### Key points

- Diabetes UK has always campaigned to ensure that people with diabetes are assessed fairly for their fitness to drive. We believe that all people with diabetes should be able to hold a driving licence if they meet medical fitness criteria.

- In 2011 changes resulting from an EC directive led to the introduction of stricter rules for drivers of cars and motorcycles (Group 1 vehicles).

- At the same time, the ban on people treated with insulin driving lorries and passenger carrying vehicles (Group 2 vehicles) was lifted. These drivers can now apply for a licence, but must have an annual independent medical assessment to prove their fitness to drive, which includes providing evidence of safe glycaemic control based on frequent and regular meter readings.

- Diabetes UK generally welcomed the changes for Group 2 licences as we do not believe in blanket bans and have always campaigned for people to be individually assessed for their fitness to drive.

- However, we have closely monitored the implementation of the new Group 2 process and have called for changes in this to address problems of delays and poor communication.

- Diabetes UK had concerns about aspects of the changes to the rules for Group 1 licences and we continue to work with the DVLA to address these.

- Diabetes UK continues to work with the DVLA and the Secretary of State’s Honorary Medical Advisory Panel on diabetes to ensure that people with diabetes who drive are safe, but do not experience unfair discrimination in the licensing process.

### Introduction

Diabetes UK has always campaigned to ensure that people with diabetes are assessed fairly for their fitness to drive. We believe that all people with diabetes should be able to hold a driving licence if they meet medical fitness criteria. We maintain that people with
diabetes pose no greater risk than other drivers and indeed there is no compelling
evidence to suggest that they are more likely to have an accident than other drivers
provided they take all necessary precautions. A review of the evidence for the European
Working Group on Diabetes and Driving (1) found that any differences in risk were small
compared with the differences in risk seen in the general population. A study in the UK (2)
concluded that people using insulin did not pose a greater risk than the general driving
population. There is some evidence, however, that recent severe hypoglycaemia or
hypoglycaemic unawareness may be a predictor for future accidents (3).

The European Working Group on Diabetes and Driving concluded that licences should be
given to people with diabetes for no longer than five years without a medical review. The
EU Directive (introduced in the UK in 2011), set a minimum of five years for licence
holders treated with insulin to have a medical review to assess their fitness to drive.

Diabetes UK agrees that a person with diabetes should not be issued a licence if they
cannot prove their medical fitness to drive. However, they should always be given the
right to undergo assessment and the right to challenge a decision if their licence is
revoked.

Diabetes UK advises people with diabetes on driving safely, in line with DVLA advice.

**Current situation**

**Current DVLA driving guidelines and restrictions for people with diabetes**

People must inform the DVLA if they are treated with insulin.

Currently people who are treated with insulin will only be issued with a restricted licence of
maximum three years duration. Licence restrictions for a Group 1 licence (car or
motorbike) only apply to people with diabetes who are treated with insulin.

People must also inform the DVLA:

- If they start to use insulin
- If their condition changes; for example, if they develop complications which can
  affect their ability to drive such as retinopathy resulting in visual problems, or
  peripheral neuropathy (loss of sensation in the feet due to nerve damage), or a
  stroke interfering with sight, muscle strength or balance or other serious medical
  condition – even if their diabetes is not treated with insulin
- If they require laser treatment for retinopathy in both eyes (or in the remaining eye
  if they have sight in only one eye)
- If they are experiencing recurrent severe hypoglycaemia (whether treated by
  medication or insulin) which is defined by the DVLA as ‘more than one episode of
  hypoglycaemia during a period of 12 months that required assistance from another
person' (This means two or more episodes in a 12 month period and includes any severe hypoglycaemia when people are asleep).

People should also report impaired awareness of hypoglycaemia - the DVLA require this if there is complete unawareness. Whilst the DVLA guidance does not define hypoglycaemia or hypoglycaemia unawareness, the Association of British Clinical Diabetologists (ABCD) has published guidance on this. This states that as there is evidence for cognitive dysfunction around 3mmol/L, people who are asymptomatic when under this glucose concentration are at risk for impaired performance without awareness. Given the inter-person variability for this and the margin for error in home glucose monitoring, a clinical assessment is advised (4).

Whilst people who have group 1 licences are not required to notify the DVLA if they are taking medication (other than insulin) that can cause hypoglycaemia (most commonly sulphonylureas and glinides) and they are not issued with a restricted licence, they must inform the DVLA if they have experienced more than one severe hypoglycaemic episode in 12 months due to these medications.

Length of medically restricted licence

- Currently insulin users are issued licences for cars and motorcycles (Group 1) for one, two or three years, depending on the individual person’s medical condition. Most commonly they are issued for three years and have to be renewed by application to the DVLA, accompanied by a self-declaration form to demonstrate fitness-to-drive criteria agreed by the Secretary of State’s Honorary Medical Advisory Panel on Diabetes. Information from the person’s doctor may be sought by DVLA to process the application.

- The DVLA recently consulted on extending the licence period for group 1 vehicles to “up to ten years” for people with diabetes and a range of conditions. Diabetes UK supported this proposal and viewed this as an opportunity to introduce a more robust system of medical review for people with diabetes who drive, whilst removing the unnecessary anxiety of having to reapply for a licence every three years.

- Currently the Secretary of State’s Honorary Medical Advisory Panel have not recommended any changes to the licence period for people with insulin treated diabetes.

Group 2 vehicles (LGVs and PCVs)

- In November 2011 the blanket ban for insulin users for Group 2 vehicles – which includes lorries (large goods vehicles - LGVs) and passenger carrying vehicles (PCVs) was lifted. People being treated by insulin are now allowed to apply for a Group 2 licence providing they meet strict medical criteria and can demonstrate
that they have adequate control of the condition with regular blood glucose monitoring. People with Group 2 vehicle licences who are treated with insulin have to undergo annual independent medical assessments and show three months’ worth of blood glucose test results recorded on a memory blood glucose meter to demonstrate that their diabetes is adequately controlled.

**Concerns and implications**

**Group 1 licences**

- Diabetes UK is concerned that new standards for assessing fitness to drive for people with diabetes mean that people are having their licences revoked when they report night time hypoglycaemia (when asleep). This is because people have to report any recurrent severe hypoglycaemia. Recurrent means more than one episode in a 12 month period and severe is defined as “requiring assistance from another person”. No distinction is made in the EU Directive between waking and non-waking hours. Previously people were asked only to report severe hypoglycaemia in waking hours.

- People can also experience severe hypoglycaemia on a temporary basis due to illness or an underlying condition that is resolved. Diabetes UK has dealt with enquiries and concerns from people who have had licences revoked in these circumstances, though sometimes this has been overturned with medical support.

- Diabetes UK is aware that some people are putting their health at risk in order that they do not risk losing their driving licence; for instance by keeping their blood glucose high to avoid hypoglycaemia.

- Diabetes UK is also concerned about the impact that the changes in the regulations for Group 1 drivers are having on the relationship between people with diabetes and their health care professionals. There are concerns that people will not report severe hypoglycaemic events or reduced awareness of hypoglycaemia (both of which can often be addressed with medical advice) as this could put their licence at risk. It is important that people with diabetes are aware of the importance of raising any problems they are having in relation to hypoglycaemia with their health care professionals in order that these can be addressed at an early stage.

- We have worked with the DVLA to ensure that the standards are communicated clearly and interpreted correctly by people with diabetes and health professionals in order that people are not needlessly having licences revoked or experiencing delays in getting their licences re-issued.

- We are also working in the UK and Europe to monitor the impact of the changes on drivers with diabetes.
Group 2 licences

- Diabetes UK believes that people treated with insulin should be subject to rigorous individual medical assessment to prove their medical fitness to drive lorries and buses and welcomed the changes that removed a blanket ban for people on insulin driving these vehicles.

- However, Diabetes UK is concerned that, under the new rules, people who are newly diagnosed with Type 1 or those with Type 2 who are moving to insulin have to take a break of up to six months from driving Group 2 vehicles in order to go through the licensing procedure. This is difficult for some vocational drivers and has implications for their employment tenure.

- It is important that health care professionals take into account the impact of diabetes treatment on people’s ability to drive and that people with diabetes understand this impact and are fully engaged in treatment decisions.

- We are also concerned that drivers of large motor homes (vehicles between 3.5 and 7.5 tonnes) now have to re-apply for a licence every year, if they are treated with insulin, and undergo the full Group 2 application process.

- The process introduced at the end of 2011 to meet the EU Directive for an annual independent medical review is too long and complex for people to undergo every year. Diabetes UK has dealt with a large number of complaints and concerns about the process. This has been raised with DVLA and the agency has reviewed the process and made some improvements to streamline the process. We are monitoring the impact of these.

Diabetes UK calls to action

- DVLA should continue to monitor the implementation of the changes and regularly publish how many people with diabetes are having their licences revoked.

- DVLA and Department for Transport should work with the European Commission to clarify and adjust the EU directive to ensure that hypoglycaemia in non-waking hours is not included in the criteria for assessing fitness to drive.

- DVLA / Secretary of State’s Honorary Medical Advisory Panel on diabetes should continue to review the guidance given to people with diabetes and to healthcare professions about the driving licence application and renewal process in order to ensure that it is fair, safe, efficient and transparent.
DVLA / Secretary of State’s Honorary Medical Advisory Panel should publish data showing how they currently meet targets for issuing and renewing medically restricted driving licences and continue to take steps to reduce the delays experienced by people with diabetes when applying and reapplying for driving licences.

DVLA / Department of Transport should monitor the impact of the changes to licensing on road safety.

Conclusion

Diabetes UK has worked successfully with the DVLA to improve the process for people with diabetes applying for driving licences and to monitor the impact of the changes. We will continue to work to ensure that the process is fair, safe, efficient and transparent, pursuing the calls to action above.

People with diabetes should be advised not to drive
- if they have just started to take insulin and their diabetes is not yet properly controlled
- if they have difficulty in recognising the early symptoms of hypoglycaemia
- if their blood glucose level is less than 4.0 mmol/l or they feel hypoglycaemic
- if they have any problems with their eyesight that cannot be corrected by glasses / contact lenses.

Advice to people with diabetes who drive should include
- avoid long or stressful journeys if tired
- if treated with insulin, test your blood glucose level within two hours of driving and regularly during a long drive – preferably every two hours
- consult your doctor or diabetes specialist nurse at an early stage if you are concerned about hypoglycaemia
- inform the DVLA of your diabetes if you are treated with insulin
- inform the DVLA if you have any problems associated with your diabetes that affects your fitness to drive
- keep copies of all correspondence with DVLA
- ensure that you tell the doctor who looks after your diabetes about any episodes of severe hypoglycaemia so that they can be recorded appropriately in your notes with the date and circumstances of the event
- keep in touch with your doctor, especially when they are communicating with the DVLA.

Further information
The Diabetes UK Careline is a dedicated diabetes helpline for all people with diabetes, their friends, family, carers and healthcare professionals.

The confidential helpline is staffed by professional counsellors who have extensive knowledge of diabetes. They can provide information about the condition, take the time to talk things through and explore emotional, social, psychological or practical difficulties.

Call: 0345 123 2399*, Monday–Friday, 9am–7pm.

Email: careline@diabetes.org.uk

Or if you are in Scotland: carelinescotland@diabetes.org.uk

*Calls may be recorded for quality and training purposes.

References

1. Professor Christian Berne et al, Diabetes and Driving in Europe, A report of the Second European Working Group on Diabetes and Driving, an advisory board to the Driving Licence Committee of the European Union, 2006
3. Professor Christian Berne et al, Diabetes and Driving in Europe, A report of the Second European Working Group on Diabetes and Driving, an advisory board to the Driving Licence Committee of the European Union, 2006