The Driver and Vehicle Licensing Agency

It is the legal responsibility of the patient to inform the Driver and Vehicle Licensing (DVLA) of a diagnosis of diabetes when it is treated with insulin or oral hypoglycaemic agents (OHA’s). The DVLA need not be informed if treatment is with ‘diet and exercise’ alone but DVLA must be informed if treatment is started with OHA’s or if there is a change from oral agents to insulin.

Patients treated with insulin will be sent a Diabetic 1 form that will ask for further details including the name of their GP or hospital physician and for consent to approach that doctor directly for information if necessary.

If insulin-treated, a Private Vehicle Licence will be issued for one, two or three years (Group I licence – motor cars and motor cycles). If oral agent or diet controlled a full ‘until 70’ licence will be issued providing there are no other debarring medical conditions.

The DVLA must be informed if any new problems or diabetic complications develop which may affect the safety of driving.

Contact address and telephone number:

Medical Advisor
Drivers Medical Unit
DVLA
Longview Road
Swansea
SA99 1TU
Tel: 0870 240 0009
www.dvla.gov.uk

Large Goods Vehicles and Passenger Vehicles (Group II)

Since April 1991 it has been against the law to issue a Large Goods Vehicle (LGV) or Passenger Carrying Vehicle (PCV) licence to patients treated with insulin. (Until 1991 these were known as heavy goods vehicles [HGV] and public service vehicles [PSV]) A person with a LGV or PCV licence will have their licence withdrawn if they require insulin treatment.

The only exception is patients who had type 1 diabetes and were issued with such a licence before April 1991 when the law changed. These cases are dealt with individually and licences can be re issued annually subject to a satisfactory medical review.

Patients treated by diet or OHAs, providing there are no visual or medical problems, can hold a LGV or PCV licence.
Lighter Goods / Smaller Passenger Vehicles  (Group II)

In January 1998 the second EU driver-licensing directive came into force in the UK. Insulin-treated diabetic drivers lost their entitlement to drive lighter goods and smaller passenger carrying vehicles. This includes vehicles in a C1 category (between 3.5 and 7.5 tonnes) and D1 category (small passenger carrying vehicles for 9 or more passengers). They will retain the right to tow caravans, drive cars with trailers and tow broken down vehicles by car.

Diabetes UK campaigned against the ban on group II licences and has secured a concession for C1 licences. If a patient is treated with insulin they can now undergo a medical assessment to apply for C1 entitlement to be added to their standard licence. This full medical assessment is carried out on an individual basis and certain criteria have to be fulfilled before a licence is issued.

Approval to drive minibuses (category D1) has not been granted. However an exemption in the law means that anyone who is aged between 21 and 70 and has held a category B licence for a minimum of two years can drive a minibus with up to 16 passenger seats (and not over 3.5 tonnes) provided it is strictly on a ‘not for hire or reward’ basis.

Hypoglycaemia

The main potential danger of diabetes and driving is the risk of hypoglycaemia.

In order to avoid hypoglycaemia patients should be advised to:

- Always carry fast-acting carbohydrate food in the car e.g. chocolate or glucose tablets and some slow-absorbing carbohydrate e.g. fruit or bread.
- Not drive for more than two hours without eating a snack
- Check blood glucose levels before and during the journey
- Carry identification

If symptoms of hypoglycaemia do occur patients should be advised to:

- Stop driving as soon as it is safe to do so
- Immediately take a glucose drink or tablet
- Remove the ignition key and move into the passenger seat to avoid any suggestion that you are in charge of the car

Diabetic drivers should know that if they have an accident attributable to hypoglycaemia they render themselves liable to the charge of driving under the influence of drugs.

Patients should be advised to abstain completely from alcohol when driving.

Visual Standards

Visual standards relating to driving are those applied generally. The applicant should be able to read a number plate (7.9cm) at a distance of 20.5 metres and have a visual field of at least 120 degrees in the horizontal axis and at least 20 degrees in the vertical axis. This approximates to an equivalent Snellen Chart corrected acuity of 6/12.
If in doubt refer specifically to the Ophthalmology Clinic for formal assessment.

**Car Insurance**

Diabetes must be disclosed either at a start of a new policy or at the time of diagnosis. Changing treatment or the development of new complications should be disclosed at each renewal.

Failure to notify the insurer can invalidate cover in the event of a claim.

Not all insurance companies will load their policies in the same way and there is no single insurance scheme, which will be the cheapest in every case.

**For Further Information Contact:**

**Diabetes UK:** -Tel: 0845 120 2960  [www.diabetes.org.uk](http://www.diabetes.org.uk)

**DVLA:** - Tel: 0870 240 0009  [www.dvla.gov.uk](http://www.dvla.gov.uk)

You can also advise your patient to look at the Patient/carer information section **DIABETES AND DRIVING on the Trafford website** for further information.