



**BRIEFING PAPER**

Number SN387, 12 January 2017

# Driving with a medical condition

By Louise Butcher

**Contents:**

1. Medical rules for fitness to drive
2. Assessing fitness to drive
3. Requirements for specific conditions



# Contents

<b>Summary</b>	<b>3</b>
<b>1. Medical rules for fitness to drive</b>	<b>4</b>
<b>2. Assessing fitness to drive</b>	<b>5</b>
<b>3. Requirements for specific conditions</b>	<b>7</b>
3.1 Changes affecting diabetes, epilepsy and vision, from 2011-13	7
Diabetes	7
Epilepsy	8
Vision	9

## Summary

This paper explains the legal framework within which medical conditions for fitness to drive are assessed. It includes information on changes made to the requirements related to diabetes, epilepsy and vision in 2011 and 2013.

Driver licensing rules in the UK ultimately derive from the EU. It is as yet unclear what the impact of Brexit might be on driver licensing and testing: it seems likely that the UK would adopt a system compatible with that across the EU in order to retain the benefits of mutual recognition.

Drivers are legally obliged to inform the DVLA of any changes to their health that they think might affect their legal ability to drive. Third parties, such as doctors and family members, can also make representations to the Agency if they feel someone's health is posing a danger to their driving ability.

The DVLA can withdraw a licence if a driver does not meet the required medical standard to drive. One may appeal such a decision to the Magistrate's Court.

Information on associated matters involving driver licensing and fitness to drive can be found on the [Roads Topical Page](#) of the Parliament website.

# 1. Medical rules for fitness to drive

Annex III of the Third European Driving Licence Directive ([Directive 2006/126/EC](#)), Part III of the [Road Traffic Act 1988](#) and Part VI of the [Motor Vehicles \(Driving Licences\) Regulations 1999 \(SI 1999/2864\)](#), as amended, both as amended, provide the legal framework for standards of physical and mental fitness to drive a vehicle.

The rules as they apply to the range of conditions and illnesses are set out in the DVLA's guide on assessing fitness to drive. The guidelines therein "represent the interpretation and application of the law in relation to fitness to drive following advice from the Secretary of State's Honorary Medical Advisory Panels. The Panels consist of doctors eminent in the respective fields of Cardiology, Neurology, Diabetes, Vision, Alcohol/Substance Abuse and Psychiatry, together with lay members".<sup>1</sup> The Panels meet twice yearly and the standards are reviewed and updated.

Under section 99 of the 1988 Act the Secretary of State may limit the duration of a licence granted to a person suffering from a relevant or prospective disability to between one and three years. Under section 94 an existing licence holder is required to inform the Secretary of State if (s)he begins to suffer from a relevant or prospective disability, or if an existing condition deteriorates. The DVLA also acts on third party tip offs from health care professionals as to whether someone might be falling short of the required standard: in 2010, the DVLA carried out investigations into 10,740 drivers' records as a result of receiving third party notifications.<sup>2</sup>

Drivers who have their driving entitlement revoked or refused on medical grounds have the right to appeal to the Magistrate's Court under section 100 of the 1988 Act.

It is as yet unclear what the impact of Brexit might be on driver licensing and testing: it seems likely that the UK would adopt a system compatible with that across the EU in order to retain the benefits of mutual recognition.

---

<sup>1</sup> DVLA, [Assessing fitness to drive: a guide for medical professionals](#), May 2016, p3

<sup>2</sup> [HC Deb 20 October 2011, c1064W](#)

## 2. Assessing fitness to drive

There have recently been concerns about how DVLA carries out its duties with regards to assessing fitness to drive.

In October 2016 the Parliamentary and Health Service Ombudsman (PHSO) published a report into failings by the DVLA in assessing people's fitness to drive.<sup>3</sup> The report was not specific to older people but as many older people may well have medical conditions which need to be assessed they would be affected disproportionately.<sup>4</sup>

While DVLA did not respond to the report directly, the *Motoring Services Strategy*, published in May 2016, had previously set out how DVLA intends to reform medical assessments of fitness to drive:

Anyone getting behind the wheel of a vehicle should be fit to drive. Physical and mental ailments, even if not chronic, can be dangerous when a person is driving. Decisions on fitness to drive are made by the DVLA's Drivers Medical Group (DMG), which handles around 600,000 cases a year. Some consultation respondents were dissatisfied with their experience with the DMG service. The DVLA is concentrating efforts on improving the services it offers to medical customers. This includes recruiting more medical and administrative staff, reviewing how it deals with complex cases and improving communication with customers. As our Road Safety Statement makes clear, the Government is committed to ensuring that the medical assessment and licensing regime for drivers keeps pace with current life expectancy and health trends.

Decisions by DMG on fitness to drive can, for the majority of cases, be made quickly once information is provided by the customer or their GP. DVLA will develop a web application which will enable customers to provide details online. This will help to ensure that customers provide DVLA with the correct information, and reduce the amount of information that has to be input more than once. At the same time, where it is necessary for DMG to contact customers or medical practitioners, it will adopt a more tailored approach to these communications.

It is important that, where DVLA is called on to make a decision on an individual's fitness to drive, it should have complete and accurate information. However, there is a balance to be struck between making these decisions as quickly as possible and ensuring that they are based upon the appropriate information.

People can be slow to recognise any gradual decline in their driving abilities. It may take the intervention of others to induce them to see how their driving has changed. The General Medical Council (GMC) has guidance for doctors on reporting concerns to DVLA, and has recently consulted on updating and strengthening this guidance. We believe that this revised GMC guidance, when issued, will be the best way to address the problem.

DVLA will continue to work with the GMC and other professional bodies to improve awareness of medical conditions and driving. It

---

<sup>3</sup> PHSO press notice, "[New report shines a light on major failings by the DVLA in assessing people's fitness to drive](#)", 19 October 2016

<sup>4</sup> "Older drivers are kept off the road by DVLA errors", *The Times*, 20 October 2016

## 6 Driving with a medical condition

will also consider how members of the public might be encouraged to raise potential problems with their GP.<sup>5</sup>

---

<sup>5</sup> DVLA, [Safe, secure, sustainable: the motoring services agencies](#), 12 May 2016, paras 2.27-2.31

## 3. Requirements for specific conditions

The current version of the DVLA's [\*Assessing fitness to drive: a guide for medical professionals\*](#) dates from May 2016. It covers seven overarching types of condition:

- [Neurological disorders](#)
- [Cardiovascular disorders](#)
- [Diabetes mellitus](#)
- [Psychiatric disorders](#)
- [Drug or alcohol misuse or dependence](#)
- [Visual disorders](#)
- [Renal and respiratory disorders](#)

It also covers the following [miscellaneous conditions](#):

- Excessive sleepiness
- Profound deafness
- Cancers
- Acquired immune deficiency syndrome (AIDS) and HIV infection
- Age-related fitness to drive
- Transplant
- Devices or implants
- Cognitive decline or impairment
- Cognitive disability
- Driving after surgery
- Temporary medical conditions
- Fractures
- Medication effects

### 3.1 Changes affecting diabetes, epilepsy and vision, from 2011-13

The rules for diabetes were changed in November 2011, and for epilepsy and vision from March 2013, all pursuant to the implementation of EU Directive [2009/113/EC](#).

#### Diabetes

The Government published a consultation paper on the implementation of the 2009 Directive in February 2011. It recommended several changes to the UK medical driving rules: these were for the most part

## 8 Driving with a medical condition

relaxations of the domestic standards.<sup>6</sup> Below are listed the most significant changes made to the rules on driving with diabetes in the 2009 Directive and the Government's views on their implementation [note, those EU proposals which involved no change to current UK standards are not listed].<sup>7</sup>

Proposals **raising** the UK standards:

- Car drivers and motorcycle riders or applicants (Group 1) "experiencing recurrent severe hypoglycaemia shall not be issued with nor have their licence renewed";
- Car drivers and motorcycle riders or applicants (Group 1) "who have impaired awareness of hypoglycaemia shall not be issued with nor have their licence renewed"; and
- Those bus and lorry drivers (Group 2) who experience "a severe hypoglycaemic event during waking hours, even unrelated to driving, should be reported and should give rise to a reassessment of the licensing status".

Proposals **relaxing** the UK standards:

- Bus and lorry drivers (Group 2) treated for diabetes, with medication, which carries a risk of hypoglycaemia (that is, with insulin and some tablets), "may apply for entitlement to drive all group 2 category vehicles provided specific criteria is met".

The changes for diabetic car drivers raised so much concern that in his speech to the 2011 Conservative Party Conference the then Prime Minister, David Cameron, highlighted this measure as being an example of too much EU intrusion into the UK's domestic affairs:

A couple of weeks ago I was up in the flat, going through some work before the start of the day and I saw this EU directive. Do you know what it was about? Whether people with diabetes should be allowed to drive. What's that got to do with the single market? Do you suppose anyone in China is thinking: I know how we'll grow our economy - let's get those diabetics off our roads.<sup>8</sup>

The *Motor Vehicles (Driving Licences) (Amendment) Regulations 2011* ([SI 2011/2516](#)) came into force on 15 November 2011. The Department for Transport estimated that between 705 and 1,410 drivers might be adversely affected by the changes; while 2,000 or so might wish to take advantage of the relaxed standards for lorry and bus drivers.<sup>9</sup>

### Epilepsy

Epilepsy is a prescribed disability for both Group 1 and Group 2 vehicles under Regulation 71 of the *Motor Vehicles (Driving Licences) Regulations 1999* ([SI 1999/2864](#)), as amended. The *Motor Vehicles (Driving Licences) (Amendment) Regulations 2013* ([SI 2013/258](#)) came into force on 8 March 2013, amending the 1999 Regulations. They set

---

<sup>6</sup> [HC Deb 3 February 2011, c55WS](#); and: DVLA, [Proposals to amend driving licence standards for vision, diabetes and epilepsy](#), 3 February 2011, Annex C

<sup>7</sup> taken from: [HC Deposited Paper DEP 2011-0203](#), 3 February 2011

<sup>8</sup> [David Cameron speech to conference](#), 5 October 2011

<sup>9</sup> [Impact Assessment](#) to SI 2011/2516



out in detail the nature and pattern of seizures and how they should be considered and evaluated when deciding whether to grant a licence.

As indicated in above, the rules were changed in March 2013, pursuant to the implementation of the 2009 Directive. The Government published a consultation paper on implementation of the Directive in February 2011. It recommended several changes to the UK medical driving rules: these were for the most part relaxations of the domestic standards.<sup>10</sup> Below are listed the most significant changes made to the rules on driving with epilepsy in the 2009 Directive and the Government's views on their implementation [note, those EU changes which involved no change to current UK standards are not listed].<sup>11</sup>

- Car drivers and motorcycle riders or applicants (Group 1) who have had asleep seizures only, and have never had an awake seizure, will be required to establish an 'asleep only pattern' over one year;
- Car drivers and motorcycle riders or applicants (Group 1) whose seizures are deemed to have no effect on consciousness, and do not cause any functional impairment, "can be declared fit to drive provided a pattern has been established over a one year period even if they continue to have these seizures";
- Car drivers and motorcycle riders or applicants (Group 1) who experience a seizure during a physician-directed reduction in medication "should resume the usual dose of medication and can be declared able to driver after a period of six months free from any further seizures"; and
- Car drivers and motorcycle riders or applicants (Group 1) who experience a seizure during a physician-advised change or withdrawal of medication should return to driving after six months (this differs from the EU recommendation of three months).

As stated above, the relevant Regulations ([SI 2013/258](#)) came into force on 8 March.

## Vision

It is an offence under section 96 of the [Road Traffic Act 1988](#), as amended, to drive a motor vehicle on the road if one cannot comply with the vision requirements set down in Regulation 72 of the *Motor Vehicles (Driving Licences) Regulations 1999* ([SI 1999/2864](#)), as amended.

As indicated in above, the rules were changed in March 2013, pursuant to the implementation of the 2009 Directive. The Government published a consultation paper on implementation of the Directive in February 2011. It recommended several changes to the UK medical driving rules: these were for the most part relaxations of the domestic standards.<sup>12</sup> Below are listed the most significant changes made to the

---

<sup>10</sup> [HC Deb 3 February 2011, c55WS](#); and: op cit., [Proposals to amend driving licence standards for vision, diabetes and epilepsy](#), Annex C

<sup>11</sup> taken from: [HC Deposited Paper DEP 2011-0203](#), 3 February 2011

<sup>12</sup> [HC Deb 3 February 2011, c55WS](#); and: op cit., [Proposals to amend driving licence standards for vision, diabetes and epilepsy](#), Annex C

## 10 Driving with a medical condition

vision rules in the 2009 Directive and the Government's views on their implementation [note, those EU changes which involved no change to current UK standards are not listed].<sup>13</sup>

Proposals **raising** the UK standards:

- All drivers and applicants (Groups 1 and 2) with vision in both eyes will be required to meet the following standard: "a horizontal visual field of at least 120 degrees, an extension of at least 50 degrees left and right and 20 degrees up and down. No defects should be present within a radius of the central 20 degrees";
- All drivers and applicants (Groups 1 and 2) with vision in one eye will be required to meet the following standard: "[a] horizontal visual field should be at least 120 degrees, the extension should be at least 50 degrees left and right and 20 degrees up and down. No defects should be present within a radius of the central 20 degrees";
- Bus and lorry drivers and applicants (Group 2) will be required to meet a minimum visual acuity standard of 0.8; and
- Bus and lorry drivers and applicants (Group 2) must meet the following standard: "[their] horizontal visual field should be at least 160 degrees, the extension should be at least 70 degrees left and right and 30 degrees up and down. No defects should be present within a radius of the central 30 degrees".

Proposals **relaxing** the UK standards:

- All drivers and applicants (Groups 1 and 2) will be required to read a registration mark containing letters and numbers (in the driving test) at a distance of 17.5 metres; only the new style number plates (post-September 2001) will be tested; this means that there will be just one distance;
- All drivers and applicants (Groups 1 and 2) will need a visual acuity of at least decimal 0.5, with corrective lenses if necessary (this will be tested by reading the number plate);
- Bus and lorry drivers and applicants (Group 2) who have vision in both eyes "can have a reduced acuity in the worse eye of decimal 0.1 but must not require glasses with a lens power exceeding plus eight dioptres"; and
- Bus and lorry drivers and applicants (Group 2) who experience a "substantial loss" of vision in one eye, should have "an appropriate adaptation period during which the driver or applicant is not allowed to drive", and driving is only allowed "after a favourable opinion from vision and driving experts providing they reach a minimum acuity of decimal 0.8 in the better eye and decimal 0.1 in the worse eye".

The *Motor Vehicles (Driving Licences) (Amendment) Regulations 2013* ([SI 2013/258](#)) came into force on 8 March 2013. In the end the

---

<sup>13</sup> taken from: [HC Deposited Paper DEP 2011-0203](#), 3 February 2011

Government settled on 20 metres, rather than 17.5, for the number plate test.

### About the Library

The House of Commons Library research service provides MPs and their staff with the impartial briefing and evidence base they need to do their work in scrutinising Government, proposing legislation, and supporting constituents.

As well as providing MPs with a confidential service we publish open briefing papers, which are available on the Parliament website.

Every effort is made to ensure that the information contained in these publicly available research briefings is correct at the time of publication. Readers should be aware however that briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

If you have any comments on our briefings please email [papers@parliament.uk](mailto:papers@parliament.uk). Authors are available to discuss the content of this briefing only with Members and their staff.

If you have any general questions about the work of the House of Commons you can email [hcenquiries@parliament.uk](mailto:hcenquiries@parliament.uk).

### Disclaimer

This information is provided to Members of Parliament in support of their parliamentary duties. It is a general briefing only and should not be relied on as a substitute for specific advice. The House of Commons or the author(s) shall not be liable for any errors or omissions, or for any loss or damage of any kind arising from its use, and may remove, vary or amend any information at any time without prior notice.

The House of Commons accepts no responsibility for any references or links to, or the content of, information maintained by third parties. This information is provided subject to the [conditions of the Open Parliament Licence](#).