if no other cause has been identified, documented normal angiographic imaging.	Must not drive and must notify DVLA. Relicensing may be considered after 6 months provided comprehensive cerebrovascular imaging is normal, no other cause has been identified, and no debarring residual impairment is likely to affect safe driving.

*See also the section on CAA-related TFNE.

Intradural (intracranial) aneurysm – truly incidental finding without haemorrhage or local symptoms

In situations whereby multiple aneurysms have been identified, fitness to drive should be assessed against the aneurysm associated with the greatest risk.

	Group 1 car and motorcycle	Group 2 bus and lorry
Aneurysm not treated	Providing there is no other relevant condition, driving may continue and DVLA need not be notified.	Must not drive and must notify DVLA. Relicensing will be considered on an individual basis where either: ■ an aneurysm in the anterior circulation (excluding cavernous carotid) is less than 13 millimetres in diameter ■ an aneurysm in the posterior circulation is less than 7 millimetres in diameter
Treated by craniotomy	Must not drive but need not notify DVLA. Driving may resume following clinical recovery.	Must not drive and must notify DVLA. Relicensing may be considered after one year.

continued

	Group 1 car and motorcycle	Group 2 bus and lorry
Treated endovascularly	Must not drive but need not notify DVLA. Driving may resume following clinical recovery.	Must not drive but need not notify DVLA unless there are complications from the procedure or clinician concern raised regarding the procedure outcome. Driving may resume following clinical recovery. Should there be complications or clinician concern then DVLA must be notified and continued licensing or relicensing is dependent upon individual assessment.

Symptomatic intradural (intracranial) aneurysm (present with haemorrhage or other symptoms related to the aneurysm)

In situations whereby multiple aneurysms have been identified, fitness to drive should be assessed against the aneurysm associated with the greatest risk.

	Group 1 car and motorcycle	Group 2 bus and lorry
No intervention received	Must not drive and must notify DVLA. Relicensing may be considered after 6 months if there is no debarring residual impairment likely to affect safe driving. Relicensing will be considered on an individual basis.	Must not drive and must notify DVLA. The licence will be refused or revoked. Relicensing will be considered on an individual basis.

Haemorrhage from non-middle cerebral artery aneurysm

	Group 1 car and motorcycle	Group 2 bus and lorry
Treated by craniotomy	Must not drive but need not notify DVLA. Driving may resume following clinical recovery.	Must not drive and must notify DVLA. Relicensing may be considered after one year if the patient scored below 2 on the Modified Rankin Scale (MRS) at 2 months. If the MRS score is 2 or higher at 2 months, relicensing will not be considered until after 2 years, and will require no debarring residual impairment likely to affect driving.
Treated endovascularly	Must not drive but need not notify DVLA. Driving may resume following clinical recovery.	Must not drive and must notify DVLA. Relicensing may be considered after 6 months if the patient scored below 2 on the Modified Rankin Scale (MRS) at 2 months. If the MRS score is 2 or higher at 2 months, relicensing will not be considered until after 2 years, and will require no debarring residual impairment likely to affect driving.

Haemorrhage from middle cerebral artery aneurysm

	Group 1 car and motorcycle	Group 2 bus and lorry
Treated by craniotomy	Must not drive but need not notify DVLA. Driving may resume following clinical recovery.	Must not drive and must notify DVLA. Relicensing may be considered after 2 years if the patient scored below 2 on the Modified Rankin Scale (MRS) at 2 months. If the MRS score is 2 or higher at 2 months, the licence will be refused or revoked. Relicensing will not be considered until after at least 2 years and a specialist assessment. Annual seizure risk should be no greater than 2% and there should be no residual impairment likely to affect driving.
Treated endovascularly	Must not drive but need not notify DVLA. Driving may resume following clinical recovery.	Must not drive and must notify DVLA. Relicensing may be considered after 2 years if the patient scored below 2 on the Modified Rankin Scale (MRS) at 2 months. If the MRS score is 2 or higher at 2 months, the licence will be refused or revoked. Relicensing will not be considered until after at least 2 years and a specialist assessment. Annual seizure risk should be no greater than 2% and there should be no residual impairment likely to affect driving.

Extradural (intracranial) aneurysm (cavernous sinus aneurysm)

	Group 1 car and motorcycle	Group 2 bus and lorry
No aneurysm haemorrhage	May drive and need not notify DVLA. The relevant medical standard should be applied should associated symptoms exist (for example, diplopia). The regulations (see Appendix B) apply if there is relevant seizure history.	May drive and need not notify DVLA if aneurysm diameter* is less than 10mm. May drive but must notify DVLA if aneurysm diameter* is between 10mm and 25mm. Continued licensing or relicensing will require individual assessment. Must not drive and must notify DVLA if aneurysm diameter* is greater than 25mm. Licence will be refused or revoked. May be relicensed or licensed after successful interventional treatment.
Associated with aneurysm haemorrhage	Must not drive and must notify DVLA. Continued licensing or relicensing will require individual assessment.	Must not drive and must notify DVLA. Continued licensing or relicensing will require individual assessment.

*Refers to maximum diameter of aneurysm and includes external walls or thrombus.

Other extra-dural aneurysms (for example, spinal aneurysms)

	Group 1 car and motorcycle	Group 2 bus and lorry
No intervention received	May drive but must notify DVLA. Continued licensing or relicensing will require individual assessment.	May drive but must notify DVLA. Continued licensing or relicensing will require individual assessment.

Arteriovenous malformation (AVM)

With any of the procedures, if another is also undertaken (for example, a ventriculoperitoneal shunt or a craniotomy for a haematoma) the standards for that procedure also apply and may take precedence.

Supratentorial

	Group 1 car and motorcycle	Group 2 bus and lorry
Intracerebral haemorrhage due to supratentorial AVM		
Treatment not currently needed	Must not drive but need not notify DVLA. Driving may resume after 1 month provided there is no debarring residual impairment likely to affect safe driving.	Must not drive and must notify DVLA. The licence will be refused or revoked permanently.
Treated by craniotomy	Must not drive and must notify DVLA. Relicensing may be considered after 6 months if there is no debarring residual impairment likely to affect safe driving.	Must not drive and must notify DVLA. The licence will be refused or revoked. Relicensing may be considered after 10 years free of seizure since the last definitive treatment and the lesion was completely removed or ablated. There must be no debarring residual impairment likely to affect safe driving.
Treated by embolisation	Must not drive but need not notify DVLA. Driving may resume after 1 month provided there is no debarring residual impairment likely to affect safe driving.	Must not drive and must notify DVLA. The licence will be refused or revoked. Relicensing may be considered after 10 years free of seizure since the last definitive treatment and the lesion was completely removed or ablated. There must be no debarring residual impairment likely to affect safe driving.

continued

	Group 1 car and motorcycle	Group 2 bus and lorry
Treated by stereotactic radiotherapy	Must not drive but need not notify DVLA. Driving may resume after 1 month provided there is no debarring residual impairment likely to affect safe driving.	Must not drive and must notify DVLA. The licence will be refused or revoked. Relicensing may be considered after 5 years free from seizure since the last definitive treatment and if the lesion was completely removed or ablated. There must be no debarring residual impairment likely to affect safe driving.
Incidental finding of supratentorial AVM (with no history of intracranial bleed)		
Treatment not currently needed	May drive and need not notify DVLA.	Must not drive and must notify DVLA. The licence will be refused or revoked permanently.
Treated by surgery or other mode	Must not drive and must notify DVLA. As for intracerebral haemorrhage due to supratentorial AVM.	Must not drive and must notify DVLA. The licence will be refused or revoked. As for intracerebral haemorrhage due to supratentorial AVM.

Infratentorial AVM

	Group 1 car and motorcycle	Group 2 bus and lorry
Intracranial haemorrhage due to infratentorial AVM		
No treatment	May drive and need not notify DVLA. Driving may resume after 1 month provided there is no debarring residual impairment likely to affect safe driving.	Must not drive and must notify DVLA. The licence will be refused or revoked permanently.
Treated by craniotomy	May drive and need not notify DVLA. Driving may resume after 1 month provided there is no debarring residual impairment likely to affect safe driving.	Must not drive and must notify DVLA. The licence will be refused or revoked. Relicensing may be considered on confirmation of complete obliteration provided there is no debarring residual impairment likely to affect safe driving.

continued

	Group 1 car and motorcycle	Group 2 bus and lorry
Treated by embolisation or stereotactic radiotherapy	May drive and need not notify DVLA. Driving may resume after 1 month provided there is no debarring residual impairment likely to affect safe driving.	Must not drive and must notify DVLA. The licence will be refused or revoked. Relicensing may be considered on confirmation of complete obliteration provided there is no debarring residual impairment likely to affect safe driving.
Incidental finding of infratentorial AVM		
No treatment	May drive and need not notify DVLA.	Must not drive and must notify DVLA. Relicensing may be considered on an individual assessment.
Treated by surgery or other mode	May drive and need not notify DVLA. There must be no debarring residual impairment likely to affect safe driving.	Must not drive and must notify DVLA. The licence will be refused or revoked. Relicensing may be considered on confirmation of complete obliteration provided there is no debarring residual impairment likely to affect safe driving.

Dural arteriovenous fistula

Not associated with haemorrhage or neurological deficit.

	Group 1 car and motorcycle	Group 2 bus and lorry
Antegrade flow into draining sinus/ no cortical venous drainage or reflux	may drive and need not notify DVLA.	Must not drive and must notify DVLA. Relicensing may be considered on an individual assessment.

Not associated with haemorrhage or neurological deficit.

	Group 1 car and motorcycle	Group 2 bus and lorry
All other drainage patterns	Must not drive and must notify DVLA. Relicensing may be considered on an individual assessment.	Must not drive and must notify DVLA. Relicensing may be considered on an individual assessment.

Associated with haemorrhage or neurological deficit.

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive and must notify DVLA. Relicensing may be considered on an individual assessment.	Must not drive and must notify DVLA. Relicensing may be considered on an individual assessment.

Cavernous malformation

Cavernomas are also known as cavernous malformations, cavernous angiomas, or cavernous haemangiomas. They are all surrounded by haemosiderin on brain MRI, but this does not necessarily imply that they have 'bled' in the past. The risk of events that might affect driving differs according to cavernoma location (brainstem vs. other locations) and symptoms attributable to the cavernoma (stroke vs. epileptic seizure vs. no symptoms).

A person's age, the number of cavernomas, and the size of the cavernoma do not seem to affect these risks. With multiple cavernomas, licensing restrictions differ according to cavernoma location, symptoms, or treatment. The most restrictive guidance will apply.

continued

Supratentorial cavernoma

	Group 1 car and motorcycle	Group 2 bus and lorry
Incidental finding, no surgical treatment	May drive and need not notify DVLA.	May drive and need not notify DVLA.
With seizure, no surgical treatment	Must not drive and must notify DVLA. The seizure rules (see Appendix B) apply if there is a history of seizure.	Must not drive and must notify DVLA. The seizure rules (see Appendix B) apply if there is a history of seizure.
With haemorrhage and/or focal neurological deficit, no surgical treatment	May drive but must notify DVLA. Driving will depend on the following: ■ there must be no debarring residual impairment likely to affect safe driving. The seizure rules (see Appendix B) apply, and the patient must not drive and must notify DVLA if there is a history of seizure.	Must not drive and must notify DVLA. The licence will be refused or revoked permanently.
Treated by craniotomy	Must not drive and must notify DVLA. Driving may resume after 6 months if there is no debarring residual impairment likely to affect safe driving. The seizure rules (see Appendix B) apply if there is a history of seizure.	Must not drive and must notify DVLA. The licence will be refused or revoked. Relicensing may be considered 10 years after surgical obliteration of the lesion. The seizure rules (see Appendix B) apply.
Treated by radiosurgery, after haemorrhage and/or focal neurological deficit	May drive but must notify DVLA. Driving will depend on the following: ■ there must be no debarring residual impairment likely to affect safe driving. The seizure rules (see Appendix B) apply, and the patient must not drive and must notify DVLA if there is a history of seizure.	Must not drive and must notify DVLA. The licence will be refused or revoked permanently.

continued

Infratentorial cavernoma

	Group 1 car and motorcycle	Group 2 bus and lorry
Incidental finding	May drive and need not notify DVLA.	May drive and need not notify DVLA.
With haemorrhage and/or focal neurological deficit, no surgical treatment	May drive but must notify DVLA. Driving will depend on the following: ▪ there must be no debarring residual impairment likely to affect safe driving. The seizure rules (see Appendix B) apply, and the patient must not drive and must notify DVLA if there is a history of seizure.	Must not drive and must notify DVLA. The licence will be refused or revoked permanently. The seizure rules (see Appendix B) apply, and the patient must not drive and must notify DVLA if there is a history of seizure.
Surgical treatment by craniotomy	May drive but must notify DVLA. Driving will depend on the following: ▪ there must be no debarring residual impairment likely to affect safe driving The seizure rules (see Appendix B) apply, and the patient must not drive and must notify DVLA if there is a history of seizure.	May drive but must notify DVLA. There must be no debarring residual impairment likely to affect safe driving. The seizure rules (see Appendix B) apply, and the patient must not drive and must notify DVLA if there is a history of seizure.
Treated by radiosurgery (after haemorrhage and/or focal neurological deficit)	May drive but must notify DVLA. Driving will depend on the following: ▪ there must be no debarring residual impairment likely to affect safe driving. The seizure rules (see Appendix B) apply, and the patient must not drive and must notify DVLA if there is a history of seizure.	Must not drive and must notify DVLA. The licence will be refused or revoked permanently.

Intracerebral abscess/subdural empyema

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive and must notify DVLA. Driving may resume after 1 year.	Must not drive and must notify DVLA. The licence will be refused or revoked. Given that there is a very high prospective risk of seizure, it will be 10 years before relicensing may be considered and there must have been no seizures and no treatment for seizures in that time.

Cranioplasty

	Group 1 car and motorcycle	Group 2 bus and lorry
	▲ May drive but must notify DVLA. Driving may resume on recovery. The underlying conditions that made the surgical treatment necessary should be considered and the appropriate medical standard applied. Individual consideration will be needed in cases where subsequent revision surgery is required or the procedure is complicated by post-operative intracranial infection.	● Must not drive and must notify DVLA. Driving may resume 6 months following the surgical procedure. The underlying conditions that made the surgical treatment necessary should be considered and the appropriate medical standard applied. Individual consideration will be needed in cases where subsequent revision surgery is required or the procedure is complicated by post-operative intracranial infection.

Chiari malformation

	Group 1 car and motorcycle	Group 2 bus and lorry
No treatment required	■ May drive and need not notify DVLA.	■ May drive and need not notify DVLA.

Surgical treatment/foramen magnum decompression

	Group 1 car and motorcycle	Group 2 bus and lorry
	● Must not drive but need not notify DVLA. Driving may resume following clinical confirmation that there are no residual impairments likely to affect safe driving.	● Must not drive but need not notify DVLA. Driving may resume following clinical confirmation that there are no residual impairments likely to affect safe driving.

Hydrocephalus

	Group 1 car and motorcycle	Group 2 bus and lorry
	May drive and need not notify DVLA. Driving may continue for as long as the hydrocephalus remains asymptomatic.	Must not drive and must notify DVLA. Driving will be allowed to continue if the hydrocephalus is asymptomatic and there are no associated neurological problems.

Intraventricular shunt or extraventricular drain
– insertion or revision of upper end of shunt or drain

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive and must notify DVLA. May be relicensed after 6 months if there is no debarring residual impairment likely to affect safe driving.	Must not drive and must notify DVLA. May be relicensed/licensed after a minimum of 6 months depending on individual assessment of the underlying condition.

Neuroendoscopic procedures
– for example, third ventriculostomy

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive and must notify DVLA. May be relicensed/licensed after 6 months if there is no debarring residual impairment likely to affect safe driving and no other disqualifying condition.	Must not drive and must notify DVLA. May be relicensed/licensed after a minimum of 6 months depending on individual assessment of the underlying condition.

Intracranial pressure monitoring device – inserted by burr hole surgery

	Group 1 car and motorcycle	Group 2 bus and lorry
	▲ May drive but need not notify DVLA. The prospective risk from the underlying condition must be considered.	● Must not drive and must notify DVLA. The prospective risk from the underlying condition must be considered.

Implanted electrodes

	Group 1 car and motorcycle	Group 2 bus and lorry
Deep brain stimulation for movement disorder or pain		
	▲ Must not drive until clinical confirmation of recovery. May drive if: ■ there are no complications from surgery ■ the patient is seizure-free ■ there is no debarring residual impairment likely to affect safe driving Need not notify DVLA.	● Must not drive and must notify DVLA. Fitness to drive may be assessed for relicensing if: ■ there are no complications from surgery ■ the patient is seizure-free with an underlying condition that is non-progressive ■ there is no debarring residual impairment likely to affect safe driving
Implanted motor cortex stimulator for pain relief		
	● Must not drive and must notify DVLA. May be relicensed/licensed after 6 months if the aetiology of the pain is non-cerebral – trigeminal neuralgia, for example. If the aetiology is cerebral – stroke, for example – may be relicensed/licensed after 12 months provided there is no debarring residual impairment likely to affect safe driving.	● Must not drive and must notify DVLA. The licence will be refused or revoked.

Functional neurosurgical techniques

Deep brain stimulation (DBS) for movement disorder or pain

	Group 1 car and motorcycle	Group 2 bus and lorry
	▲ Must not drive until clinical confirmation of recovery. Need not notify DVLA of DBS (but refer to the relevant medical standard for the underlying medical condition). May drive if: ■ specialist assessment confirms satisfactory control of the underlying medical condition ■ specialist assessment confirms that DBS settings have been optimised ■ there is no persisting functional impairment as a result of the procedure ■ there is no debarring residual impairment likely to affect safe driving The seizure rules (see Appendix B) apply, and the patient must not drive and must notify DVLA if there is a history of seizures.	● Must not drive and must notify DVLA. Relicensing will require individual assessment.

Microvascular decompression

	Group 1 car and motorcycle	Group 2 bus and lorry
	● Must not drive until clinical confirmation of recovery and must notify DVLA. May drive if: ■ there are no complications from surgery ■ there is no debarring residual impairment likely to affect safe driving	● Must not drive until clinical confirmation of recovery and must notify DVLA. May drive if: ■ there are no complications from surgery ■ there is no debarring residual impairment likely to affect safe driving

Invasive thalamotomy

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive and must notify DVLA. May be relicensed or licensed after 6 months if there is no debarring residual impairment likely to affect safe driving.	Must not drive and must notify DVLA. May be licensed or relicensed after a minimum of 6 months depending on individual assessment of the underlying condition.

Non-invasive thalamotomy (including MRI ultrasound or stereotactic surgery)

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive until clinical confirmation of recovery and must notify DVLA. May drive if: ■ there are no complications from surgery ■ there is no debarring residual impairment likely to affect safe driving	Must not drive until clinical confirmation of recovery and must notify DVLA. May drive if: ■ there are no complications from surgery ■ there is no debarring residual impairment likely to affect safe driving

Must not drive

Might be allowed to drive subject to medical advice and/or notifying DVLA

May drive and need not notify DVLA

02 Cardiovascular disorders

continued

02 Cardiovascular disorders

Angina – to include INOCA (ischaemia with non-obstructive arteries)

	Group 1 Car and motorcycle	Group 2 Bus and lorry
Angina	● Must not drive when symptoms occur: ■ at rest ■ with emotion ■ at the wheel Driving may resume after satisfactory symptom control. Need not notify DVLA.	● Must notify DVLA. Must not drive when symptoms occur. A licence will be refused or revoked if symptoms continue (treated or untreated). May be relicensed/licensed (provided there is no other disqualifying condition) if: ■ no angina for at least 6 weeks ■ the requirements for exercise or other functional tests can be met (see Appendix C)

Acute coronary syndrome (ACS) – to include type 1 and type 2 myocardial infarction, MINOCA (myocardial infarction with non-obstructive coronary arteries) and Takotsubo cardiomyopathy

	Group 1 Car and motorcycle	Group 2 Bus and lorry
	▲ Must not drive but need not notify DVLA. Driving may resume 1 week after ACS if successful coronary intervention (PCI) has been carried out and if all of the following are met: ■ no other urgent revascularisation planned (urgent means within 4 weeks of acute event) ■ LV ejection fraction is at least 40% before hospital discharge ■ there is no other disqualifying condition If not treated by successful coronary intervention or any of the above are not met, driving may resume only after 4 weeks from the acute event, provided there is no other disqualifying condition.	● Must not drive and must notify DVLA – for all ACS. Licence will be refused or revoked. May be relicensed/licensed after at least 6 weeks if: ■ the requirements for exercise or other functional tests can be met (see Appendix C) ■ LV ejection fraction is at least 40% ■ there is no other disqualifying condition No functional cardiac test is required in Takotsubo cardiomyopathy in the absence of known coronary artery disease.

Note: DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

Elective percutaneous coronary intervention (PCI)

	Group 1 Car and motorcycle	Group 2 Bus and lorry
	Must not drive for at least 1 week but need not notify DVLA. Driving may resume after 1 week provided there is no other disqualifying condition.	Must not drive and must notify DVLA. Licence will be refused or revoked. May be relicensed/licensed after at least 6 weeks if: ■ LV ejection fraction is at least 40% ■ the requirements for exercise or other functional tests can be met (see Appendix C) ■ there is no other disqualifying condition

Coronary artery bypass graft (CABG)

	Group 1 Car and motorcycle	Group 2 Bus and lorry
	Must not drive for at leat 4 weeks but need not notify DVLA. Driving may resume after 4 weeks provided there is no other disqualifying condition.	Must not drive and must notify DVLA. Licence will be refused or revoked. May be relicensed/licensed after 3 months if: ■ LV ejection fraction is at least 40% ■ the requirements for exercise or other functional tests can be met (see Appendix C), at least 3 months postoperatively ■ there is no other disqualifying condition

Coronary artery disease

For Group 2 licensing, if there is evidence of obstructive coronary artery disease on invasive or CT angiography or myocardial ischaemia on functional testing but it does not fall under any of the categories above, those individuals would need to meet the functional test requirements.

Note: DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

Spontaneous Coronary Artery Dissection (SCAD)

	Group 1 Car and motorcycle	Group 2 Bus and lorry
	Must not drive but need not notify DVLA. Driving may resume 4 weeks after recovery from the acute event, provided there is no other disqualifying condition.	Must not drive and must notify DVLA. Licence will be refused/revoked. Relicensing will be considered upon individual assessment.

Transient loss of consciousness ('blackouts')

– or lost or altered awareness – including blackouts with seizure markers and cough syncope

Refer to Appendix D.

Note: DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

Arrhythmias

Arrhythmias include:

- sinoatrial disease
- significant atrioventricular conduction defect
- atrial flutter or fibrillation
- narrow or broad complex tachycardia

If a transient arrhythmia occurs during an acute coronary syndrome, the guidance relating to ACS takes precedence.

Should a ventricular arrhythmia result in either a clinical indication or clinical recommendation for ICD implant, then a period of 6 months will be required off Group 1 driving (following the date of the last arrhythmic episode or the date of ICD implant). A Group 2 licence will be permanently revoked, even if implantation does not occur.

Pacemakers are considered separately.

	Group 1 Car and motorcycle	Group 2 Bus and lorry
Arrhythmia	Must not drive for at least 4 weeks if arrhythmia has caused or is likely to cause incapacity. Driving may resume 4 weeks after an incapacitating event if: ■ the cause of the event has been identified and treated ■ there is no recurrence of arrhythmia likely to cause incapacity Driving should not resume until the above criteria are met for at least 4 weeks from the last arrhythmic event, and DVLA must be notified. For the purposes of this guidance 'incapacity' is defined as any condition, symptom or treatment that is likely to cause an individual to be unable to safely control or stop a vehicle.	Must notify DVLA. Must not drive if arrhythmia has caused or is likely to cause incapacity. Licence will be refused or revoked. May be relicensed or licensed (provided there is no other disqualifying condition) only if: ■ the underlying cause has been identified and treated ■ no further arrhythmia is likely to cause incapacity for at least 3 months ■ the LV ejection fraction is at least 40% For the purposes of this guidance 'incapacity' is defined as any condition, symptom or treatment that is likely to cause an individual to be unable to safely control or stop a vehicle.

Note: DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

Successful catheter ablation

	Group 1 Car and motorcycle	Group 2 Bus and lorry
For VT ablation with impaired ventricular function (right or left) or congenital heart disease (corrected or not)	Must not drive for at least 4 weeks but need not notify DVLA. Driving may resume after 4 weeks provided there is no other disqualifying condition and arrhythmia has been controlled.	Must not drive and must notify DVLA. May be relicensed/licensed (provided there is no other disqualifying condition) only after arrhythmia has been controlled for at least 3 months and LVEF at least 40%.
For other ablations	Must not drive for at least 2 days but need not notify DVLA. Driving may resume after 2 days provided there is no other disqualifying condition.	Must not drive for at least 2 weeks but need not notify DVLA. Driving may resume after 2 weeks provided there is no other disqualifying condition and LVEF at least 40%.

Pacemaker implant – including box change

	Group 1 Car and motorcycle	Group 2 Bus and lorry
	Must not drive for at least one week after pacemaker implant and pacemaker box change. Must notify DVLA of pacemaker implantation. Need not notify DVLA of pacemaker box change. Driving may resume after one week provided there is no other disqualifying condition. Regular device checks must be undertaken with your specialist health care professional.	Must not drive for at least 6 weeks and must notify DVLA. Must notify DVLA of pacemaker implantation. Need not notify DVLA of pacemaker box change. Driving may resume after 6 weeks provided there is no other disqualifying condition. Regular device checks must be undertaken with your specialist health care professional.

Congenital complete heart block

	Group 1 Car and motorcycle	Group 2 Bus and lorry
Asymptomatic	May drive and need not notify DVLA.	Must not drive and must notify DVLA. Licence will be refused or revoked permanently until pacemaker implanted.
Symptomatic	Must not drive and must notify DVLA. Licence will be refused or revoked until pacemaker implanted.	Must not drive and must notify DVLA. Licence will be refused or revoked permanently until pacemaker implanted.

Note: DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

Implantable cardioverter defibrillator (ICD)

Group 1 car and motorcycle

In all cases of ICD implanted for sustained ventricular arrhythmia associated with incapacity, **driving must stop** for 6 months from the date of ICD implantation and any resumption requires:

- the device being under regular review with interrogation
- no other disqualifying condition
- all the requirements as below being met

Group 2 bus and lorry

ICD implantation is a permanent bar to Group 2 licensing. In all cases of ICD implantation (including prophylactic ICD implantation) driving must stop permanently and:

- DVLA must be notified
- the licence will be refused or revoked permanently

	Group 1 Car and motorcycle	Group 2 Bus and lorry
ICD implanted for sustained ventricular arrhythmia (secondary prevention). For the purposes of this guidance 'incapacity' is defined as any condition, symptom or treatment that is likely to cause an individual to be unable to safely control or stop a vehicle.		
Without further sequelae	Must not drive and must notify DVLA. Driving may resume after 6 months following implantation, unless any of the sequelae 1-3 below require further specific restrictions or notification to DVLA.	Must not drive and must notify DVLA. Licence will be refused or revoked permanently.
If either or both of the below are true **1a. With any shock therapy** **1b. With any anti-tachycardia pacing associated with incapacity or likely to cause incapacity (whether incapacity is caused by the device or arrhythmia)**	If therapy delivery was due to an inappropriate cause such as atrial fibrillation or programming issues, driving may resume one month after complete control of any cause to the satisfaction of the cardiologist, and DVLA need not be notified. If therapy delivery was appropriate due to sustained ventricular tachycardia or ventricular fibrillation, must not drive and must notify DVLA. Driving may resume 6 months after the most recent appropriate therapy (as in 1a and 1b).	Must not drive and must notify DVLA. Licence will be refused or revoked permanently.

continued

Note: DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

	Group 1 Car and motorcycle	Group 2 Bus and lorry
2. With any revision of electrodes or anti-arrhythmic drug treatment	Must not drive for one month but need not notify DVLA. Driving may resume one month after electrode revision or drug alteration provided there is no other disqualifying condition.	Must not drive and must notify DVLA. Licence will be refused or revoked permanently.
3. With defibrillator box change	Must not drive for one week but need not notify DVLA. Driving may resume one week after box change provided there is no other disqualifying condition.	Must not drive and must notify DVLA. Licence will be refused or revoked permanently.
Prophylactic ICD (primary prevention). For Group 2 licensing, should ICD implantation be recommended (based upon clinical guidance or expert opinion), but implantation does not occur or is declined by the driver, then the driver or applicant will be assessed against the ICD standard. This means the licence will be refused or revoked permanently. For the purposes of this guidance 'incapacity' is defined as any condition, symptom or treatment that is likely to cause an individual to be unable to safely control or stop a vehicle.		
In asymptomatic individuals with a high risk of significant arrhythmia	Must not drive for one month following implantation and must notify DVLA. Driving may resume one month after implantation if the individual remains asymptomatic and no ICD therapy is needed. Must not drive and must notify DVLA should the ICD subsequently deliver shock therapy or anti-tachycardia pacing associated with or likely to cause incapacity (except during normal clinical testing). The relevant restrictions must be applied as detailed under the heading 'ICD implanted for sustained ventricular arrhythmia (secondary prevention)'.	Must not drive and must notify DVLA. Licence will be refused or revoked permanently.

Note: DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

Aortic aneurysm

– ascending or descending thoracic aorta (which includes the aortic arch) or abdominal

All patients must have regular medical review.
For **Group 2** cases, the exercise or other functional test requirements will need to be met in all cases of aortic aneurysm – descending thoracic aorta (which includes the aortic arch) or abdominal.

	Group 1 Car and motorcycle	Group 2 Bus and lorry
Aortic aneurysm (see separate standards for people with bicuspid aortopathy or Marfan syndrome)		
	▲ May drive and need not notify DVLA if aneurysm diameter is **less than 6cm and there is no other disqualifying condition.**	▲ May drive if the aneurysm diameter **is 5.5cm or less and there is no other disqualifying condition.** Must notify DVLA.*
	▲ May drive but must notify DVLA if aneurysm diameter is **between 6cm and 6.4cm**. May be relicensed or licensed subject to annual review of licence and if there is no other disqualifying condition.	● Must not drive and must notify DVLA if the aneurysm diameter **is greater than 5.5cm**. Licence will be refused or revoked. May be relicensed or licensed after successful open surgical treatment. May be relicensed following successful Endovascular Aneurysm Repair (EVAR) or Thoracic Endovascular Aortic Repair (TEVAR). Relicensing is dependent upon compliance with clinical review as advised by the treating clinician. Following endovascular repair individuals with an endoleak associated with a stable aneurysm sac diameter may be relicensed depending upon individual assessment. Following endovascular repair individuals with an endoleak associated with an increase in aneurysm sac diameter will not be licensed or relicensed. Following both open surgical repair and endovascular intervention there must be no other disqualifying condition (including no non-operated aneurysm segment exceeding acceptable threshold).*

*The exercise or other functional test requirements will need to be met in all cases of abdominal or descending thoracic or aortic arch aortic aneurysm.

continued

Note: DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

	Group 1 Car and motorcycle	Group 2 Bus and lorry
	Must not drive and must notify DVLA if aneurysm diameter is **6.5cm or greater**. Licence will be refused or revoked. May be relicensed or licensed after successful open surgical treatment. May be relicensed following successful Endovascular Aneurysm Repair (EVAR) or Thoracic Endovascular Aortic Repair (TEVAR). Relicensing is dependent upon compliance with clinical review as advised by the treating clinician. Following endovascular repair individuals with an endoleak associated with a stable aneurysm sac diameter may be relicensed. Following endovascular repair individuals with an endoleak associated with an increase in aneurysm sac diameter may be relicensed dependent upon individual assessment. Following both open surgical repair and endovascular intervention there must be no other disqualifying condition (including no non-operated aneurysm segment exceeding acceptable threshold).	

Note: DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

Bicuspid aortopathy

Note: Assess risk factors for aortic dissection for all drivers with bicuspid aortopathy*

	Group 1 Car and motorcycle	Group 2 Bus and lorry
	▲ May drive and need not notify DVLA if the ascending aortic diameter is less than 5.5cm (or 5.0cm with a risk factor for aortic dissection*) and there is no other disqualifying condition.	▲ May drive and need not notify DVLA if the ascending aortic diameter is less than 4.0 cm and there is no other disqualifying condition.
	▲ May drive but must notify DVLA if ascending aortic diameter is 5.5-6.4cm or greater (5.0-5.9 cm or greater with a risk factor for aortic dissection*) and there is no other disqualifying condition. ▲ May be relicensed subject to annual review of licence and if there is no other disqualifying condition	▲ May drive but must notify DVLA if the ascending aortic diameter is 4.0-5.5cm (4.0-5.0cm with a risk factor for aortic dissection*) and there is no other disqualifying condition ▲ May be relicensed/licensed subject to annual review of licence and if there is no other disqualifying condition
	● Must not drive and must notify DVLA if ascending aortic diameter is 6.5cm or greater (6.0cm or greater with a risk factor for aortic dissection*). Licence will be refused or revoked. May be relicensed/licensed after successful surgical treatment without evidence of further enlargement and if there is no other disqualifying condition.	● Must not drive and must notify DVLA if ascending aortic diameter is 5.5cm or greater (5.0cm or greater with a risk factor for aortic dissection*). Licence will be refused or revoked. May be relicensed/licensed after successful surgical treatment without evidence of further enlargement and if there is no other disqualifying condition.

*Risk Factors for dissection include:

- Coarctation of aorta
- Systemic hypertension
- Family history of dissection
- Documented increase in aortic diameter greater than 3mm/year

Note: DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

Aortic dissection

Note: 'satisfactory control of blood pressure' means clinically relevant to aortic dissection, not the DVLA standard for hypertension.

	Group 1 Car and motorcycle	Group 2 Bus and lorry
Type A	Must not drive. Must notify DVLA. Licence will be refused or revoked. May be relicensed/licensed after successful surgical treatment if: ■ aortic diameter including the false lumen is less than 6 cm ■ satisfactory control of blood pressure and treatment adherence ■ satisfactory medical follow-up ■ no other disqualifying condition	Must not drive and must notify DVLA. Licence will be refused or revoked. May be relicensed/licensed after successful surgical treatment if: ■ maximum transverse diameter of the aorta at any location is less than 5.5cm (including the false lumen) ■ complete thrombosis of the false lumen ■ satisfactory control of blood pressure and treatment adherence ■ satisfactory medical follow up ■ no other disqualifying condition
Type B	Must not drive and must notify DVLA. LLicence will be refused or revoked. May be relicensed or licensed only after successful surgical or interventional treatment, or with medical treatment if: ■ the diameter (including the false lumen of any aortic segment) does not exceed 6cm or less ■ there's satisfactory control of blood pressure and treatment adherence ■ there's satisfactory medical follow-up ■ there's no other disqualifying condition	Must not drive and must notify DVLA. Licence will be refused or revoked. May be relicensed/licensed only after successful surgical or interventional treatment, or with medical treatment if: ■ the diameter (including the false lumen) of any aortic segment does not exceed 5.5cm or less ■ there's complete thrombosis of the false lumen ■ there's satisfactory control of blood pressure and treatment adherence ■ there's satisfactory medical follow up ■ there's no other disqualifying condition

Note: DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

Marfan syndrome and other inherited aortopathies

Note: Assess risk factors for aortic dissection for all drivers with Marfan syndrome*

	Group 1 Car and motorcycle	Group 2 Bus and lorry
Marfan syndrome without risk factors*	May drive and need not notify DVLA if no aneurysm. If there is an aortic aneurysm must notify DVLA and must not drive if the aortic diameter exceeds 5cm.	Must notify DVLA. Must not drive if: ■ maximum aortic diameter is greater than 5 cm ■ severe aortic regurgitation ■ any other disqualifying condition Licence will be revoked/refused.
Marfan syndrome with risk factors*	May drive and need not notify DVLA if no aneurysm. If there is an aortic aneurysm must notify DVLA and must not drive if the aortic diameter exceeds 4.5cm.	Must notify DVLA. Must not drive if: ■ maximum aortic diameter is greater than 4.5 cm ■ severe aortic regurgitation ■ any other disqualifying condition Licence will be revoked/refused.
Marfan syndrome and aortic surgery	Must not drive and must notify DVLA. Driving may resume after successful surgical treatment (whether emergency or elective repair) and there is no other disqualifying condition (including no non-operated aneurysm segment exceeding acceptable threshold).	Debarred if emergency aortic surgery. Elective aortic surgery – individual assessment (see Appendix C for full details).
Other inherited aortopathies (for example, Loeys-Dietz syndrome, vascular type IV Ehlers-Danlos syndrome)	May drive and need not notify DVLA.	Must not drive and must notify DVLA. Licence will be refused or revoked. Driving may resume if individual specialist assessment is favourable.

*Risk Factors include:

- Family history of aortic dissection
- Severe aortic or mitral regurgitation
- Greater than 3mm per year increase than aneurysm diameter
- Pregnancy

Note: DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

Peripheral arterial disease

	Group 1 Car and motorcycle	Group 2 Bus and lorry
	May drive and need not notify DVLA. There must be no other disqualifying condition.	May drive but must notify DVLA. May be relicenced/licensed only if: ■ there is no symptomatic myocardial ischemia, and ■ the exercise or other functional test requirements can be met (see Appendix C)

Hypertension

	Group 1 Car and motorcycle	Group 2 Bus and lorry
	May drive and need not notify DVLA, except: Must not drive if diagnosed with malignant hypertension until condition has been effectively treated or controlled but need not notify DVLA. (Malignant hypertension: elevation in systolic blood pressure greater than or equal to 180 mm Hg or diastolic blood pressure greater than 110 mm Hg associated with evidence of progressive organ damage).	May drive and need not notify DVLA, except: Must not drive and must notify DVLA if resting BP is consistently: ■ 180mm Hg or higher systolic and/or ■ 100mm Hg or more diastolic ■ or if diagnosed with malignant hypertension May be relicensed/licensed after BP is controlled, provided there are no side-effects from treatment that affect or are likely to affect safe driving.

Cardiomyopathies

Note: DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%.

Also refer to the following sections in this document:

- arrhythmia
- pacemaker implant
- implantable cardioverter defibrillator
- the European Society of Cardiology HCM Risk of Sudden Cardiac Death Calculator in Appendix C

continued

Note: DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

	Group 1 Car and motorcycle	Group 2 Bus and lorry
Hypertrophic cardiomyopathy (HCM)		
Asymptomatic	May drive and need not notify DVLA. There must be no other disqualifying condition.	Must notify DVLA. Must not drive if in the High Risk group, as per European Society of Cardiology (ESC) HCM Risk-Sudden Cardiac Death (SCD) calculator (see Appendix C)* or if ICD is indicated or implanted. Licence will be refused or revoked. If in the Low Risk or Intermediate Risk group licensing will be permitted if the applicant or driver is able to complete the full 9 minutes of the standard Bruce Protocol exercise tolerance test (or energy equivalent using a cycle ergometer). See Appendix C for details. Should the applicant or driver be unable to exercise for non-cardiovascular reasons, cardiac MRI imaging must not reveal more than 15% of ventricular myocardium demonstrating gadolinium enhancement. *The ESC HCM Risk-SCD calculator is not applicable to cases of hypertrophic cardiomyopathy of non-sarcomeric origin (for example, Fabry Disease).
Symptomatic	May drive and need not notify DVLA providing that the symptoms do not cause incapacity or detract from safe driving. There must be no other disqualifying condition (must meet all other relevant standards, for example angina or arrhythmia). Must not drive and must notify DVLA following syncope. Licensing or relicensing will require appropriate specialist assessment* to determine the cause of the episode and risk of a further event.	Must not drive and must notify DVLA. Licence will be refused or revoked. Relicensing will be considered once symptoms are satisfactorily controlled and the criteria for asymptomatic HCM are met as detailed above. Episodes of syncope will require appropriate specialist assessment* to determine the cause of the episode and risk of a further event.

* The 'appropriate specialist' must be a consultant cardiologist.

continued

Note: DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

	Group 1 Car and motorcycle	Group 2 Bus and lorry
Arrhythmogenic right ventricular cardiomyopathy and allied disorders		
Asymptomatic	May drive and need not notify DVLA.	Must not drive and must notify DVLA. May be relicensed/licensed following specialist electrophysiological assessment, provided there is no other disqualifying condition.
Symptomatic	Must not drive and must notify DVLA if arrhythmia has caused or is likely to cause incapacity May be relicensed/licensed once arrhythmia is controlled, provided there is no other disqualifying condition.	Must not drive and must notify DVLA. Licence will be refused or revoked. Relicensing may be permitted if: ■ the applicant is on treatment ■ the applicant has remained asymptomatic for a period of 1 year and ■ the applicant remains under regular specialist electrophysiological review A 1–3 year licence may be considered if the specialist electrophysiological review is satisfactory. For the purposes of this guidance 'incapacity' is defined as any condition, symptom or treatment that is likely to cause an individual to be unable to safely control or stop a vehicle.

Note: DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

Heart failure

(including ischaemic cardiomyopathy and dilated cardiomyopathy)

Refer to NYHA classification detailed below.

	Group 1 Car and motorcycle	Group 2 Bus and lorry
Asymptomatic **NYHA class I**	May drive and need not notify DVLA.	May drive if LV ejection fraction is at least 40% but must notify DVLA.
Symptomatic **NYHA class II**	May drive if symptoms are stable and not likely to distract the driver or otherwise affect safe driving but need not notify DVLA.	May drive if left ventricular ejection fraction is at least 40%, symptoms are stable and not likely to distract the driver or otherwise affect safe driving but must notify DVLA.
NYHA class III	May drive if symptoms are stable and not likely to distract the driver or otherwise affect safe driving but need not notify DVLA.	Must not drive and must notify DVLA. License will be refused/revoked. Relicensing can only be considered if symptoms controlled and in NYHA I or II, and left ventricular ejection fraction is at least 40%.
NYHA class IV	Must not drive and must notify DVLA. License will be refused/revoked. Relicensing can only be considered if symptoms controlled and in NYHA I, II or III.	Must not drive and must notify DVLA. License will be refused/revoked. Relicensing can only be considered if symptoms controlled and in NYHA I or II, and left ventricular ejection fraction is at least 40%. Depending on the likely cause for heart failure, exercise or other functional testing may be required irrespective of the NYHA class (see Appendix C).
Left ventricular assist device implanted	Must not drive and must notify DVLA. Driving may be relicensed under individual assessment only after 3 months from implantation.	Must not drive and must notify DVLA. Licence will be refused or revoked permanently.

continued

Note: DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

New York Heart Association (NYHA) Classification of heart failure

The New York Heart Association (NYHA) classification is used to grade the severity of functional limitations in a patient with heart failure (1):

- class I no limitation of physical activity
  - ordinary physical activity does not cause fatigue, breathlessness or palpitation (includes asymptomatic left ventricular dysfunction)
- class II slight limitation of physical activity
  - patients are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, breathlessness or angina pectoris (symptomatically 'mild' heart failure)
- class III marked limitation of physical activity
  - although patients are comfortable at rest, less than ordinary activity will lead to symptoms (symptomatically 'moderate' heart failure)
- class IV inability to carry out any physical activity without discomfort
  - symptoms of congestive cardiac failure are present even at rest. Increased discomfort with any physical activity (symptomatically 'severe' heart failure)

Cardiac resynchronisation therapy (CRT)

	Group 1 Car and motorcycle	Group 2 Bus and lorry
CRT pacemaker	Must not drive for 1 week and must notify DVLA. Driving may resume after at least 1 week following implantation if: - there are no symptoms likely to affect safe driving - there is no other disqualifying condition	Must not drive and must notify DVLA. Driving may resume after at least 6 weeks following implantation if: - LV ejection fraction is at least 40% - the requirements under heart failure section (see above) are met - there is no other disqualifying condition
CRT defibrillator	May drive subject to following provisions being met but must notify DVLA. Provisions: - the requirements under implantable cardioverter defribillator (ICD) are met - there is no other disqualifying condition	Must not drive and must notify DVLA. Licence will be refused or revoked permanently.

Note: DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

Heart transplant
– including heart and lung transplant

	Group 1 Car and motorcycle	Group 2 Bus and lorry
	Must not drive for at least 6 weeks after surgery. Need not notify DVLA. There must be no other disqualifying condition.	Must not drive for at least 3 months following surgery and must notify DVLA. May be relicensed after 3 months provided: ■ remains asymptomatic ■ the requirements for exercise or other functional tests can be met (see Appendix C) – annual testing is required ■ LV ejection fraction at least 40% ■ there is no other disqualifying condition

Pulmonary arterial hypertension (including chronic thromboembolic pulmonary hypertension)
– an established diagnosis (under the care of a specialist centre)

	Group 1 Car and motorcycle	Group 2 Bus and lorry
	Must notify DVLA. **Low, intermediate risk category** May drive provided no other disqualifying condition. Review 3 year licence to be issued. **High risk category** May drive provided satisfactory specialist assessment and the risk of a sudden and disabling event is deemed to be less than 20% per annum; there should be no other disqualifying condition and syncope standards need to be met. Review 1 year licence to be issued. Classification of low, intermediate or high risk categories as per 2015 ESC/ERS guidelines for the diagnosis and treatment of pulmonary hypertension. Specialist assessment report will be needed for the above risk assessment.	Must not drive and must notify DVLA. **Low risk category** Driving may be allowed provided satisfactory specialist assessment and the risk of a sudden and disabling event is deemed to be less than 2% per annum; there should be no other disqualifying condition and syncope standards need to be met. Review 1 year licence will be issued. **Intermediate, high risk category** Licence will be refused or revoked. Classification of low, intermediate or high risk categories as per 2015 ESC/ERS Guidelines for the diagnosis and treatment of pulmonary hypertension. Specialist assessment report will be needed for the above risk assessment.

Note: DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

Heart valve disease

Note:

- also refer to **heart valve surgery**
- separate standards for aortic stenosis, see below

	Group 1 Car and motorcycle	Group 2 Bus and lorry
Heart valve disease		
Asymptomatic	May drive and need not notify DVLA. There must be no other disqualifying condition.	May drive and need not notify DVLA. There must be no other disqualifying condition.
Symptomatic (please refer to heart failure standards if relevant)	May drive and need not notify DVLA. There must be no other disqualifying condition.	Must not drive and must notify DVLA. Relicensing considered once asymptomatic and no other disqualifying conditions. If there is cerebral embolism, relicensing may be considered after 12 months following cardiological assessment.

Aortic stenosis
(to include sub-aortic and supra-aortic stenosis)

See Appendix C for the definition of 'severe' asymptomatic aortic stenosis.

	Group 1 Car and motorcycle	Group 2 Bus and lorry
Without symptoms of syncope or presyncope, or without symptoms that a clinician considers likely to impact on safe driving	May drive and need not notify DVLA.	If mild or moderate aortic stenosis, may drive and need not notify DVLA. Moderate aortic stenosis must be under regular medical review and DVLA must be notified if this progresses to severe aortic stenosis. If severe aortic stenosis, must not drive and must notify DVLA. An annual review licence may be issued, provided: - DVLA exercise tolerance test requirements are met (see Appendix C) - there is satisfactory medical follow-up

continued

Note: DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

		Licensing will be refused if: ■ during an exercise test, symptoms develop, blood pressure falls or there is sustained arrhythmia ■ a cardiologist considers that exercise testing would be unsafe for the individual Should the applicant be unable to exercise for non-cardiovascular reasons a specialist's report should address the risk of an incapacitating event (must be no more than 2% per year).
With symptoms of syncope or presyncope, or with symptoms that a clinician considers likely to impact on safe driving	Must not drive and must notify DVLA. Licence will be refused or revoked pending assessment and treatment.	Must not drive and must notify DVLA. Licence will be refused or revoked pending assessment and treatment.

Heart valve surgery
– including percutaneous valve intervention

	Group 1 Car and motorcycle	Group 2 Bus and lorry
	Must not drive for: ■ 4 weeks in case of surgical intervention ■ 2 weeks in case of percutaneous valve intervention Need not notify DVLA. Driving may resume only after the above periods, provided there is no other disqualifying condition.	Must not drive for 3 months and must notify DVLA. May be relicensed or licensed only after 3 months, provided there's: ■ no evidence of significant left ventricular impairment – that is, LV ejection fraction at least 40% ■ no ongoing symptoms ■ no other disqualifying condition

Note: DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

Congenital heart disease (CHD)

	Group 1 Car and motorcycle	Group 2 Bus and lorry
Asymptomatic	▲ May drive and need not notify DVLA if asymptomatic and does not fall under any other category which requires notification to DVLA.	▲ May drive but must notify DVLA. Licence will be refused or revoked if CHD is severe*. Otherwise, DVLA may issue a licence subject to medical review at 1, 2 or 3 years, depending on specialist assessment and provided there is: ■ mild/moderate disease* ■ successful cardiac or pulmonary intervention (percutaneous device or surgery) ■ no other disqualifying condition
Symptomatic	● Must not drive and must notify DVLA. Symptoms include angina, palpitations, dyspnoea, symptoms related to uncontrolled hypertension, heart failure, heart valve disease. For patients with congenital heart disease who have had ablation, pacemaker including CRT, ICD, heart valve intervention (surgical or percutaneous) or percutaneous cardiac/pulmonary devices (ASD/VSD/coarctation/MAPCAs/pulmonary-systemic shunts etc) – if symptoms develop after being asymptomatic or if they fall under any other category which requires notification to DVLA, must notify DVLA. Individual assessment of symptomatic cases. DVLA may require specialist assessment to issue a licence, which may be subject to medical review at 1, 2, or 3 years. There must be no other disqualifying condition.	● Must not drive and must notify DVLA. Licence will be refused or revoked if CHD is severe*. Otherwise, following individual assessment of cases, DVLA may issue a licence subject to medical review at 1, 2 or 3 years, depending on specialist assessment and provided there is: ■ mild/moderate disease* ■ successful cardiac or pulmonary intervention (percutaneous device or surgery) ■ no other disqualifying condition

*See **classification of congenital heart disease complexity** and the section in **Appendix C**.

For syncope, refer to Appendix D

Note: DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

ECG abnormality
– suspected myocardial infarction

	Group 1 Car and motorcycle	Group 2 Bus and lorry
	May drive and need not notify DVLA. There must be no other disqualifying condition.	Must not drive and must notify DVLA. May be relicensed/licensed, provided: ■ exercise or other functional test requirements from DVLA are met (see Appendix C) ■ there is no other disqualifying condition

Left bundle branch block

	Group 1 Car and motorcycle	Group 2 Bus and lorry
	May drive and need not notify DVLA. There must be no other disqualifying condition.	May drive but must notify DVLA. May be relicensed/licensed if: ■ myocardial perfusion scan or stress echocardiography requirements from DVLA are met (see Appendix C) ■ there is no other disqualifying condition

Pre-excitation

	Group 1 Car and motorcycle	Group 2 Bus and lorry
	May drive and need not notify DVLA. There must be no other disqualifying condition.	May drive and need not notify DVLA, except: If associated with arrhythmia must meet the relevant requirements (see arrhythmias). There must be no other disqualifying condition.

Note: DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

Long QT syndrome

	Group 1 Car and motorcycle	Group 2 Bus and lorry
	Must not drive if history of syncope or Torsades de pointes or QTc* greater than 500ms and must notify DVLA. Licence will be refused/revoked. Relicensing will be considered upon appropriate specialist cardiologist assessment and standards of syncope met. ***corrected QT interval**	Must not drive if symptomatic or history of syncope or Torsades de pointes or QTc* greater than 500ms and must notify DVLA. Licence will be refused/revoked. Relicensing may be considered once asymptomatic and upon appropriate specialist cardiologist assessment and standards of syncope met. ***corrected QT interval**

Brugada syndrome found by an ECG (Type 1 pattern)

	Group 1 Car and motorcycle	Group 2 Bus and lorry
Brugada ECG (spontaneous or drug induced) without any associated symptoms		
	May drive and need not notify DVLA.	Licence will be revoked. Relicensing is dependent upon favourable report from an appropriate specialist.*
Brugada ECG (spontaneous or drug induced) with associated transient loss of consciousness (T-LOC) or arrhythmia		
Symptoms clinically confirmed to be reflex syncope only	May drive and need not notify DVLA provided the relevant T-LOC standards are met.	Licence will be revoked. Relicensing is dependent upon favourable report from an appropriate specialist.*
Arrhythmia associated with incapacity or history of sudden aborted cardiac death	Must not drive and must notify DVLA. Relicensing will be considered upon appropriate specialist assessment* and provided the relevant T-LOC, ICD, and arrhythmia standards are met.	Must not drive and must notify DVLA. Licence will be permanently revoked.

continued

Note: DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

	Group 1 Car and motorcycle	Group 2 Bus and lorry
Loss of consciousness with no cause identified	Must not drive and must notify DVLA. Relicensing will be considered upon appropriate specialist assessment* and provided the relevant loss of consciousness, ICD, and arrhythmia standards are met.	Must not drive and must notify DVLA. Relicensing will be considered upon appropriate specialist assessment* and provided the relevant loss of consciousness, ICD, and arrhythmia standards are met.

*An appropriate specialist is either a consultant electrophysiologist or a specialist in inherited cardiac conditions.

The report should address the risk of a further event (must be no more than 20% per annum for Group 1 licensing and no more than 2% per annum for Group 2 licensing).

Carotid artery stenosis

	Group 1 Car and motorcycle	Group 2 Bus and lorry
	May drive and need not notify DVLA.	Should not drive unless, in the view of an appropriate healthcare professional, it is safe to do so. Must notify DVLA. If the level of stenosis is over 50% the requirements for exercise or other functional tests must be met – see Appendix C.

Note: DVLA bars Group 2 bus and lorry licensing whenever left ventricular ejection fraction is less than 40%

Must not drive

Might be allowed to drive subject to medical advice and/or notifying DVLA

May drive and need not notify DVLA

03 Diabetes mellitus

Diabetes mellitus

Information sent to drivers

Insulin-treated drivers are sent a detailed letter from DVLA explaining the licensing requirements and driving responsibilities. **(see the INF294 leaflet in Appendix E).**

All drivers with diabetes must follow the information provided in 'Information for drivers with diabetes', which includes a notice of when they must contact DVLA (see Appendix E).

Insulin-treated diabetes

Adequate awareness of hypoglycaemia

The Secretary of State's Honorary Medical Advisory Panel on Driving and Diabetes has defined adequate awareness of hypoglycaemia as whether 'the licence holder/ applicant [is] capable of bringing their vehicle to a safe controlled stop'.

This is a matter of professional judgement and as a guide the duration of hypoglycaemic symptoms experienced should be compatible with bringing a vehicle to a safe controlled stop.

The reliance on alarms on glucose monitoring devices are not accepted as a substitute for adequate symptomatic or physiological awareness of hypoglycaemia experienced by the driver.

Should a driver become reliant on these alarms to advise them that they are hypoglycaemic they must stop driving and notify DVLA.

Impaired awareness of hypoglycaemia

The Panel has also defined impaired awareness of hypoglycaemia for Group 1 drivers as 'an inability to detect the onset of hypoglycaemia because of total absence of warning symptoms'.

Group 2 drivers must have full awareness of hypoglycaemia.

Severe hypoglycaemia

The law defines 'severe' as an episode of hypoglycaemia requiring the assistance of another person.

Group 1 drivers – episodes of hypoglycaemia occurring during established sleep are no longer considered relevant for licensing purposes unless there are concerns regarding their hypoglycaemia awareness.

Group 2 drivers – must report all episodes of severe hypoglycaemia requiring the assistance of another person.

Interstitial glucose monitoring systems

These devices are more widely known as flash glucose monitoring systems (Flash GM) and real-time continuous glucose monitoring systems (RT-CGM).

continued

Group 1
These systems may be used for monitoring glucose at times relevant to driving Group 1 vehicles. Users of these systems must carry finger prick capillary glucose testing equipment for driving purposes as there are times when a confirmatory finger prick blood glucose level is required.

If using an interstitial fluid continuous glucose monitoring system (Flash GM or RT-CGM), the blood glucose level must be confirmed with a finger prick blood glucose reading in the following circumstances:

- when the glucose level is 4.0 mmol/L or below
- when symptoms of hypoglycaemia are being experienced
- when the glucose monitoring system gives a reading that is not consistent with the symptoms being experienced (for example symptoms of hypoglycaemia and the system reading does not indicate this) – see the INF294 leaflet in **Appendix E** for further details

Group 2
There is a legal requirement for Group 2 drivers to monitor their blood glucose for the purpose of Group 2 driving.

Flash GM and RT-CGM interstitial fluid glucose monitoring systems are not permitted for the purposes of Group 2 driving and licensing.

Group 2 drivers who use these devices must continue to monitor finger prick capillary blood glucose levels with the regularity defined below.

	Group 1 car and motorcycle	Group 2 bus and lorry
	▲ Must meet the criteria to drive and must notify DVLA. All the following criteria must be met for DVLA to license the person withinsulin-treated diabetes for 1, 2 or 3 years: ■ adequate awareness of hypoglycaemia ■ no more than 1 episode of severe hypoglycaemia while awake in the preceding 12 months and the most recent episode occurred more than 3 months ago (see recurrent severe hypoglycaemia guidance below). ■ practises appropriate glucose monitoring as defined in the box below ■ not regarded as a likely risk to the public while driving ■ meets the visual standards for acuity and visual field (see Chapter 6, visual disorders) ■ under regular review	▲ Must meet the criteria to drive and must notify DVLA. All the following criteria must be met for DVLA to license the person with insulin-treated diabetes for 1 year (with annual review as indicated last below): ■ **full** awareness of hypoglycaemia ■ **no episode** of severe hypoglycaemia in the preceding 12 months ■ practises blood glucose monitoring with the regularity defined in the box below. ■ must use a blood glucose meter with sufficient memory to store 6 weeks of readings as detailed below ■ demonstrates an understanding of the risks of hypoglycaemia ■ no disqualifying complications of diabetes that would mean a licence being refused or revoked, such as visual field defect (see Chapter 6, visual disorders)

Group 1 and Group 2 requirements for insulin-treated drivers licensed on review

The Secretary of State's Honorary Medical Advisory Panel on Driving and Diabetes has defined the glucose self-monitoring requirements for licensing as follows.

Group 1 car and motorcycle

- glucose testing no more than 2 hours before the start of the first journey
  and
- every 2 hours after driving has started
- a maximum of 2 hours should pass between the pre-driving glucose test and the first glucose check performed after driving has started
- applicants will be asked to sign an undertaking to comply with the directions of the healthcare professionals treating their diabetes and to report any significant change in their condition to DVLA immediately

More frequent self-monitoring may be required with any greater risk of hypoglycaemia (physical activity, altered meal routine).

Group 2 bus and lorry

- regular blood glucose testing – at least twice daily including on days when not driving
  and
- no more than 2 hours before the start of the first journey
  and
- every 2 hours after driving has started
- a maximum of 2 hours should pass between the pre-driving glucose test and the first glucose check performed after driving has started

More frequent self-monitoring may be required with any greater risk of hypoglycaemia (physical activity, altered meal routine), in which case a bus or lorry driver may be licensed if they:

- use one or more blood glucose meters with memory functions to ensure 6 weeks of readings whilst on insulin that will be available for assessment

How DVLA checks diabetes management requirements for insulin-treated Group 2 bus and lorry licensing

DVLA takes the following measures to ensure the requirements are met for licensing of insulin-treated Group 2 bus and lorry drivers:

- applicants must stop driving Group 2 vehicles when they commence insulin until DVLA has made a licensing decision
- arranges an examination to be undertaken every 12 months by an independent consultant specialist in diabetes
- at the examination, the consultant will require sight of blood glucose self-monitoring records for the previous 6 weeks stored on the memory of a traditional blood glucose meter (not Continuous Glucose Monitoring System)
- the license application process cannot start until an applicant's condition has been stable for at least one month, and they can provide 6 weeks of blood glucose readings taken whilst on insulin

continued

- applicants will be asked to sign an undertaking to comply with the directions of the healthcare professionals treating their diabetes and to report any significant change in their condition to DVLA immediately

Recurrent severe hypoglycaemia guidance

Advice for Group 1 drivers who have had more than one episode of severe hypoglycaemia while awake in the last 12 months

- must not drive and must notify DVLA.
  DVLA will then carry out medical enquiries before a licensing decision is made.

Advice for Group 2 drivers after every episode of severe hypoglycaemia in the last 12 months

- must not drive and must notify DVLA following all episodes of severe hypoglycaemia.

Severe hypoglycaemia whilst driving

All Group 1 and Group 2 drivers who experience an episode of severe hypoglycaemia whilst driving must not drive and must notify DVLA.

Impaired awareness of hypoglycaemia

– 'hypoglycaemia unawareness'

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive and must notify DVLA. Driving may resume after a clinical report by a GP or consultant diabetes specialist confirms that adequate hypoglycaemia awareness has been regained.	Must not drive and must notify DVLA. The licence will be refused or revoked. Refer to the requirements for insulin-treated diabetes.

Diabetes complications

Visual complications

– affecting visual acuity or visual field

	Group 1 car and motorcycle	Group 2 bus and lorry
	May need to stop driving and notify DVLA. Refer to Chapter 6, visual disorders.	Must not drive and must notify DVLA. The licence will be refused or revoked. Refer to insulin-treated diabetes and Chapter 6, visual disorders.

Renal complications

	Group 1 car and motorcycle	Group 2 bus and lorry
	▲ May need to stop driving and notify DVLA. Refer to Chapter 7, renal and respiratory disorders.	▲ May need to stop driving and notify DVLA. Refer to Chapter 7, renal and respiratory disorders.

Limb complications – including peripheral neuropathy

	Group 1 car and motorcycle	Group 2 bus and lorry
Any complication such as peripheral neuropathy that means a driver must meet requirements (such as vehicle adaptations) for disabilities	▲ May need to stop driving and notify DVLA. See Appendix G, disabilities and vehicle adaptations. Limb problems or amputations are of themselves unlikely to prevent driving since they may be assisted by suitable vehicle adaptations. The ability to safely control a vehicle at all times is the essential requirement.	▲ May need to stop driving and notify DVLA. See Appendix G, disabilities and vehicle adaptations. Limb problems or amputations are of themselves unlikely to prevent driving since they may be assisted by suitable vehicle adaptations. The ability to safely control a vehicle at all times is the essential requirement.

Temporary insulin treatment – including gestational diabetes or post-myocardial infarction

	Group 1 car and motorcycle	Group 2 bus and lorry
Trial participants for oral or inhaled insulin are also examples to be included as receiving temporary insulin treatment	▲ May drive and need not notify DVLA, provided: ■ under medical supervision ■ not advised by clinician as at risk of disabling hypoglycaemia ▲ May continue to drive but must notify DVLA if: ■ disabling hypoglycaemia occurs ■ treatment continues for more than 3 months – or in gestational diabetes, continues for 3 months after delivery	● Must notify DVLA and meet the above standards.

Diabetes treated by medication other than insulin

Severe hypoglycaemia

The law defines 'severe' as an episode of hypoglycaemia requiring the assistance of another person.

All Group 1 and Group 2 drivers who experience an episode of severe hypoglycaemia whilst driving must not drive and must notify DVLA.

	Group 1 car and motorcycle	Group 2 bus and lorry
Managed by tablets carrying hypoglycaemia risk		
Including sulphonylureas and glinides (for example Repaglinide, Nateglinide)	▲ May drive and need not notify DVLA, provided: ■ no more than 1 episode of severe hypoglycaemia while awake in the last 12 months and the most recent episode occurred more than 3 months ago ■ should practise appropriate glucose monitoring at times relevant to driving ■ under regular review It is appropriate to offer glucose monitoring at times relevant to driving to enable the detection of hypoglycaemia. If the above requirements and those set out in Appendix E are met, DVLA need not be informed. DVLA must be notified if clinical information indicates the agency may need to undertake medical enquiries.	▲ May drive but must notify DVLA. All the following criteria must be met for DVLA to issue a licence for 1, 2 or 3 years: ■ **no episode** of severe hypoglycaemia in the last 12 months ■ **full** awareness of hypoglycaemia ■ regular self-monitoring of blood glucose – at least twice daily and at times relevant to driving, i.e. no more than 2 hours before the start of the first journey and every 2 hours after driving has started ■ demonstrates an understanding of the risks of hypoglycaemia ■ has no disqualifying complications of diabetes that mean a licence will be refused or revoked, such as visual field defect
Managed by other medication – such medication includes Metformin, DPP-4 inhibitors (gliptins), SGLT2 inhibitors, GLP-1 agonists and non-insulin injectables		
	▲ May drive and need not notify DVLA, provided the requirements set out in Appendix E are met and the driver is under regular medical review. ▲ May drive but must notify DVLA if clinical information indicates the agency may need to undertake medical enquiries.	▲ May drive but must notify DVLA. DVLA may issue a licence if the requirements set out in Appendix E are met and the driver is under regular medical review. A licence is refused or revoked if relevant disqualifying complications have developed, such as diabetic retinopathy affecting visual acuity or visual fields. A short-term licence may be issued if diabetes complications have developed but the required medical standards have been met.

Diabetes managed by diet/lifestyle alone

	Group 1 car and motorcycle	Group 2 bus and lorry
	May drive and need not notify DVLA. Must not drive and must notify DVLA if, for example: ■ relevant disqualifying complications develop such as diabetic retinopathy affecting visual acuity or visual fields ■ insulin treatment is required (see the requirements for insulin-treated diabetes)	May drive and need not notify DVLA. Must not drive and must notify DVLA if, for example: ■ relevant disqualifying complications develop such as diabetic retinopathy affecting visual acuity or visual fields ■ insulin treatment is required (see the requirements for insulin-treated diabetes)

Severe hypoglycaemia due to causes other than diabetes management

Examples include hypoglycaemia post-bariatric surgery or in association with eating disorders, and the restriction applies for both car and motorcycle, and bus and lorry drivers.

Severe hypoglycaemia

The law defines 'severe' as an episode of hypoglycaemia requiring the assistance of another person.

If there are episodes of severe hypoglycaemia from any cause other than diabetes treatment driving must stop and the driver must notify DVLA.

	Group 1 car and motorcycle	Group 2 bus and lorry
	The following criteria must be met for DVLA to license the person experiencing severe hypoglycaemia due to causes other than diabetes management: ■ adequate awareness of hypoglycaemia ■ practices appropriate glucose monitoring as defined in the text below ■ demonstrates an understanding of the risks of hypoglycaemia ■ not regarded as a likely risk to the public when driving ■ remains under regular clinical review for the management of the underlying medical condition	The following criteria must be met for DVLA to license the person experiencing severe hypoglycaemia due to causes other than diabetes management: ■ full awareness of hypoglycaemia ■ no episode of severe hypoglycaemia in the preceding 12 months ■ practices appropriate glucose monitoring with the regularity defined in the text below ■ demonstrates an understanding of the risks of hypoglycaemia ■ not regarded as a likely risk to the public when driving ■ remains under regular clinical review for the management of the underlying medical condition
	■ glucose testing no more than 2 hours before the start of the first journey and	■ regular blood glucose testing – at least twice daily including on days when not driving and

continued

	■ every 2 hours after driving has started ■ a maximum of 2 hours should pass between the pre-driving glucose test and the first glucose check performed after driving has started More frequent self-monitoring may be required with any greater risk of hypoglycaemia (physical activity, altered meal routine).	■ no more than 2 hours before the start of the first journey and ■ every 2 hours after driving has started ■ a maximum of 2 hours should pass between the pre-driving glucose test and the first glucose check performed after driving has started More frequent self-monitoring may be required with any greater risk of hypoglycaemia (physical activity, altered meal routine).

Pancreas transplant

	Group 1 car and motorcycle	Group 2 bus and lorry
	▲ May drive but must notify DVLA. Licensing is on the provision that the patient has no disqualifying condition. If the patient is on insulin, refer to insulin-treated diabetes.	▲ May drive but must notify DVLA. Licensing is on the provision that the patient has no disqualifying condition. If the patient is on insulin, refer to insulin-treated diabetes.

Islet cell transplantation

	Group 1 car and motorcycle	Group 2 bus and lorry
	▲ May drive but must notify DVLA. Licensing is on the provision that the patient has no disqualifying condition. If the patient is on insulin, refer to insulin-treated diabetes.	▲ May drive but must notify DVLA. Licensing is on the provision that the patient has no disqualifying condition. If the patient is on insulin, refer to insulin-treated diabetes.

Seizures provoked by hypoglycaemia

Seizures provoked by hypoglycaemia now require a period off driving due to the prospective risk of a further seizure.

	Group 1 car and motorcycle	Group 2 bus and lorry
	● Must not drive and must notify DVLA. See 'Provoked seizures' under Epilepsy and seizures.	● Must stop driving and must notify DVLA. See 'Provoked seizures' under Epilepsy and seizures.

Must not drive

Might be allowed to drive subject to medical advice and/or notifying DVLA

May drive and need not notify DVLA

04 Psychiatric disorders

Anxiety or depression
– mild to moderate

	Group 1 car and motorcycle	Group 2 bus and lorry
Without significant memory or concentration problems, agitation, behavioural disturbance or suicidal thoughts	May drive and need not notify DVLA. See Appendix F for medication considerations relevant to driving.	May drive and need not notify DVLA. For other cases, refer to 'severe' below. See Appendix F for medication considerations relevant to driving.

Persistent alcohol and/or drug misuse or dependence

If there's persistent alcohol or drug misuse or dependence, see **Chapter 5**.

If psychiatric illness has been associated with substance misuse, continued misuse contraindicates driving or licensing.

Severe anxiety or depression

Effects of severe illness are of greater importance for their relevance to driving than medication – see Appendix F for the additional considerations on medication.

	Group 1 car and motorcycle	Group 2 bus and lorry
Significant memory or concentration problems, agitation, behavioural disturbance or suicidal thoughts	Must not drive and must notify DVLA. Particular danger would be posed by those who may attempt suicide at the wheel. Licensing may be granted after 3 months if: ■ the person has been well and stable ■ the person has adhered to previously agreed treatment programmes and ■ is not suffering from medicinal side effects that would affect alertness or concentration	Must not drive and must notify DVLA. Particular danger would be posed by those who may attempt suicide at the wheel. Licensing may be granted after 6 months if: ■ the person has been well and stable and ■ the person has adhered to previously agreed treatment programmes and ■ is not suffering from medicinal side effects that would affect alertness or concentration

continued

		DVLA may need reports from a specialist in psychiatry. Driving is usually permitted after 6 months if the anxiety or depression has been long-standing but symptoms are under control and if maintenance on a dosage of psychotropic medication does not cause impairment.

Psychotic disorder – including acute episode

Persistent alcohol and/or drug misuse or dependence

If there's persistent alcohol or drug misuse or dependence, see **Chapter 5**.

If psychiatric illness has been associated with substance misuse, continued misuse contraindicates driving or licensing.

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive during acute illness and must notify DVLA. Licensing may be considered if **all** of these conditions are met: ■ remained well and stable for at least 3 months ■ adheres to any agreed treatment plan ■ free from any medication effects that would impair driving ■ subject to a suitable specialist report being favourable A lack of insight which impacts upon the ability to drive safely would be a bar to licensing. Drivers with a history of instability and/or poor engagement with treatment will be required not to drive for a longer period before any relicensing.	Must not drive during acute illness and must notify DVLA. Licensing may be considered if **all** of these conditions are met: ■ remained well and stable for at least 12 months ■ adheres to any agreed treatment plan ■ free from any medication effects that would impair driving ■ subject to a favourable report from a specialist in psychiatry A lack of insight which impacts upon the ability to drive safely would be a bar to licensing. The minimum effective antipsychotic dosage should be sought, in line with good practice. Drug tolerability should be optimal and not associated with any deficits that might impair driving, such as to alertness, concentration or motor performance. Established illness with a history suggesting a likelihood of relapse: the risk of this needs to be considered low. DVLA will normally require the report of a specialist in psychiatry that specifically addresses the above issues as relevant to driving before it may grant a licence.

Hypomania or mania

Persistent alcohol and/or drug misuse or dependence

If there's persistent alcohol or drug misuse or dependence, see **Chapter 5**.

If psychiatric illness has been associated with substance misuse, continued misuse contraindicates driving or licensing.

For Group 2 bus and lorry driving, in both stable and unstable conditions:

- the minimum effective dosage of any antipsychotic medication should be sought, in line with good practice - drug tolerability should be optimal and not associated with any deficits that might impair driving, such as to alertness, concentration or motor performance
- established illness with a history to suggest a likelihood of relapse: the risk of this must be considered low

	Group 1 car and motorcycle	Group 2 bus and lorry
Stable There must be no driving during any acute illness.	Must not drive and must notify DVLA. Licensing may be considered if **all** of these conditions are met: ■ remained well and stable for at least 3 months ■ adheres to any agreed treatment plan ■ free from any medication effects that would impair driving ■ subject to a favourable report from a suitable specialist A lack of insight which impacts upon the ability to drive safely would be a bar to licensing.	Must not drive and must notify DVLA. Licensing may be considered if **all** of these conditions are met: ■ remained well and stable for at least 12 months ■ adheres to any agreed treatment plan ■ free from any medication effects that would impair driving ■ subject to a favourable report from a specialist in psychiatry A lack of insight which impacts upon the ability to drive safely would be a bar to licensing See note above for both stable and unstable conditions.
Unstable: 4 or more episodes of significant mood swing in the previous 12 months. Particular danger would be posed by driving if there is hypomania or mania with repeated change of mood. In all cases, there must be no driving during any acute illness.	Must not drive and must notify DVLA. Licensing may be considered if **all** of these conditions are met: ■ remained well and stable for at least 6 months ■ adheres to any agreed treatment plan ■ free from any medication effects that would impair driving ■ subject to a favourable report from a suitable specialist	Must not drive and must notify DVLA. Licensing may be considered if **all** of these conditions are met: ■ remained well and stable for at least 12 months ■ adheres to any agreed treatment plan ■ free from any medication effects that would impair driving ■ subject to a favourable report from a specialist in psychiatry

continued

	A lack of insight which impacts upon the ability to drive safely would be a bar to licensing.	A lack of insight which impacts upon the ability to drive safely would be a bar to licensing See note above for both stable and unstable conditions.

Schizophrenia
– and other chronic relapsing/remitting disorders

Persistent alcohol and/or drug misuse or dependence

If there's persistent alcohol or drug misuse or dependence, see **Chapter 5**.

If psychiatric illness has been associated with substance misuse, continued misuse contraindicates driving or licensing.

	Group 1 car and motorcycle	Group 2 bus and lorry
There must be no driving during any acute illness **Driving would be particularly dangerous if psychotic symptoms relate to other road users**	Must not drive and must notify DVLA. Licensing may be considered if **all** of these conditions are met: ■ remained well and stable for at least 3 months ■ adheres adequately to any agreed treatment plan ■ free from any medication effects that would impair driving ■ subject to a suitable specialist report being favourable Continuing symptoms: even with limited insight, these do not necessarily preclude licensing. However a lack of insight which impacts upon the ability to drive safely would be a bar to licensing. Symptoms should be unlikely to cause significant concentration problems, memory impairment or distraction while driving.	Must not drive and must notify DVLA. Licensing may be considered if **all** of these conditions are met: ■ remained well and stable for at least 12 months. A longer period of stability may be required if there is a history of relapses ■ adheres strictly to any agreed treatment plan ■ free from any medication effects that would impair driving ■ subject of a favourable report from a specialist in psychiatry Further: ■ the minimum effective dosage of any antipsychotic medication should be sought, in line with good practice. Drug tolerability should be optimal and not associated with any deficits that might impair driving, such as to alertness, concentration or motor performance ■ established illness with a history suggesting a likelihood of relapse: the risk of this must be considered low A lack of insight which impacts upon the ability to drive safely would be a bar to licensing.

Neurological developmental conditions

	Group 1 car and motorcycle	Group 2 bus and lorry
Any neurological developmental conditions including attention deficit hyperactivity disorder (ADHD), autism spectrum condition and other related conditions	▲ May be able to drive but must notify DVLA if condition affects the ability to drive safely. A diagnosis of any of these conditions is not in itself a bar to licensing. The DVLA must be notified if there are any significant issues with the following, either singly or in combination, to a degree that would raise concerns about an individual's ability to drive safely. These are: ■ attention and concentration ■ memory ■ behaviour and awareness of how this impacts on others ■ ability to regulate emotions ■ ability to make considered decisions without being impulsive ■ insight and understanding ■ ability to anticipate the actions of others ■ cognitive flexibility ■ sensory processing (increased sensitivity to sensory stimuli for example light, sound, etc) ■ motor coordination and control If your patient is diagnosed with a neurological developmental condition but has passed a driving test, the attributes for safe driving will already have been demonstrated at that time. The DVLA will only need to be notified if there is a change to their condition, or if you have any concerns around their ability to drive safely. The DVLA must be informed if prescribed medication or any side effects of the medication are likely to impair safe driving.	▲ May be able to drive but must notify DVLA if condition affects the ability to drive safely. A diagnosis of any of these conditions is not in itself a bar to licensing. The DVLA must be notified if there are any significant issues with the following, either singly or in combination, to a degree that would raise concerns about an individual's ability to drive safely. These are: ■ attention and concentration ■ memory ■ behaviour and awareness of how this impacts on others ■ ability to regulate emotions ■ ability to make considered decisions without being impulsive ■ insight and understanding ■ ability to anticipate the actions of others ■ cognitive flexibility ■ sensory processing (increased sensitivity to sensory stimuli for example light, sound, etc) ■ motor coordination and control If your patient is diagnosed with a neurological developmental condition but has passed a driving test, the attributes for safe driving will already have been demonstrated at that time. The DVLA will only need to be notified if there is a change to their condition, or if you have any concerns around their ability to drive safely. The DVLA must be informed if prescribed medication or any side effects of the medication are likely to impair safe driving.

Cognitive impairment (not mild dementia)

	Group 1 car and motorcycle	Group 2 bus and lorry
No likely driving impairment	May drive and need not notify DVLA.	May drive and need not notify DVLA.
Possible driving impairment	It is difficult to assess driving ability in people with CI. DVLA acknowledges that there are varied presentations and rates of progression, and the decision on licensing is usually based on medical reports. Considerations include: ■ poor short-term memory, disorientation, and lack of insight and judgement almost certainly mean not fit to drive ■ disorders of attention causing impairment A formal driving assessment may be necessary (see Appendix H). A licence may be issued subject to review.	It is difficult to assess driving ability in people with CI. DVLA acknowledges that there are varied presentations and rates of progression, and the decision on licensing is usually based on medical reports. Considerations include: ■ poor short-term memory, disorientation, and lack of insight and judgement almost certainly mean not fit to drive ■ disorders of attention causing impairment A licence may be issued subject to review.

Persistent alcohol and/or drug misuse or dependence

If there's persistent alcohol or drug misuse or dependence, see **Chapter 5**.

If psychiatric illness has been associated with substance misuse, continued misuse contraindicates driving or licensing.

Dementia

– and/or any organic syndrome affecting cognitive functioning

	Group 1 car and motorcycle	Group 2 bus and lorry
	May be able to drive but must notify DVLA. It is difficult to assess driving ability in people with dementia. DVLA acknowledges that there are varied presentations and rates of progression, and the decision on licensing is usually based on medical reports.	Must not drive and must notify DVLA. Licensing will be refused or revoked.

continued

	Considerations include: ■ poor short-term memory, disorientation, and lack of insight and judgement almost certainly mean no fitness to drive ■ disorders of attention cause impairment ■ 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 H).	

Learning disability

Definition of severe learning disability followed by DVLA

Significantly below average general intellectual functioning, accompanied by severe limitations in adaptive functioning in at least **2** of these areas:

- communication
- self-care
- home-living
- social/interpersonal skills
- self-direction
- functional academic skills
- work
- leisure
- health and safety

	Group 1 car and motorcycle	Group 2 bus and lorry
Mild or moderate learning disability Learning *difficulty* is not included. Dyslexia, dyscalculia, and so on, are no bar to ordinary Group 1 licences being awarded after successful driving tests, and the DVLA need not be informed	▲ May be able to drive but must notify DVLA. Licensing will be granted provided there are no other relevant problems. DVLA may require an assessment of adequate functional ability at the wheel. The DVSA driving test is considered the arbiter as to whether the condition affects the ability to drive safely.	▲ May be able to drive but must notify DVLA. Licensing may be granted provided there are only minor degrees of learning disability and the condition is stable with no medical or psychiatric complications.
Severe	● Must not drive and must notify DVLA. Licensing will be refused.	● Must not drive and must notify DVLA. Licensing will be refused.

Behavioural disorders
– including post-head injury

	Group 1 car and motorcycle	Group 2 bus and lorry
Severe disturbance from syndrome post-head injury, for example	Must not drive and must notify DVLA. Licensing will be refused or revoked if there is serious disturbance – for example, violent behaviour or alcohol abuse likely to be a source of danger at the wheel. Licensing may be granted after medical reports confirm satisfactory control and stability of behavioural disturbances.	Must not drive and must notify DVLA. Licensing will be refused or revoked if there is serious disturbance – for example, violent behaviour or alcohol abuse likely to be a source of danger at the wheel. Licensing may be granted if a specialist confirms satisfactory control and stability.

Personality disorders

	Group 1 car and motorcycle	Group 2 bus and lorry
Severe disturbance	May be able to drive but must notify DVLA. Licensing will be refused or revoked if there is likely to be danger at the wheel. Licensing may be granted if behavioural disturbance is: ■ not related to driving or ■ not likely to adversely affect driving and road safety	Must not drive and must notify DVLA. Licensing will be refused or revoked if there is likely to be danger at the wheel. Licensing may be given consideration if behavioural disturbance is: ■ not related to driving or ■ not likely to adversely affect driving and road safety and ■ a specialist confirms stability

Must not drive

Might be allowed to drive subject to medical advice and/or notifying DVLA

May drive and need not notify DVLA

05 Drug or alcohol misuse or dependence

Alcohol use disorders

DVLA have 2 standards for alcohol use disorders. These standards are for:

- persistent alcohol misuse and alcohol dependence without any high-risk features
- alcohol dependence with one or more high-risk features

The high-risk features are either or both:

- alcohol withdrawal seizures (NOT alcohol associated seizures)
- medication assisted alcohol withdrawal needed or required

The presence of one or more high-risk features is used to identify individuals with a physiological dependence on alcohol who are at an increased risk of relapse into dependant drinking.

Guidance on diagnosis of alcohol use disorders can be found in the Internal Classification of Diseases (11th revision) produced by the World Health Organisation, relevant codes 6C40.2 and 6C40.1, or the Diagnostic and Statistical Manual of Mental Disorder (DSM-5) for alcohol use disorder, relevant code FS10.20.

For both Group 1 (car or motorcycle) and Group 2 (lorry or bus):

- licensing may require satisfactory medical reports from a doctor
- DVLA may need to arrange independent medical examination and blood tests

Persistent alcohol misuse

	Group 1 car and motorcycle	Group 2 bus and lorry
Persistent alcohol misuse including alcohol dependence without high-risk features, confirmed by medical enquiry and/or evidence of otherwise unexplained abnormal blood markers.	Must not drive and must notify DVLA. Licence will be refused or revoked until after: - a minimum of 6 months of controlled drinking or abstinence	Must not drive and must notify DVLA. Licence will be refused or revoked until after: - a minimum of 1 year of controlled drinking or abstinence

Definition of controlled drinking

Controlled drinking means drinking at a level and in a manner which their clinician confirms acceptably controls their alcohol use disorder and their alcohol use is unlikely to impact on personal, social, and work responsibilities.

Alcohol dependence

	Group 1 car and motorcycle	Group 2 bus and lorry
Dependence confirmed by medical enquiry with one or more high-risk features	Must not drive and must notify DVLA. Licence will be refused or revoked until a minimum of 1 year's abstinence from alcohol consumption has been attained. Continued licensing will require ongoing abstinence for at least 3 years from the onset of abstinence which will be monitored by DVLA.	Must not drive and must notify DVLA. Licence will be refused or revoked until a minimum of three years' abstinence from alcohol consumption has been attained. Continued licensing will require ongoing abstinence for at least 5 years from the onset of abstinence which will be monitored by DVLA.

Alcohol-related disorders

	Group 1 car and motorcycle	Group 2 bus and lorry
Examples ■ hepatic cirrhosis with chronic encephalopathy ■ alcohol induced psychosis ■ cognitive impairment	Must not drive and must notify DVLA. Licence will be refused or revoked until: ■ recovery is satisfactory ■ any other relevant medical standards for fitness to drive are satisfied (for example, Chapter 4, psychiatric disorders)	Must not drive and must notify DVLA. Licence will be refused or revoked until recovery is satisfactory.

Alcohol-related seizure

The relevant standards for any associated alcohol dependence should be applied.

Seizures associated with alcohol use may be considered provoked in terms of licensing (for details see **neurological disorders** and **Appendix B**).

Drug misuse or dependence

The relevant classification codes for drug misuse or dependence are World Health Organization F11 to F19 inclusive (ICD-10).

The below requirements apply to cases of single-substance misuse or dependence, whereas multiple problems – including with alcohol misuse or dependence – are not compatible with fitness to drive or licensing consideration, in both groups of drivers.

	Group 1 Car and motorcycle	Group 2 Bus and lorry
Drug group ■ cannabis ■ amphetamines (but see methamphetamine drug group below) ■ 'ecstasy' (MDMA) ■ ketamine ■ other psychoactive substances, including LSD and hallucinogens	● Must not drive and must notify DVLA with persistent misuse or dependence. Medical enquiry confirming the problem will result in licence being refused or revoked: ■ for a minimum of 6 months, which must be free of misuse or dependence Relicensing may require an independent medical assessment and urine screen arranged by DVLA.	● Must not drive and must notify DVLA with persistent misuse or dependence. Medical enquiry confirming the problem will result in licence being refused or revoked: ■ for a minimum of 1 year, which must be free of misuse or dependence Relicensing will usually require an independent medical assessment and urine screen arranged by DVLA.

	Group 1 Car and motorcycle	Group 2 Bus and lorry
Drug group ■ opiates (for example heroin, morphine) ■ opioids (for example codeine) ■ benzodiazepines ■ synthetic benzodiazepines ■ synthetic cannabinoids ■ methadone (note on compliance above) ■ cocaine ■ methamphetamine Methadone/ buprenorphine programmes - see guidelines below.	Must not drive and must notify DVLA with persistent misuse or dependence. Medical enquiry confirming the problem will result in licence being refused or revoked for a minimum of 1 year, which must be free of misuse or dependence. Relicensing may require an independent medical assessment and urine screen arranged by DVLA.	Must not drive and must notify DVLA with persistent misuse or dependence. Medical enquiry confirming the problem will result in licence being refused or revoked for a minimum of 3 years, which must be free of misuse or dependence. Relicensing will usually require an independent medical assessment and urine screen arranged by DVLA.

Note on methadone/buprenorphine treatment programmes

Group 1

Applicants or drivers complying fully with a methadone or buprenorphine maintenance programme may be licensed subject to favourable assessment and normally annual medical review. There should be no evidence of continuing use of other substances including non-prescribed cannabis.

Application may be considered when all of the following conditions can be met:

- stable on the programme for a minimum of 1 year
- the treatment programme is for management of opiate dependence and managed according to the guidance detailed in the publication ‘Drug misuse and dependence. UK guidelines on clinical management’ (known as the ‘Orange Book’)
- oral or sublingual treatment only (not parenteral) but subcutaneous long-acting buprenorphine or naltrexone implants may be considered
- there has been compliance with the programme (adherence to prescription and appointments, and toxicology testing with sustained stability)
- no non-prescribed psychoactive drug use during the programme or extra use of prescribed drugs such as methadone, buprenorphine, benzodiazepines
- there should be no other disqualifying conditions (as specified in the other chapters of this guidance)

continued

Group 2 and C1/D1

Applicants or drivers complying fully with a methadone or buprenorphine 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.

Application may be considered when all of the following conditions can be met:

- stable on the programme for a minimum of 3 years
- the treatment programme is for management of opiate dependence and managed according to the guidance detailed in the publication 'Drug misuse and dependence. UK guidelines on clinical management' (known as the 'Orange Book')
- oral or sublingual treatment only (not parenteral) but subcutaneous long-acting buprenorphine or naltrexone implants may be considered
- there has been compliance with the programme (adherence to prescription and appointments, and toxicology testing with sustained stability)
- no non-prescribed psychoactive drug use during the programme or extra use of prescribed drugs such as methadone, buprenorphine, benzodiazepines
- there should be no other disqualifying conditions (as specified in the other chapters of this guidance)

Seizure associated with drug use

Seizures associated with drug use may be considered provoked In terms of licensing (for details see **neurological disorders** and **Appendix B**).

In addition, the relevant standards for any associated drug misuse or dependence should be applied.

Relicensed drivers with former drug misuse or dependence should be advised as part of their aftercare that recurrence would mean they must stop driving and must notify DVLA.

High-risk offenders

The definition 'high-risk offender' applies to drivers convicted of the following:

- one disqualification for driving or being in charge of a vehicle when the level of alcohol in the body equalled or exceeded either one of these measures:
  - 87.5 mcg per 100 ml of breath
  - 200.0 mg per 100 ml of blood
  - 267.5 mg per 100 ml of urine
- two disqualifications within the space of 10 years for drink-driving or being in charge of a vehicle while under the influence of alcohol
- one disqualification for refusing or failing to supply a specimen for alcohol analysis
- one disqualification for refusing to give permission for a laboratory test of a specimen of blood for alcohol analysis

Defined in terms of the alcohol-related driving convictions above, the courts notify DVLA of drivers convicted of an offence.

An independent medical examination will be arranged when an application for licence reinstatement is received by DVLA. The assessment may include:

- questionnaire
- serum CDT assay
- any further testing indicated

Should the above assessment be successful, and the application accepted, either a licence will be issued or medical enquiries will be undertaken. Medical enquiries take place when there is a known or suspected relevant medical condition.

Must not drive

Might be allowed to drive subject to medical advice and/or notifying DVLA

May drive and need not notify DVLA

06 Visual disorders

Minimum eyesight standards
– all drivers

The law requires that all licensed drivers meet the following eyesight requirements (including drivers aided by prescribed glasses or contact lenses):

- in good daylight, able to read the registration mark fixed to a vehicle registered under current standards
  - at a distance of 20 metres with letters and numbers 79mm high by 50mm wide on a car registered since 1 September 2001

    or
  - at a distance of 20.5 metres with letters and numbers 79mm high by 57mm wide on a car registered before 1 September 2001

  and
- the visual acuity must be at least Snellen 6/12 with both eyes open or in the only eye if monocular

Any driver unable to meet these standards must not drive and must notify DVLA, which will refuse or revoke a licence.

The law also requires all drivers to have a minimum field of vision, as set out below.

Bioptic telescope devices are not accepted by DVLA for driving.

Higher standard of visual acuity
– bus and lorry drivers

Group 2 bus and lorry drivers require a higher standard of visual acuity in addition:

- a visual acuity (using corrective contact lenses where needed) of at least:
  - Snellen 6/7.5 (Snellen decimal 0.8) in the better eye

    and
  - Snellen 6/60 (Snellen decimal 0.1) in the poorer eye
- if glasses are worn to meet the minimum standards, they should have a corrective power not exceeding +8 dioptres in any meridian of either lens

Minimum standards for field of vision – all drivers

The minimum field of vision for Group 1 driving is defined in the legislation:

> "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 that encroaches within 20° of the fixation above or below the horizontal meridian."

This means that homonymous or bitemporal defects that come close to fixation, whether hemianopic or quadrantanopic, are not usually acceptable for driving.

If DVLA needs a visual field assessment for determining fitness to drive, it:

- requires the method to be a binocular Esterman field test
- may request monocular full field charts in specific conditions
- exceptionally, may consider a Goldmann perimetry assessment carried out to strict criteria

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 within 20 degree radius of fixation)

Only for the purposes of licensing Group 1 car and motorcycle driving:

- the following are generally regarded as **acceptable** central loss
  - scattered single missed points
  - a single cluster of up to 3 adjoining points
- the following are generally regarded as **unacceptable** ('significant') central loss:
  - a cluster of 4 or more adjoining points that is either wholly or partly within the central 20° area
  - loss consisting of both a single cluster of 3 adjoining missed points up to and including 20° from fixation, and any additional separate missed points within the central 20° area
  - any central loss that is an extension of hemianopia or quadrantanopia of size greater than 3 missed points

Defect affecting the peripheral areas – width assessment

Only for the purposes of licensing Group 1 car and motorcycle driving:

- the following will be disregarded when assessing the width of field
  - a cluster of up to 3 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

continued

Exceptional cases

Group 1 drivers whose previous full driving entitlement was removed because of a field defect failing to satisfy the standard may be eligible for individual relicensing consideration as exceptional cases under the following strict criteria:

- defect must have been
  - present for at least 12 months
  - caused by an isolated event or a non-progressive condition
- there must be no other condition or pathology regarded as progressive and likely to be affecting the visual fields (panel's advice is that certain medical conditions, for example glaucoma and retinitis pigmentosa, would always be considered as progressive and so could not be considered as exceptional cases)
- sight in both eyes
- no uncontrolled diplopia
- no other impairment of visual function, including
  - no glare sensitivity, contrast sensitivity or impairment of twilight vision
- clinical confirmation of full functional adaptation

For exceptional cases considered to be potentially licensable under these criteria, DVLA will require a satisfactory practical driving assessment at an approved centre (see Appendix H).

Static visual field defect

For prospective learner drivers with a static visual field defect, a process is now in place to apply for a provisional licence. For further information, see 'Applying for a provisional licence if you've got a static visual field defect'.

Monocular individuals cannot be considered as exceptional cases under the above criteria.

Higher standards of field of vision – bus and lorry drivers

The minimum standard for the field of vision is defined by the legislation for Group 2 bus and lorry licensing as:

- an uninterrupted measurement of at least 160° on the horizontal plane
- extensions of at least 70° left and at least 70° right
- extensions of at least 30° above and at least 30° below the horizontal plane
- no significant defect within 70° left and 70° right between 30° up and 30° down (it would be acceptable to have a total of up to 3 missed points, which may or may not be contiguous*)
- no defect is present within a radius of the central 30°
- no other impairment of visual function, including no glare sensitivity, contrast sensitivity or impairment of twilight vision

(*Points tested in the 'letterbox' outside the central radius of 30° from fixation.)

continued

For Group 2 bus and lorry driving, it would be acceptable for a defect on visual field charts to have an upper limit of a total of 3 missed points – which may be contiguous – within the letterbox but outside the central 30° radius.

A total of more than 3 missed points, however – even if not contiguous – would not be acceptable for Group 2 driving because of the higher standards required.

Note that no defects of any size within the letterbox are licensable if a contiguous defect outside it means the combination represents more than 3 missed points.

Note Exception 1 in 'Exceptions allowed by older licences' below.

Clinically apparent visual inattention will be debarring for Group 1 and Group 2.

Cataract

	Group 1 car and motorcycle	Group 2 bus and lorry
	▲ Often safe to drive and may not need to notify DVLA. The minimum standards set out for all drivers above must be met. Glare may counter an ability to pass the number plate test (of the minimum requirements) even when cataracts allow apparently appropriate acuities.	▲ Often safe to drive and may not need to notify DVLA. The minimum standards for Group 2 drivers set out above must be met. Glare may counter an ability to pass the number plate test (of the minimum requirements) even when cataracts allow apparently appropriate acuities.

Monocular vision

	Group 1 car and motorcycle	Group 2 bus and lorry
Including, for any reason, making use of only one eye	● Must not drive and may need to notify DVLA. For complete loss of vision in one eye (cases where there is any light perception in the affected eye are not considered monocular), the driver: ■ must meet the same visual acuity and visual field standards as binocular drivers ■ may drive only after clinical advice of successful adaptation to the condition Only those monocular people who fail to meet these requirements are required to notify DVLA.	● Must not drive and must notify DVLA. The law bars licensing if in one eye there is: ■ complete loss of vision or ■ corrected acuity falls below Snellen 3/60 (Snellen decimal 0.05) See also 'grandfather rights' below.

Exceptions for visual acuity allowed by older licences ('grandfather rights')

The standards for Group 1 car and motorcycle licensing must be met before any of the following exceptions can be afforded to Group 2 bus and lorry drivers holding older licences.

Visual acuity

Exception 1

A driver must have been awarded a Group 2 bus and lorry licence before 1 March 1992, and be able to complete a satisfactory certificate of experience, to be eligible.
If the licence was awarded between 2 March 1992 and 31 December 1996, visual acuity with corrective lenses if needed 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 only.

Monocularity

Exception 2

Must have been awarded a Group 2 bus and lorry licence before 1 January 1991, with the monocularity declared before this date.

Exception 3

Drivers with a pre-1997 Group 1 licence who are monocular may apply to renew their category C1 (vehicles 3.5t to 7.5t). They must be able to meet the minimum eyesight standards which apply to all drivers and also the higher standard of field of vision for Group 2 (bus and lorry) drivers.

Visual field defects

	Group 1 car and motorcycle	Group 2 bus and lorry
Disorders such as: ■ bilateral glaucoma ■ bilateral retinopathy ■ retinitis pigmentosa and others that produce a field defect, including partial or complete homonymous hemianopia/ quadrantanopia or complete bitemporal hemianopia.	▲ Must notify DVLA. The national recommendations for visual field would need to be met. See 'Exceptional cases' under the 'Minimum standards for field of vision – all drivers' (page 115, at the beginning of this chapter).	▲ Must notify DVLA. The national recommendations for visual field would need to be met. Licensing may be awarded if: ■ horizontal visual field is at least 160° ■ extension is at least 70° left and right, and 30° up and down ■ no defects present within a radius of the central 30°

Diplopia

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive and must notify DVLA. Driving may resume after DVLA has received confirmation that the diplopia is controlled, for example by: - glasses or - a patch for which there is an undertaking to use it while driving (but note the requirements for monocular vision above) Exceptionally, a stable uncorrected diplopia endured for 6 months or more may be licensable with the support of a consultant/specialist's report of satisfactory functional adaptation.	Must not drive and must notify DVLA. Licensing will be refused or revoked permanently in cases of insuperable diplopia. Patching is not acceptable for licensing.

Nyctalopia

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive and must notify DVLA. Driving may be licensed after individual consideration, provided the standards for visual acuity and field above are met.	Must not drive and must notify DVLA. Driving may be licensed after individual consideration, provided the standards for visual acuity and field above are met.

Colour blindness

	Group 1 car and motorcycle	Group 2 bus and lorry
	May drive and need not notify the DVLA.	May drive and need not notify the DVLA.

Blepharospasm

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive and must notify DVLA. Driving is not usually licensed if the condition is severe and affects vision, even if treated. A consultant/specialist's opinion will be sought by DVLA. Driving may be licensed if the condition is mild, subject to return of satisfactory medical reports. Control of mild blepharospasm with botulinum toxin may lead to licensing if the treatment does not produce side effects that are otherwise disqualifying, such as uncontrollable diplopia. DVLA should be informed of any change – and any deterioration in condition must be notified.	Must not drive and must notify DVLA. Driving is not usually licensed if the condition is severe and affects vision, even if treated. A consultant/specialist's opinion will be sought by DVLA. Driving may be licensed if the condition is mild, subject to return of satisfactory medical reports. Control of mild blepharospasm with botulinum toxin may lead to licensing if the treatment does not produce side effects that are otherwise disqualifying, such as uncontrollable diplopia. DVLA should be informed of any change – and any deterioration in condition must be notified.

Nystagmus

	Group 1 Car and motorcycle	Group 2 Bus and lorry
	DVLA need not be notified of nystagmus providing the vision standards for driving are met. The relevant medical standards for any associated medical condition must be met.	DVLA need not be notified of nystagmus providing the vision standards for driving are met. The relevant medical standards for any associated medical condition must be met.

Must not drive

Might be allowed to drive subject to medical advice and/or notifying DVLA

May drive and need not notify DVLA

07 Renal and respiratory disorders

Chronic renal failure

	Group 1 car and motorcycle	Group 2 bus and lorry
Continuous ambulatory peritoneal dialysis (CAPD) or haemodialysis	▲ May drive and need not notify DVLA unless the condition is associated with a disability likely to affect driving and/or significant electrolyte disturbance (likely to result in clinical symptoms).	▲ May drive and need not notify DVLA unless the condition is associated with a disability likely to affect driving and/or significant electrolyte disturbance (likely to result in clinical symptoms). Individual assessment is required for relicensing.

All other renal disorders

	Group 1 car and motorcycle	Group 2 bus and lorry
	▲ May drive and need not notify DVLA unless the condition is associated with a disability likely to affect driving.	▲ May drive and need not notify DVLA unless the condition is associated with a disability or any significant symptoms likely to affect driving.

Disorders of respiratory function
– including asthma and COPD

	Group 1 car and motorcycle	Group 2 bus and lorry
	▲ May drive and need not notify DVLA unless any complications are associated with: ■ cough syncope ■ disabling dizziness ■ fainting or ■ loss of consciousness Such sequelae need reference to requirements under 'Transient loss of consciousness' (from page 24 of Chapter 1, neurological disorders). See also cough syncope in Chapter 1, page 24.	▲ May drive and need not notify DVLA unless any complications are associated with: ■ cough syncope ■ disabling dizziness ■ fainting or ■ loss of consciousness Such sequelae need reference to requirements under 'Transient loss of consciousness' (from page 24 of Chapter 1, neurological disorders). See also cough syncope in Chapter 1, page 24.

Obstructive sleep apnoea

Refer to guidance concerning this condition under 'excessive sleepiness' in **Chapter 8**, miscellaneous conditions.

Must not drive

Might be allowed to drive subject to medical advice and/or notifying DVLA

May drive and need not notify DVLA

08 Miscellaneous conditions

Excessive sleepiness
– including obstructive sleep apnoea syndrome

‘Excessive sleepiness’ having, or likely to have, an adverse effect on driving includes:

- obstructive sleep apnoea syndrome of any severity
- any other condition or medication that may cause excessive sleepiness
- see also guidance on **Primary/central hypersomnias, including narcolepsy**

Legislation states that objective sleep study measurements for driving assessment purposes should use the apnoea-hypopnoea index (AHI). Recognising that not all sleep services use AHI, DVLA will accept results of equivalent objective tests.

The **‘Tiredness can kill’ leaflet (INF159)** is for drivers concerned about excessive sleepiness.

	Group 1 car and motorcycle	Group 2 bus and lorry
Excessive sleepiness due to a medical condition (see relevant chapter) including mild obstructive sleep apnoea syndrome (AHI below 15) or medication.	Must not drive. Driving may resume only after satisfactory symptom control. If symptom control cannot be achieved in 3 months DVLA must be notified.	Must not drive. Driving may resume only after satisfactory symptom control. If symptom control cannot be achieved in 3 months DVLA must be notified.
Excessive sleepiness due to obstructive sleep apnoea syndrome – moderate and severe: ■ AHI 15 to 29 (moderate) ■ AHI 30 or more (severe) on the apnoea-hypopnoea index or equivalent sleep study measure	Must not drive and must notify DVLA. Subsequent licensing will require: ■ control of condition ■ improved sleepiness ■ treatment adherence DVLA will need medical confirmation of the above, and the driver must confirm review to be undertaken every 3 years at the minimum.	Must not drive and must notify DVLA. Subsequent licensing will require: ■ control of condition ■ improved sleepiness ■ treatment adherence DVLA will need medical confirmation of the above, and the driver must confirm review to be undertaken annually at the minimum.
Excessive sleepiness due to suspected obstructive sleep apnoea syndrome.	Must not drive. Driving may resume only after satisfactory symptom control. If symptom control cannot be achieved in 3 months DVLA must be notified. See ‘Excessive sleepiness due to obstructive sleep apnoea syndrome’ above when diagnosis is confirmed.	Must not drive. Driving may resume only after satisfactory symptom control. If symptom control cannot be achieved in 3 months DVLA must be notified. See ‘Excessive sleepiness due to obstructive sleep apnoea syndrome’ above when diagnosis is confirmed.

Profound deafness

	Group 1 car and motorcycle	Group 2 bus and lorry
	May drive and need not notify DVLA.	Must be assessed but may not need to notify DVLA. For licensing, the paramount importance is placed on a proven ability to communicate in an emergency by: ■ speech or ■ suitable alternative, for example SMS text Inability is likely to result in a licence being refused or revoked.

Cancers
– not covered in other chapters

	Group 1 car and motorcycle	Group 2 bus and lorry
In both driving groups, fitness to drive is affected by the risk of seizure. All cases of eye cancer must meet the minimum requirements for vision (Chapter 6).	Must be assessed but may not need to notify DVLA. If there is a likelihood of cerebral metastasis and seizure, DVLA must be notified. There must be no significant complication relevant to driving, such as: ■ specific limb impairment, for example due to bone tumour, primary or secondary ■ general impairment, for example due to advanced malignancy producing symptoms such as general weakness or cachexia that affects driving The effects of any cancer treatment must also be considered – the generally debilitating effects of chemotherapy and radiotherapy in particular.	Must be assessed but may not need to notify DVLA. Licensing requires specific consideration of the likelihood of cerebral metastasis and seizure, and there must be no complications, such as: ■ specific limb impairment, for example due to bone tumour, primary or secondary ■ general impairment, for example due to advanced malignancy producing symptoms such as general weakness or cachexia that affects driving The effects of any cancer treatment must also be considered – the generally debilitating effects of chemotherapy and radiotherapy in particular.

HIV and Advanced HIV

Living with HIV and receiving treatment

If there has been no development of an illness affecting the brain, vision, or a physical disability which may impair the ability to drive, people with HIV may drive and do not need to inform DVLA of their condition.

People living with HIV with complications such as illness or requiring a hospital admission may be considered to have more advanced HIV.

People with advanced HIV do not need to inform DVLA unless they:

- have been advised by a medical professional that they must inform DVLA about a specific medical condition
- develop any medical condition that may impact their ability to drive (check relevant chapters in AFTD guidance)

In these situations, DVLA must be notified.

Age-related fitness to drive

Older age is not necessarily a barrier to driving.

- Functional ability, not chronological age is important in assessments.
- Multiple comorbidity should be recognised as becoming more likely with advancing age and considered when advising older drivers.
- Discontinuation of driving should be given consideration when an older person – or people around them – become aware of any combination of these potential age-related examples:
  - progressive loss of memory, impaired concentration and reaction time, or loss of confidence that may not be possible to regain.
- Physical frailty in itself would not necessarily restrict licensing, but assessment needs careful consideration of any potential impact on road safety.
- Age-related physical and mental changes vary greatly between individuals, though most will eventually affect driving.
- Professional judgement must determine what is acceptable decline and what is irreversible and/or a hazardous deterioration in health that may affect driving. Such decisions may require specialist opinion.

DVLA has doctors ready to provide guidance to healthcare professionals.

continued

	Group 1 car and motorcycle	Group 2 bus and lorry
Older age	When drivers reach the age of 70, they must confirm to DVLA that they have no medical disability. Drivers over 70 receive a licence for 3 years after fitness to drive has been declared, to include satisfactory completion of medical questions in the application.	Bus and lorry drivers: ■ must make fresh licence applications every 5 years from the age of 45 ■ annually from the age of 65 Each application must be accompanied by medical confirmation of satisfactory fitness to drive.

Transplant
– not covered in other chapters

	Group 1 car and motorcycle	Group 2 bus and lorry
	May drive and need not notify DVLA. Except: there must be no other, or underlying condition that requires any restriction or notification to DVLA.	May drive and need not notify DVLA. Except: there must be no other, or underlying condition that requires any restriction. Failing this, DVLA must be notified and may require individual assessment.

Devices or implants
– not covered in other chapters

	Group 1 car and motorcycle	Group 2 bus and lorry
	May drive and need not notify DVLA. Except: there must be no other, or underlying condition that requires any restriction or notification to DVLA.	May drive and need not notify DVLA. Except: there must be no other, or underlying condition that requires any restriction. Failing this, DVLA must be notified and may require individual assessment.

Cognitive decline or impairment after stroke or head injury

There is no single simple marker for the assessment of impaired cognitive function relevant to driving, although the satisfactory ability to manage day-to-day living could provide a yardstick of cognitive competence.

In-car, on-the-road assessments are an invaluable way of ensuring, in valid licence holders, there are no features liable to present a high risk to road safety, including these examples:

- visiospatial deficits, notable distractibility, impaired multi-task performance

The following are also important in showing there is no impairment likely to affect driving:

- adequate performance in reaction times, memory, concentration and confidence

Cognitive disability

	Group 1 car and motorcycle	Group 2 bus and lorry
	Must not drive and must notify DVLA. Impairment of cognitive functioning is not usually compatible with the driving of these vehicles. Mild cognitive disability may be compatible with safe driving – individual assessment will be required.	Must not drive and must notify DVLA. Impairment of cognitive functioning is not usually compatible with the driving of these vehicles. Mild cognitive disability may be compatible with safe driving – individual assessment will be required.

Driving after surgery

Evaluating the likely effects of postoperative recovery

Notwithstanding any restrictions or requirements outlined in other chapters of this document, drivers do not need to notify DVLA of surgical recovery unless it is likely to affect driving and persist for more than 3 months.

Licence holders wishing to drive after surgery should establish with their own doctors when it would be safe to do so.

Any decision regarding returning to driving must take into account several issues, including:

- recovery from the effects of the procedure
- anaesthetic recovery from the effects of the procedure
- any distracting effect of pain
- analgesia-related impairments (sedation or cognitive impairment)
- other restrictions caused by the surgery, the underlying condition or any comorbidities

Drivers have the legal responsibility to remain in control of a vehicle at all times.

Drivers must ensure they remain covered by insurance to drive after surgery.

Temporary medical conditions

Drivers generally do not need to notify DVLA of conditions for which clinical advice has indicated less than 3 months of no driving.

If the judgement of the treating clinician is that DVLA needs to be notified, the healthcare professional should advise the patient to contact DVLA.

Such a judgement may be necessary for any of a range of conditions that may temporarily affect driving, including, but not limited to:

- postoperative recovery (see 'Driving after surgery')
- severe migraine
- limb injuries expected to show normal recovery
- pregnancy associated with fainting or light-headedness
- hyperemesis gravidarum
- hypertension of pregnancy
- recovery following Caesarean section
- deep vein thrombosis or pulmonary embolism

Fractures

A driver does not need to notify DVLA of a fracture, but if recovery post-fracture is prolonged for more than 3 months, the treating clinician should offer advice on a safe time to resume driving.

Medication effects

It is an offence to drive or attempt to drive while unfit because of alcohol and/or drug use – and driving laws do not distinguish between illegal and prescribed drugs.

Drivers taking prescribed drugs subject to the drug-driving legislation will need to be advised to carry confirmation that these were prescribed by a registered medical practitioner.

Some prescription and over-the-counter medicines can affect driving skills through drowsiness, impaired judgement and other effects.

Prescribers and dispensers should consider any risk of medications, single or combined, in terms of driving – and advise patients accordingly.

Without providing an exhaustive list, the following drug groups require consideration:

- **benzodiazepines** – these may cause sufficient sedation to make driving unsafe
- **antidepressants** – sedating tricyclics have a greater propensity to impair driving than SSRIs, which are less sedating. Advice for individual driving safety should be considered carefully for all antidepressants
- **antipsychotics** – many of these drugs will have some degree of sedating side effect via action on central dopaminergic receptors. Older drugs (chlorpromazine, for example) are highly sedating due to effects on cholinergic and histamine receptors. Newer drugs (olanzapine or quetiapine, for example) may also be sedating; others less so (risperidone, ziprasidone or aripiprazole, for example)
- **opioids** – cognitive performance may be reduced with these, especially at the start of use, but neuro-adaptation is established in most cases. Driving impairment is possible because of the persistent miotic effects of these drugs on vision.

Also refer to Chapter 4, psychiatric disorders, and Chapter 5, drug or alcohol misuse and dependence.

Appendix A
The legal basis for the medical standards

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

The legal basis of fitness to drive in the UK lies in the following legislation:

- The Road Traffic Act 1988
- The Motor Vehicles (Driving Licences) Regulations 1999 (as amended)

According to Section 92 of the Road Traffic Act 1988:

- A relevant disability is any condition which is either prescribed in regulations or any other disability where driving is likely to be a source of danger to the public. A driver who is suffering from a relevant disability must not be licensed, but there are some prescribed disabilities where licensing is permitted provided certain conditions are met.
- Prospective disabilities are any medical conditions that, because of their progressive or intermittent nature, may develop into relevant disabilities in time. Examples are Parkinson's disease and early dementia. A driver with a prospective disability may be granted a driving licence for up to 5 years, after which renewal requires further medical review.

Sections 92 and 94 of the Road Traffic Act 1988 also cover drivers with physical disabilities who require adaptations to their vehicles to ensure safe control. These adaptations must be coded and shown on the licence. See Appendix G, disabilities and vehicle adaptations and Appendix H, Mobility Centres and Driving Assessment Centres.

'Serious neurological disorders'

The law requires that driving licences shall not be issued to, nor renewed for, applicants with serious neurological disorders, unless supported by the applicant's doctor.

A serious neurological disorder is defined for the purposes of driver licensing as any condition of the central or peripheral nervous system that has led, or may lead, to functional deficiency (sensory, including special senses, motor, and/or cognitive deficiency), and that could affect ability to drive.

When DVLA evaluates the licensing of these applicants, it will consider the functional status and risk of progression. A short-term licence for renewal after medical review is generally issued whenever there is a risk of progression.

Further information relating to specific functional criteria is found in the following chapters:

- Chapter 1, neurological disorders
- Chapter 4, psychiatric disorders
- Chapter 6, visual disorders
- Chapter 8, miscellaneous conditions – excessive sleepiness

Appendix B
Epilepsy and seizure rules and further guidance

The legislation governing drivers who experience a seizure.

The following 2 boxes extract the paragraphs from regulations 72 and 73 of the Motor Vehicle (Driving Licences) Regulations 1999 (as amended) that govern the way in which epilepsy is 'prescribed' as a 'relevant' disability for Group 1 or Group 2 drivers (also see Appendix A, the legal basis for the medical standards).

Group 1 car and motorcycle

Regulations 72

(2) Epilepsy is prescribed for the purposes of section 92(2) of the Traffic Act 1988 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)(b) of the Traffic Act 1988 in relation to an applicant for a Group 1 licence who satisfies the conditions set out in paragraph (2F) below 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 had 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.

continued

(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 more than one year 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 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 3 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 1 year before the date when the licence is granted

(ii) here 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 1988 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 1 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 1988 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

continued

(b) has had no other unprovoked seizure since that seizure

and

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

(2F) The conditions 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 in accordance with the licence is not likely to be a source of danger to the public.

Group 2 bus and lorry

Regulations 73

(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 1988 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 prescribed for the purposes of section 92(2) of the Traffic Act 1988 as a relevant disability, in relation to an applicant for, or a holder of, a Group 2 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.

continued

(8C) An isolated seizure is prescribed for the purposes of section 92(4)(b) of the Traffic Act 1988 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 five 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.

Withdrawal of epilepsy medication

This guidance relates only to epilepsy treatment.

During epilepsy medication being withdrawn or changed on the advice of a healthcare professional, the risk of further epileptic seizures should be considered relating to the recommendations from DVLA, and regarding insurance implications, the driver should be advised to inform their insurance company.

If an epileptic seizure does occur, the patient will need to meet the medical standards before resuming driving and will need to be counselled accordingly. If the change is under medical supervision a reduced period of 6 months may apply.

It is clearly recognised that withdrawal of epilepsy medication is associated with a risk of seizure recurrence. A number of studies have shown this, including a randomised study of withdrawal in patients in remission conducted by the Medical Research Council's study group on epilepsy drug withdrawal. This study showed a 40% increased risk of seizure associated with the first year of withdrawal compared with continued treatment.

The Secretary of State for Transport's Honorary Medical Advisory Panel on Driving and Disorders of the Nervous System states that patients should be warned of the risk they run, both of losing their driving licence and of having a seizure that could result in a road traffic accident.

The Advisory Panel states that drivers should usually be advised not to drive from the start of the withdrawal period and for 6 months after treatment cessation – it considers that a person remains as much at risk of seizure during the withdrawal as during the following 6 months.

This advice may not be appropriate in every case, however. 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 on driving is best determined by the healthcare professional concerned, after considering the history. It is the patient's legal duty to comply with medical advice on driving.

It is important to remember that the driver licensing rules remain relevant in cases of medication being omitted as opposed to withdrawn, such as on admission to hospital.

For changes of medication, for example due to side effect profiles, the following general advice is applicable:

- When changing from one medication to another and both would be reasonably expected to be equally efficacious, then no period of time off driving is recommended.
- When the new medication is felt to be less efficacious than the previous medication, the 6 months off driving period is recommended. This time period would start from the end of the change over period.

Any restriction on driving is best determined by the healthcare professional concerned in light of the specific circumstances of the case and the patient's history. Clinicians may want to consider whether restricting driving is appropriate where medication is being changed during or after pregnancy due to the effects of the pregnancy on drug metabolism.

Provoked seizures

To be considered a provoked seizure, the seizure must be attributable solely to a recognisable provoking cause and that causative factor must be reliably avoidable. It should be clear that the seizure has been provoked by a stimulus which is unlikely to be repeated. Driving will usually need to cease for 6 months (group 1) (in the absence of previous unprovoked seizures or existing cerebral pathology) or up to 5 years (group 2) following a provoked seizure.

Doctors may wish to advise patients that the likely total period of time they will be required by DVLA not to drive will be extended if there is a previous history of unprovoked seizure or evidence of pre-existing cerebral pathology (e.g. longstanding cerebral lesion, epileptic activity on EEG or evidence of fixed neurological deficit), that increases the risk of further seizures.

The following seizures may be treated as provoked:

- true seizures associated with cardiovascular syncope (convulsive syncope is not considered to be a seizure and the relevant syncope standard must be met)
- seizure in the first week following a head injury
- seizure in the first week following a stroke, TIA or spontaneous acute subdural haematoma
- seizure during, or in the first week following, intracranial surgery
- seizure associated with severe electrolyte or biochemical disturbance (including hypoglycaemia) documented within 24 hours of specific biochemical or haematologic abnormalities
- seizure associated with drug or alcohol intoxication or withdrawal, or exposure to well-defined epileptogenic drugs

The following provoked seizures are excepted and do not require driving to cease, although the relevant medical standards for the underlying condition will have to be met:

- seizures occurring at the very moment of impact of a head injury
- eclamptic seizures
- seizures provoked by electroconvulsive therapy
- seizures occurring within 5 minutes of cessation of repetitive trans-cranial magnetic stimulation (rTMS)

When a Group 2 driver who has had a previous provoked seizure ceases to take anti-seizure medication then Group 2 driving will need to stop and the driver inform DVLA.

Appendix C
Cardiovascular considerations

Group 2 bus and lorry entitlement only

Licence duration

A bus or lorry (Group 2) licence issued after cardiac assessment for established cardiovascular disease will usually be short-term, for a maximum licence duration of 3 years, and licence renewal will require satisfactory medical reports.

Exercise tolerance testing

The preferred functional test to assess fitness to drive is an exercise tolerance test.

The requirements for exercise evaluation to assess fitness for Group 2 licensing are:

1. Discontinuation of anti-anginal medication (i.e., nitrates, beta blockers, calcium channel blockers, nicorandil, ivabradine, and ranolazine) prior to exercise tolerance testing is not required.
2. The default test should be a treadmill exercise test with the Bruce protocol.
3. Bicycle ergometry is a suitable alternative when the individual cannot use the treadmill.
4. The customer should be able to safely complete 3 stages (9 minutes) of the standard Bruce protocol (or cycle for 10 minutes with 20 W per minute increments, to a total of 200 W) without signs of cardiovascular dysfunction, such as:
   - angina pectoris
   - syncope
   - fall in systolic blood pressure of 20mmHg or more
   - arrhythmia that requires intervention or premature termination of the exercise test
5. There must be no electrocardiographic ST segment deviation that is interpreted by a cardiologist to be indicative of inducible myocardial ischaemia (usually defined as at least 2 mm horizontal or down-sloping ST-segment depression or 2mm ST-segment elevation), either during exercise or the recovery period.
6. When exercise testing is undertaken as part of medical enquiries regarding aortic stenosis, hypertrophic cardiomyopathy or cardiac transplantation, pre-existing ST segment abnormality may confound interpretation of any exercise-induced ST-segment deviation. In such cases, the test is undertaken to assess the haemodynamic response to exercise and as a marker of exercise capacity.
7. Should atrial fibrillation develop de novo during exercise testing, the supervising clinician should determine whether it is appropriate to complete the test. If the test is completed and the DVLA exercise tolerance test criteria above are met, licensing will be subject to echocardiographic confirmation that left ventricular ejection fraction is at least 40% and the licensing requirements for individuals with pre-existing atrial fibrillation (see '**Arrhythmias**' section in 'Assessing fitness to drive: guide for medical professionals').
8. If there is established coronary heart disease, DVLA will require exercise or other functional evaluation at regular intervals not to exceed 3 years.

Stress myocardial perfusion scan or stress echocardiography

A functional imaging test (radionuclide stress myocardial perfusion imaging, stress echocardiography, or stress cardiac MRI) can be considered as an alternative to exercise testing for customers with:

- left bundle branch block (LBBB)
- right bundle branch block with QRS exceeding 120 ms
- paced rhythm
- musculoskeletal or other disability that prevents exercise on a treadmill or cycle ergometer

If the exercise standard cannot be met because of lack of fitness or other non-cardiac reasons, a report may be requested from the supervising clinician before a functional imaging test is commissioned.

The licensing standards for functional imaging tests are:

- no more than 10% of the left ventricular myocardium is affected by reversible ischaemic change on myocardial perfusion imaging

or

- no more than one segment is affected by reversible ischaemic change on stress echocardiography.

Left ventricular ejection fraction

Group 2 licencing requires a resting left ventricular ejection fraction of at least 40%. The preferred methods for assessment of left ventricular function are echocardiography or cardiac magnetic resonance imaging.

Full DVLA protocol requirements for these tests are available on request (see contact details).

Coronary angiography

For licensing purposes in individuals with coronary artery disease, DVLA considers non-invasive functional assessment to be more important than angiographic assessment of coronary artery disease severity.

For this reason, coronary angiography is not commissioned by DVLA. Exercise tolerance testing and, where necessary, myocardial perfusion imaging or stress echocardiography are the investigations of relevance (outlined above) with the standards as indicated to be applied.

If there is a conflict between the results of a non-invasive functional test and recent (within 6 months) coronary angiography, the case will be considered individually. This assessment will take account of angiographic evidence of obstructive and non-obstructive coronary artery disease, and any evidence of functional coronary artery abnormality.

Marfan syndrome: aortic root surgery

Group 2 licencing after aortic surgery for Marfan syndrome will require individual assessment.

A bus or lorry licence for annual review may be issued after elective aortic root replacement surgery provided:

- surgery is successful without complications
- there is satisfactory regular specialist follow-up
- there is no evidence of suture-line aneurysm postoperatively and on 2-yearly MRI or CT surveillance

Group 2 licensing following elective external aortic support procedures will require individual consideration. Continued licensing thereafter will require regular clinical review, including MRI imaging one year after surgery and every 3 years thereafter.

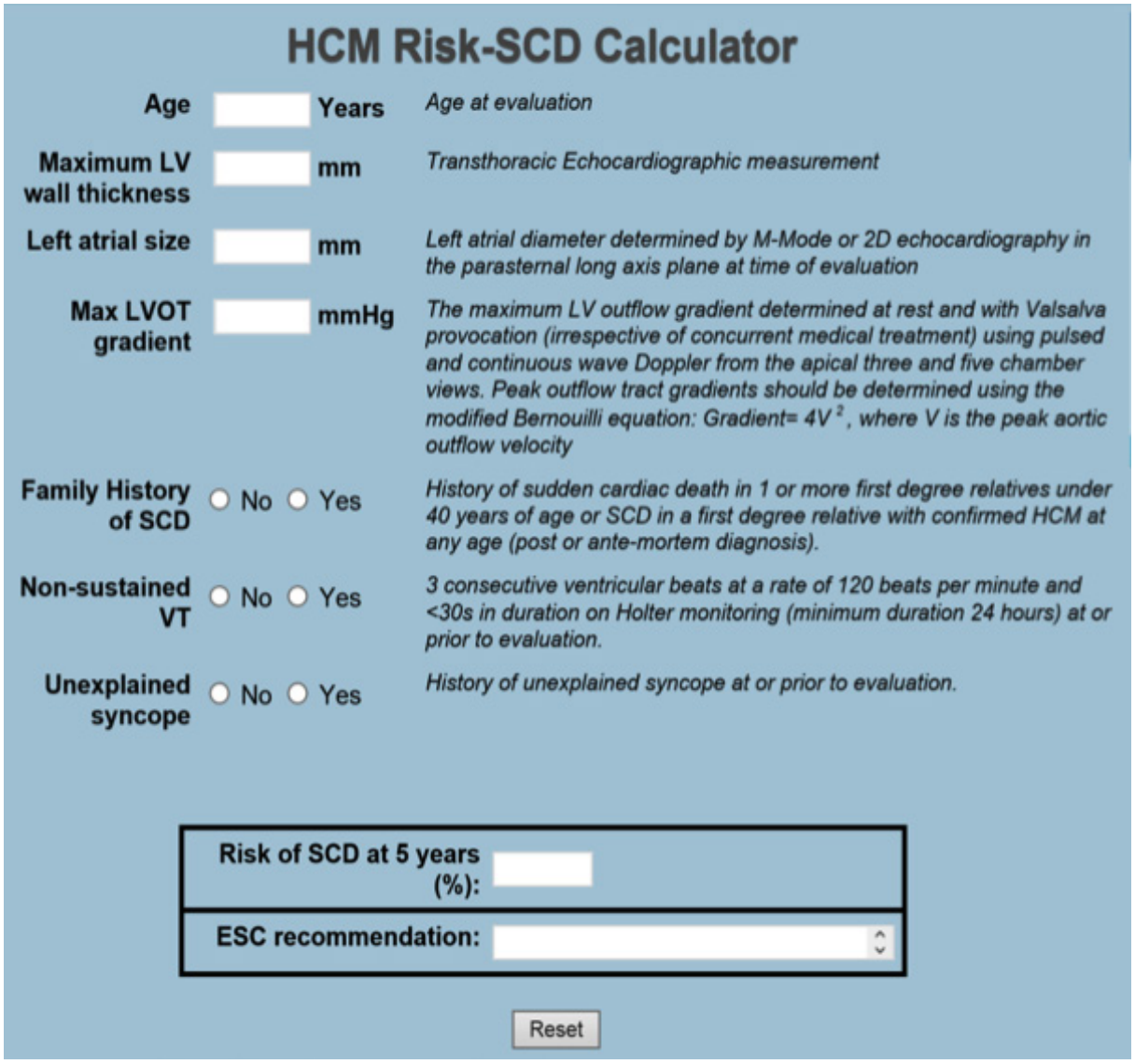
Aortic stenosis (to include sub-aortic and supravalvular stenosis)

Aortic stenosis severity should be assessed from clinical, echocardiographic and biomarker parameters, in line with recommendations in 2021 ESC/EACTS guidelines for the management of valvular heart disease.

ESC Hypertrophic Cardiomyopathy Risk-SCD Calculator

This calculator is recommended by the European Society of Cardiology to assess sudden cardiac death (SCD) risk in individuals with hypertrophic cardiomyopathy. The calculator assigns individuals with hypertrophic cardiomyopathy to low risk (5-year risk of SCD less than 4%), intermediate risk (5-year risk of SCD 4 to 6%), or high risk (5-year risk of SCD equal to or greater than 6%) categories.

An online version of the calculator is available at: https://qxmd.com/calculate/calculator_303/hcm-risk-scd



Congenital heart disease

Complexity of congenital heart disease can be classified as mild, moderate or severe. Refer to table 4 in the 2020 European Society of Cardiology guidelines for the management of adult congenital heart disease.

Appendix D
Transient loss of consciousness (blackouts) and lost or altered awareness

Including blackout with seizure markers and cough syncope

Driving standards for non-traumatic transient loss of consciousness.

Transient loss of consciousness (TLoC) or 'blackout' unrelated to trauma is very common and affects up to half the population in the UK at some point in their lives.

TLoC is a state of real or apparent loss if consciousness which is associated with loss of awareness, amnesia for the period of unconsciousness, abnormal motor control, and loss of responsiveness. The condition is of short duration.

Following an episode of transient loss of consciousness, Group 1 and Group 2 drivers should be assessed as soon as possible by a healthcare professional to advise regarding driving implications as set out in this guidance.

If a healthcare professional can attribute a diagnosis to the episode(s) of TLoC then the relevant medical standard for that diagnosis will be applied from the appropriate chapter of this guide (neurological disorders, cardiovascular disorders or diabetes mellitus).

If a diagnoses cannot be attributed, or until a diagnosis is established, the standard for "unexplained loss of consciousness" will apply.

Causes of transient loss of consciousness relevant to driving include:

- syncope - see relevant section of this chapter
- epilepsy and seizures - see relevant section of Chapter 1 (Neurological disorders)
- hypoglycaemia - see relevant section of Chapter 3 (Diabetes mellitus)
- unexplained - see relevant section of this chapter

Other diagnosed causes of loss of consciousness will only require notification to DVLA and subsequent enquiry if medical opinion considers that they are relevant to driving. This will include episodes clinically attributed to Postural Orthostatic Tachycardia Syndrome (POTS) and orthostatic hypotension.

Syncope

Syncope is defined as transient loss of consciousness due to cerebral hypoperfusion, characterised by a rapid onset, short duration, and spontaneous complete recovery.

The term presyncope describes symptoms and signs of cerebral hypoperfusion that occur before complete loss of consciousness. For licensing decisions, an episode of presyncope without progression to TLoC is relevant if medical opinion considers that the presyncope has caused an individual to be unable to safely control or stop a vehicle. In such cases, the standards for syncope will apply.

continued

Causes of syncope relevant to driving include:

- reflex syncope (vasovagal/neurocardiogenic syncope and situational syncope)
- cardiac causes of syncope including arrhythmia and structural heart disease (including valve disease, pulmonary arterial hypertension, cardiomyopathy, and Brugada Syndrome)

Reflex syncope

The application of medical standards for reflex syncope requires a positive diagnosis based on clinical assessment and investigations. The diagnosis of reflex syncope is made on the balance of probability and if a clinician cannot attribute a cause of syncope, the standard for unexplained transient loss of consciousness will apply.

Reflex syncope can be associated with either or both:

- prodrome, such as sweating or feeling warm/hot before loss of consciousness
- provocation, such as pain, emotional stress or a medical procedure

Some episodes of reflex syncope are related to micturition, defecation, or swallowing ('situational' syncope).

A 'reliable prodrome' occurs predictably before syncope, is recognised by the driver as a warning of impending loss of consciousness and should be of sufficient duration to allow the driver to safely stop the vehicle.

An 'avoidable provocation' includes factors that may provoke syncope, but which can be avoided and are not expected to occur while driving, such as exposure to a medical procedure, or syncope after a prolonged period of standing (for example, soldier on parade).

	Group 1 Car and motorcycle	Group 2 Bus and lorry
Reflex syncope (often referred to as vasovagal syncope) with a reliable prodrome		
Single episode	If syncope has not occurred while driving, may drive and need not notify DVLA. If syncope has occurred while driving, then must not drive and need not notify DVLA. Driving may resume one month following the episode of syncope. Should a further episode occur within 24 months the guidance for multiple episodes will apply.	Must notify DVLA. Should a further episode occur within 24 hours the guidance for multiple episodes will apply. If syncope was associated with an avoidable provocation and did not occur while driving, may resume driving after recovery from the episode of syncope. If syncope was not associated with an avoidable provocation, or syncope occurred while driving, must not drive. Driving may resume 3 months following the syncopal episode subject to an appropriate specialist report.***

continued

	Group 1 Car and motorcycle	Group 2 Bus and lorry
Multiple episodes* (2 or more episodes in preceding 24 months)	If syncope has not occurred while driving, may drive and need not notify DVLA. If syncope has occurred while driving, must not drive and must notify DVLA. Driving may resume 3 months following the most recent episode of syncope.	Must notify DVLA and must not drive. If syncope is associated with an avoidable provocation and has not occurred while driving, may resume driving after recovery from the most recent episode of syncope. If syncope is not associated with an avoidable provocation or has occurred while driving, must not drive. Driving may resume 6 months following the most recent episode of syncope subject to an appropriate specialist report.***

	Group 1 Car and motorcycle	Group 2 Bus and lorry
Reflex syncope without a reliable prodrome		
Single episode	Must not drive and must notify DVLA. If syncope was associated with an avoidable provocation and syncope did not occur while driving, driving may resume after the recovery from the episode of syncope. If syncope was not associated with an avoidable provocation or has occurred while driving, driving may resume 3 months following the episode of syncope.	Must not drive and must notify DVLA. If syncope was associated with an avoidable provocation and did not occur while driving, driving may resume 3 months following the syncope subject to an appropriate specialist report.*** If syncope was not associated with avoidable provocation or has occurred while driving, driving may resume 12 months following the syncope subject to an appropriate specialist report.***
Multiple episodes* (2 or more episodes in preceding 24 months)	Must not drive and must notify DVLA. If syncope is associated with an avoidable provocation and has not occurred while driving, driving may resume 3 months following the most recent episode of syncope. If syncope is not associated with an avoidable provocation or has occurred while driving, driving may resume 6 months following the most recent episode of syncope.	Must not drive and must notify DVLA. Relicensing may be considered 12 months following the most recent episode, subject to an appropriate specialist report.***

* this standard should apply when any of the multiple episodes occurs without a reliable prodrome.

Unexplained loss of consciousness

	Group 1 Car and motorcycle	Group 2 Bus and lorry
Unexplained loss of consciousness (without seizure markers)		
Single episode	Must not drive and must notify DVLA. May resume driving 6 months after the episode of unexplained loss of consciousness. If the cause of loss of consciousness is established the relevant standard should be applied from the appropriate chapter of this guide.	Must not drive and must notify DVLA. Licence will be revoked for 12 months. If the cause of loss of consciousness is established the relevant standard should be applied.
Multiple episodes (2 or more episodes within a 24 month period unless the most recent episode of that cluster has occurred more than 5 years ago)**	Must not drive and must notify DVLA. Licence will be revoked for 12 months after most recent episode of unexplained loss of consciousness. If the cause of loss of consciousness is established the relevant standard should be applied from the appropriate chapter of this guide.	Must not drive and must notify DVLA. Licence will be revoked for 5 years after most recent episode of unexplained loss of consciousness. If the cause of loss of consciousness is established the relevant standard should be applied.

** for multiple episodes of mixed presentation/aetiology the relevant standard applies to each episode of loss of consciousness.

Note:

***An "appropriate specialist" is a clinician (doctor or other healthcare provider) whose work regularly results in exposure to this medical condition. Examples would include clinicians who undertake independent decision making in neurology clinic, cardiology clinics, syncope clinics, and so on.

The content of a specialist report should include:

- the level if confidence in any diagnosis of reflex syncope
- confirmation as to whether syncope has ever occurred whilst driving
- confirmation as to the presence or absence of reliable prodrome
- discussion of any provocation
- opinion (balance of probability) of the risk of further episodes with regard to the 20% per year threshold for Group 1 licensing and the equivalent 2% per year threshold for Group 2 licensing

Blackouts with seizure markers

This category is for those where on the balance of probability there is clinical suspicion of a seizure but no definite evidence. Individuals will require assessment by an appropriate specialist and investigation, for example EEG and brain scan, where indicated.

The following factors indicate a likely seizure:

- loss of consciousness for more than 5 minutes
- amnesia longer than 5 minutes
- injury
- tongue biting
- incontinence
- post ictal confusion
- headache post attack

	Group 1 Car and motorcycle	Group 2 Bus and lorry
Isolated episode	Must stop driving and notify DVLA. 6 months off driving from the date of the episode. If there are factors that may lead to an increased risk of recurrence, 12 months off driving would be required.	Must stop driving and notify DVLA. 5 years off driving from the date of the episode.
Recurrent episodes	Must stop driving and notify DVLA. Depending on previous medical history, the standards for isolated seizure or epilepsy will apply.	Must stop driving and notify DVLA. Depending on previous medical history, the standards for isolated seizure or epilepsy will apply.

Cough syncope

Having experienced an episode or episodes of cough syncope, a person has identified themselves as being in a higher risk group that is predisposed to cough syncope. Therefore, even if the cough syncope episode occurred during a short-lived period of increased cough (such as an episode of acute respiratory infection), this would not alter the fact that the person is then at a higher risk of experiencing an episode of cough syncope whenever they cough, regardless of the cause.

Treatment, management or resolution of the condition which caused the cough does not reduce the risk of syncope with further episodes of cough.

	Group 1 Car and motorcycle	Group 2 Bus and lorry
	Must not drive and must notify DVLA. Must not drive for 6 months following a single episode and for 12 months following multiple episodes over 5 years. If more than one episode of cough syncope occurs within a 24 hour period, this will be counted as a single event. However, if the episodes of cough syncope are more than 24 hours apart, these are considered as multiple episodes.	Must not drive and must notify DVLA. Must not drive for 12 months following a single episode and 5 years following multiple episodes over 5 years. If more than one episode of cough syncope occurs within a 24 hour period, this will be counted as a single event. However, if the episodes of cough syncope are more than 24 hours apart, these are considered as multiple episodes.

Appendix E
INF188/2 leaflet

Information for drivers with diabetes, including the INF294 leaflet.

Appendix F
Important notes concerning psychiatric disorders

All mental health symptoms must be considered

Any psychiatric condition that does not fit neatly into the classifications in Chapter 4 will need to be reported to DVLA if it is causing or is considered likely to cause symptoms that would affect driving.

Such symptoms include, for example:

- any impairment of consciousness or awareness
- any increased liability to distraction
- or any other symptoms affecting the safe operation of the vehicle

The patient should be advised to declare both the condition and the symptoms of concern.

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

The law sets out the minimum medical standards of fitness to drive and the requirements for mental health in broad terms state that:

- there is a clear distinction between the standards for Group 1 car and motorcycle, and Group 2 bus and lorry licensing. The standards for the latter are more stringent because of the size of the vehicles and the greater amounts of time spent at the wheel by occupational drivers
- 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, and severe impairment of intelligence or social functioning
- the standards of fitness to drive 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 are cases that require consideration of the standards in Chapter 5 in addition to those for psychiatric disorders in Chapter 4

Medications

Section 4 of the Road Traffic Act 1988 does not differentiate between illicit and prescribed drugs.

Any person driving or attempting to drive on a public highway or other public place while unfit due to any drug is liable for prosecution.

- All drugs with an action on the central nervous system can impair alertness, concentration and driving performance.
- This is of particular relevance at the initiation of treatment, or soon after, and also when dosage is being increased. Anyone who is adversely affected must not drive.
- It should be taken into account when planning the treatment of a patient who is a professional driver that the older tricyclic antidepressants can have pronounced anticholinergic and antihistaminic effects, which may impair driving, whereas the more recently developed antidepressants may have fewer such effects.

- Antipsychotic drugs, including depot preparations, can cause motor or extrapyramidal effects as well as sedation or poor concentration. These effects, either alone or in combination, may be sufficient to impair driving, and careful clinical assessment is required.
- The epileptogenic potential of psychotropic medication should be given particular consideration in patients who are professional drivers.
- Benzodiazepines are the psychotropic medications most likely to impair driving performance – the long-acting compounds in particular – and alcohol will potentiate effects.
- Doctors have a duty of care to advise their patients of the potential dangers of adverse effects from medications and their interactions with other substances, especially alcohol.

Electroconvulsive therapy

The likely severity of the underlying condition requiring electroconvulsive therapy (ECT) means the driver should be advised that they must notify DVLA.

Electroconvulsive therapy is usually employed in the context of an acute intervention for a severe depressive illness or, less commonly, as longer-term maintenance therapy.

In both courses, it is the severity of the underlying mental health condition that is of prime importance to the determination of whether driving may be permitted.

A seizure induced by ECT is regarded as provoked for the purposes of fitness to drive and is not a bar to licensing and driving – under both Group 1 car and motorcycle, and Group 2 bus and lorry.

The concerns for driving are:

- severity of the underlying illness requiring ECT treatment
- potential cognitive or memory disturbances associated with both the underlying depression and the ECT therapy.

Driving must stop during an acute course of treatment with ECT and is not permitted until the relevant medical standards and observation periods associated with underlying conditions have been met, as set out in Chapter 4 and with respect to any other mental health symptoms or psychiatric conditions that do not fit neatly into classifications.

Again, this guidance must stress that the underlying condition and response to treatment are what determine licensing and driving.

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

Driving must stop for 48 hours following the administration of an anaesthetic agent.

Appendix G
Disabilities and vehicle adaptations

Group 1 car and motorcycle

Driving often remains possible with certain adjustments for a disability, whether for a static and progressive disorder or a relapsing one. These vehicle modifications may be needed for:

- permanent limb and spinal disabilities – for example, amputation, hemiplegia, cerebral palsy, ankylosing spondylitis, or severe arthritis (especially with pain)
- chronic neurological disorders – for example, multiple sclerosis, Parkinson's disease, motor neurone disease, or peripheral neuropathy

Vehicle adaptations range from simple automatic transmission for many disorders, to sophisticated modifications such as joysticks and infrared controls for people with severe disabilities.

DVLA will need to know about a disability and whether any controls require modification, and will ask the patient to complete a simple questionnaire.

The driving licence is coded to reflect any vehicle modifications.

Assessment centres offer people advice about driving with a disability (these are listed in Appendix G).

Note that a person in receipt of the mobility component of Personal Independence Payment (PIP) can hold a driving licence from 16 years of age. (A person can't apply for PIP until their 16th birthday.)

Group 2 bus and lorry

Some disabilities, if mild and non-progressive, may be compatible with driving large vehicles. DVLA needs to be notified and will require an individual assessment.

Mobility scooters and powered wheelchairs

Users of Class 2 or 3 mobility vehicles – which are limited to 4 mph or 8 mph respectively – are not required to hold a driving licence, and they do not need to meet the medical standards for driving motor vehicles. DVLA recommends the following, however:

- individuals with a medical condition that may affect their ability to drive these mobility vehicles should consult their GP first
- users should be able to read a car number plate from a distance of 12.3 metres.

For more information, see Mobility scooters and powered wheelchairs: the rules.

Appendix H
Mobility Centres and Driving Assessment Centres

Find a centre on the Driving Mobility website.

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Assessing fitness to drive
– a guide for medical professionals

DVLA
Longview Road
Morriston
Swansea
SA6 7JL

www.gov.uk/dvla/fitnesstodrive

This guidance 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 that need to be met by individuals to hold licences to drive various categories of vehicle. The Department for Transport has prepared this document on the advice of the Secretary of State's Honorary Advisory Panels of medical specialists.

This 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.