Appendix XVII DVLA Diabetes Mellitus Guidance

Diabetes mellitus	Group 1 entitlement ODL - car, m/cycle	Group 2 entitlement VOC – LGV/PCV (lorry/bus)
Insulin-treated Drivers are sent a detailed letter of explanation about their licence and driving by DVLA.	• Must have awareness of hypoglycaemia. • Must not have had more than one episode of hypoglycaemia requiring the assistance of another person in the preceding twelve months. • There must be appropriate blood glucose monitoring. This has been defined by the Secretary of State's Honorary Medical Advisory Panel on Driving and Diabetes as no more than 2 hours before the start of the first journey and every 2 hours while driving. • Must not be regarded as a likely source of danger to the public while driving. • The visual standards for acuity and visual field must be met Impaired awareness of hypoglycaemia has been defined by the Secretary of State's Honorary Medical Advisory Panel on Driving and Diabetes as, 'an inability to detect the onset of hypoglycaemia because of a total absence of warning symptoms'. If meets the medical standard a 1, 2 or 3 year licence will be issued.	May apply for any Group 2 licence. Must satisfy the following criteria : • No episode of hypoglycaemia requiring the assistance of another person has occurred in the preceding 12 months. • Has full awareness of hypoglycaemia. • Regularly monitors blood glucose at least twice daily and at times relevant to driving, (no more than 2 hours before the start of the first journey and every 2 hours while driving), using a glucose meter with a memory function to measure and record blood glucose levels. At the annual examination by an independent Consultant Diabetologist, 3 months of blood glucose readings must be available. • Must demonstrate an understanding of the risks of hypoglycaemia. There are no other debarring complications of diabetes such as a visual field defect. If meets the medical standards a 1 year licence will be issued.
Temporary insulin treatment e.g. gestational diabetes, post-myocardial infarction, participants in oral/inhaled insulin trials.	Provided they are under medical supervision and have not been advised by their doctor that they are at risk of disabling hypoglycaemia, need not notify DVLA. If experiencing disabling hypoglycaemia, DVLA should be notified. Notify DVLA if treatment continues for more than 3 months or for more than 3 months after delivery for gestational diabetes.	As above

DIABETES MELLITUS	GROUP 1 ENTITLEMENT ODL - CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV (LORRY/BUS)
Managed by tablets which carry a risk of inducing hypoglycaemia. This includes sulphonylureas and glinides.	Must not have had more than one episode of hypoglycaemia requiring the assistance of another person within the preceding 12 months. It may be appropriate to monitor blood glucose regularly and at times relevant to driving to enable the detection of hypoglycaemia. Must be under regular medical review. If the above requirements and all of those set out in INF188/2 are met, DVLA does not require notification. Alternatively, if the information indicates that medical enquiries will need to be undertaken, DVLA should be notified.	Must satisfy the following criteria: • No episode of hypoglycaemia requiring the assistance of another person has occurred in the preceding 12 months. • Has full awareness of hypoglycaemia. • Regularly monitors blood glucose at least twice daily and at times relevant to driving. • Must demonstrate an understanding of the risks of hypoglycaemia. • There are no other debarring complications of diabetes such as a visual field defect. If meets the medical standards 1, 2 or 3 year licence will be issued.
Managed by tablets other than those above or by non-insulin injectable medication	If all the requirements set out in INF188/2 are met, and they are under regular medical review, DVLA does not require notification. Alternatively, if the information indicates that medical enquiries will need to be undertaken, DVLA should be notified.	Drivers will be licensed unless they develop relevant disabilities e.g. diabetic eye problem affecting visual acuity or visual fields, in which case either refusal, revocation or short period licence.
Managed by diet alone	Need not notify DVLA unless develop relevant disabilities e.g. diabetic eye problems affecting visual acuity or visual field or if insulin required.	Need not notify DVLA unless develop relevant disabilities e.g. diabetic eye problems affecting visual acuity or visual field or if insulin required.
Impaired awareness of Hypoglycaemia	If confirmed, driving must stop. Driving may resume provided reports show awareness of hypoglycaemia has been regained, confirmed by consultant/GP report.	See previous page for **insulin treated**. Refusal or revocation.
Eyesight complications (affecting visual acuity or fields)	See Section: Visual Disorders in full DVLA document	See previous page for insulin treated and Section: Visual Disorders.
Renal Disorders	See Section: Renal Disorders in full DVLA document	See Section: Renal Disorders
Limb Disability e.g. peripheral neuropathy	See Section: Disabled Drivers in full DVLA document	As Group I

Taken from DVLA - For Medical Practitioners. At a glance guide to the current medical standards of fitness to drive 2013.

DRIVING AND THE NEW MEDICAL STANDARDS FOR PEOPLE WITH DIABETES

Recent changes to the Driver and Vehicle Licensing Agency (DVLA) medical standards will have a significant impact on drivers with diabetes treated with insulin (and in some cases sulphonylurea treatment), and for those who complete medical reports for the Driver and Vehicle Licensing Agency (DVLA). We outline some practical guidance on implementation and interpretation of the new standards.

Note: This guidance and interpretation draws on guidance issued by the Association of British Clinical Diabetologists (ABCD) and we gratefully acknowledge the original recently published in *Practical Diabetes*[8] and written with the advice of DVLA.

What are the changes?

The most important change is that a Group 1 driver (car/motorcycle) who has had two or more episodes of hypoglycaemia *requiring* assistance from another person at any time (including when sleeping) in a year, must inform the DVLA, and be advised not to drive. A Group 2 driver (bus/lorry) with one or more episode(s) of hypoglycaemia *requiring* the assistance of another person in the previous 12 months must inform the DVLA and be advised not to drive.

What is a reportable hypoglycaemic episode?

Hypoglycaemia *requiring* assistance from another person at any time of day or night constitutes an episode for reporting purposes. The *requirement* of assistance would include:

- admission to Accident and Emergency,
- treatment from paramedics,
- assistance from a partner/friend who has to administer glucagon or glucose because the person cannot do so themselves.

It does *not* include another person offering or giving assistance, in circumstances where the person was aware of his/her hypoglycaemia and able to take appropriate action independently. It follows that, when filling in the questionnaire, great care is taken to elicit an exact history of each episode, and it would be sensible to chart this information carefully in the person's records with the date of the episode(s) clearly recorded. ABCD[8] recommends that primary care teams should consider referral to the specialist team for patients who have suffered a single hypoglycaemic attack requiring assistance, especially where a second episode might result in loss of employment.

Reporting severe hypoglycaemia

People may not proactively inform their doctor about hypoglycaemia, but reports of hypoglycaemia may be sent from the ambulance team or Accident and Emergency to the person's registered GP. If health professionals are informed that someone in their care has *required* treatment to manage hypoglycaemia, ABCD suggests that they are offered an appointment to explore the frequency and severity of hypoglycaemia. For Group 1 drivers, with two episodes of hypoglycaemia *requiring* the assistance of another person within the previous 12 months, the doctor must inform the person that they need to notify the DVLA and advise them not to drive. A Group 2 driver with one such episode in the previous 12 months should be advised not to drive and notify the DVLA.

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[8] Gallen I, Amiel S, Robinson T, MacKnight J (2012) Practical Diabetes Vol 29 No. 1

What about nocturnal hypoglycaemia?

A significant change in the assessment criteria for fitness to drive is the inclusion of episodes of severe nocturnal hypoglycaemia. If it is suspected that severe nocturnal hypoglycaemia is present, but not witnessed or treated, this would not necessarily constitute an episode for reporting. However, if the clinician had concerns it may be appropriate to advise the person to notify the DVLA. Similarly, data gathered while using continuous glucose monitoring devices or other evidence of hypoglycaemia may not constitute evidence to stop driving in the absence of symptoms unless the clinician has concerns.

How should we define hypoglycaemia unawareness?

There is no clear guidance on this. For Group 1 drivers the new regulations allow for a licence to be revoked or refused if the patient has impaired awareness and *require* this if there is *complete unawareness*. 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. Group 2 drivers are required to have full awareness of hypoglycaemia and any degree of impaired awareness would result in the licence being revoked or refused.

What about confirmed asymptomatic biochemical hypoglycaemia?

A person's home glucose monitoring may show episodes of blood glucose below 3mmol/L for which the patient reports no symptoms or there may be biochemical evidence of asymptomatic hypoglycaemia on capillary glucose testing. This supports a diagnosis of hypoglycaemia unawareness. If hypoglycaemia below 3mmol/L without any subjective awareness is characteristic of someone's hypoglycaemia experience, they may be defined as completely unaware and should report this to the DVLA and be advised not to drive.

Hypoglycaemia during pregnancy

Women with diabetes who are pregnant should be warned that severe hypoglycaemia during pregnancy is counted in the same way as other severe hypoglycaemia, even though these episodes tend to be concentrated during the first half of pregnancy. Pregnant women should be counselled as previously about the need to monitor their blood glucose before driving.

What are a doctor's responsibilities?

When any doctor is aware that a patient is not fit to drive, they should advise the person not to drive and to notify the DVLA. If a doctor becomes aware that someone in their care does not notify the DVLA, or refuses to do so, the doctor is allowed under General Medical Council guidelines to notify the DVLA. It would be good practice to confirm this conversation in writing to the person concerned so that there is no doubt about the advice. This should be documented in the notes. The doctor may also want to inform the patient that their insurance is no longer valid. It is up to the DVLA to revoke/renew a licence. If the doctor has concerns but are not sure if the person is fit to drive, they should advise them to notify the DVLA and document this in the notes.

What about people on sulphonylureas or glinides?

Drivers with a Group 1 licence on insulin have been advised to test their blood glucose before driving. If this practice were to be encouraged in people on sulphonylureas, it would increase enormously the cost of blood glucose monitoring. The greatest risk of hypoglycaemia is in the first three months of sulphonylurea treatment, so it would seem sensible to maintain current practice and only encourage extra testing in those people who are starting treatment, experiencing hypoglycaemia, or with reduced awareness. A medication review should also take place, to reduce the risk. For Group 1 drivers (car/motorcycle) the diabetes panel has advised that the frequency of blood glucose monitoring should depend on the clinical context. It is worth noting that the highest risk for hypoglycaemia in people with type 2 diabetes prior to insulin therapy is late afternoon.

A Group 2 driver (bus/lorry) on a sulphonylurea or glinide is *required* by law to monitor blood glucose at least twice daily *and at times relevant to driving*.

What are the changes for people who want to drive a Group 2 (bus/lorry) vehicle?

A further change in the regulations enables people with insulin treated diabetes to apply for any Group 2 licence. Group 2 vehicles are now classified as Large Goods Vehicles (LGVs) and Passenger Carrying Vehicles (PCVs). Group 2 drivers with insulin treated diabetes must monitor blood glucose at least twice daily and at times relevant to driving using a glucose meter with a memory function record blood glucose levels. They will require an annual examination by a consultant diabetologist and will have to have three months of blood glucose readings available for inspection at this examination.

What is a safe blood glucose concentration for driving?

In a person with good hypoglycaemia awareness, a normal blood glucose concentration is adequate, although ABCD, the DVLA and Diabetes UK recommend testing before driving and at no longer than 2 hourly intervals during a long period of driving. For people with impaired awareness, ABCD recommend not driving without eating if the blood glucose is under 7mmol/L, although a lower concentration (above 5mmol/L) is probably safe for a drive of under 10 minutes.