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Information

Driving and diabetes

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Having diabetes does not mean that you need to give up driving. But it does mean that you need to plan in advance before you get behind the wheel. This information sheet can help you ensure that your driving is safe and hazard-free.

We hope that you will be able to continue driving, safely and without any unnecessary restrictions to your freedom to drive. Diabetes UK is campaigning for an end to discriminatory driving laws affecting those on insulin driving larger vehicles and some passenger carrying vehicles.

Informing the DVLA

If you have diabetes that is treated with insulin, you must, by law, inform the Driver and Vehicle Licensing Agency (DVLA) as soon as possible after you have been diagnosed. If you have diabetes that is treated with diet or tablets **as well as** another relevant condition or complication, you must also, by law, inform the DVLA. You must also inform them if you have had diabetes for some time and are applying for a licence, perhaps for the first time. **If your diabetes is treated with diet alone, or with diet and tablets and you don't have any complications you do not need to inform them.**

When you first apply for a licence, the application form will ask whether you have, or have ever had, any of a number of medical problems. Answer YES to the question about diabetes. When asked to give details, say whether your diabetes is treated by tablets or insulin or by diet alone.

After you have filled in and returned your application form, if you are treated with insulin you will be sent another form (called 'Diabetic 1') asking for more information and for the name and address of your GP and/or hospital doctor. You will also be asked to fill in a consent form so that

The charity for people with diabetes

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the DVLA can approach your doctor, or other relevant healthcare professional, directly if necessary. This form must be completed if your diabetes is treated with insulin.

This procedure does not mean that you will be refused a driving licence. The DVLA just needs to be sure that every licensed driver is going to be safe on the road. So long as your diabetes is well controlled and you have no complications that might impair your safety as a driver – and your doctor confirms this if asked – there is no reason why you should not be issued with a licence. It is important that you answer the questions honestly.

If you are treated with tablets, the DVLA will send you a letter. This explains that you must renotify them if your condition or treatment changes (for example, if you have to go on to insulin or if you start to have hypos) or if you develop any of the complications of diabetes. However, they will not normally ask any further questions about your diabetes at this time and you will normally be allowed to keep your ‘till 70’ licence.

Restricted licences

If you take insulin you will be issued with a licence for one, two or three years. Just before the expiry date, you will receive a reminder to renew and you will be asked to return your current licence. You will also be sent another ‘Diabetic 1’ form (see page 1) to confirm your medical condition. Renewals of restricted licences are supplied free of charge.

If you are treated with tablets or diet alone you may be issued with a ‘till 70’ licence. If you are treated by diet alone you will be issued with a ‘till 70’ licence. However, you should inform the DVLA if you develop any complications as a result of your diabetes or if you require treatment with insulin. When this licence expires, you will need to renew it every one to three years, just like other people in the UK who are over 70 years old. There is a charge for this renewal.

Provisional licences are restricted to one, two or three years only if your diabetes is treated with insulin.

When you are renewing your licence, you must send your old licence to the DVLA. They will normally be able to send you your new licence within six to eight weeks, before your old licence actually expires. It is always sensible to keep a note of the driver number in case of a need to contact the DVLA. Some people also keep a photocopy of their driving licence, though this would not normally be acceptable if the licence had to be presented to the police.

Sometimes this process will take longer, especially if the DVLA has to seek medical advice from your doctor. This may mean that your old licence expires before your new licence is issued – and

therefore you are theoretically driving without a licence. If this situation arises you should seek advice from your doctor as to your fitness to drive. If your doctor does not advise you to stop driving, you are legally entitled to drive under Section 88 of the Road Traffic Act. If your previous licence was revoked for medical reasons, then you do not have a legal entitlement to drive until a new licence is issued.

If you ride a motorcycle, the rules for informing the DVLA are the same as those for a car.

You must inform the DVLA of any changes in your treatment or if any problems or diabetic complications develop which may affect your ability to drive.

Photocard licences

The DVLA started issuing photocard licences in 1999. You will be required to renew your photocard driving licence every 10 years. This does not affect your entitlements to drive on your full paper licence. The DVLA will issue you with a reminder when your photocard driving licence is due for renewal.

If your licence has to be renewed more frequently because you are on insulin, your photograph will not need to be renewed on each licence renewal. However you will be asked to provide a new photograph every 10 years. If you have specific questions about photocard licences please contact the DVLA.

Northern Ireland

In Northern Ireland everyone with diabetes that is treated with insulin or tablets must by law inform the Driver and Vehicle Agency in Northern Ireland (DVA) as soon as possible after you have been diagnosed. You will be sent a medical questionnaire if you hold a car entitlement or a DLM1 form if you hold large goods vehicles (LGV) or passenger carrying vehicles (PCV) entitlement. The forms will ask for your permission for their medical advisor to approach your diabetes team for more information. There are stricter rules for drivers of larger vehicles ie vehicles over 3.5 tonnes (C1) and minibuses (D1)/ bus drivers (see page 6).

If your treatment changes at any time or if you develop complications as a result of diabetes, you must write and inform the Driver Licensing Medical Section. Failure to do so may result in a fine of up to £1000.

You do not need to inform them if your diabetes is treated with diet alone unless i) you are applying for a licence for the first time or ii) you are applying for a renewal licence or iii) your insurance company specifically requests a letter from the DVA regarding your condition.

People treated with diet and/or tablets are issued with a ten-year licence. People taking insulin are given a licence that is valid for one, two or three years, as in Great Britain.

Insurance cover

Since the Disability Discrimination Act (1995) came into effect at the end of 1996, insurers can only refuse cover or charge more for cover if they have evidence of increased risk. Most of the evidence available about drivers with diabetes indicates that they are no higher risk than any other driver. As a result of this many insurance companies no longer ask about diabetes when you apply for insurance.

Some companies, who base their risk assessment on their experience of drivers with diabetes, may still refuse cover or impose special terms or charge an increased premium although most companies, including most Lloyds syndicates, have discontinued loadings for people with diabetes. If you feel your insurance premium is too high it is worth challenging your insurer, especially if your diabetes is stable and well controlled. If you are still not satisfied switch to another insurer – there are plenty around who will be pleased to accept your business, but you must fully declare your diabetes.

If an insurance company asks about diabetes, you must tell them that you have the condition. Failure to do so can invalidate your cover in the event of a claim. Failure to notify the DVLA can also invalidate cover. You should always disclose your diabetes to your insurer whether or not they ask. The condition of diabetes is a ‘material fact’ and failure to tell your insurance company may invalidate your insurance when you come to make a claim.

It is always worth shopping around for quotes from a number of insurers, as there can be a big difference in premiums.

Hypoglycaemia (low blood glucose)

There is a risk of hypoglycaemia (‘hypo’) if your diabetes is treated with insulin or with the following diabetes medications:

- Byetta (Exenatide) in combination with a sulphonylurea tablet,
- Sitagliptin (Januvia) in combination with a sulphonylurea tablet or with a glitazone tablet,

- Vildagliptin (Galvus) in combination with Metformin (Eucreas) or in combination with a sulphonylurea tablet,

If you are not sure if your medication can cause a hypo, discuss this with your healthcare team. Having a hypo while you are in charge of a motor vehicle can be fatal, not only for you, but for others as well. Whether driving or not, you should always carry some form of glucose (such as a sugary non-diet drink or glucose tablets) with you in your pocket or handbag. Also keep glucose tablets and biscuits, fruit or sandwiches in the car.

You can avoid hypoglycaemia by:

- never driving for more than two hours without stopping for a snack
- not delaying or missing a meal or snack
- checking your blood glucose before and during a journey.

The symptoms of hypoglycaemia may include hunger, sweating, shakiness, palpitation, faintness, dizziness, nausea or a headache. Sometimes you may notice double vision or tingling around the lips.

At the first sign of hypoglycaemia:

- stop driving as soon as it is safe to do so. Do not attempt to start again until the symptoms have disappeared
- take glucose tablets, biscuits or some other form of carbohydrate immediately
- make it clear that you are no longer in charge of the car by leaving the driving seat, stepping out of the car (if safe to do so) and by removing the ignition key. This is to refute any suggestion that you are in charge of a car whilst under the influence of any drugs including insulin.

If you have an accident

Diabetes UK has advised many members who have had road accidents whilst hypoglycaemic. If you do have a hypoglycaemic episode at the wheel, you may be charged with driving under the influence of a drug, insulin, driving without due care and attention, or dangerous driving. Therefore, it is essential that you check your blood glucose levels to make sure this does not happen. If you are prosecuted, we recommend that you seek legal advice immediately. If you do have a hypo at the wheel you should notify the DVLA immediately.

If the DVLA revokes your driving licence you will have the right to appeal. In order to succeed, the court must be convinced that the incident was due to most unusual circumstances and that the onset of another uncontrolled hypoglycaemic episode whilst driving is unlikely. A doctor's

report to this effect can be most helpful so it is important to discuss the circumstances with your doctor if you have an accident due to hypoglycaemia.

If you have lost or have poor warning symptoms of impending hypoglycaemia or have frequent hypos, you should probably not be driving, because of the risk to yourself and other road users. You should discuss this with your diabetes team. You should also notify the DVLA.

Problems with eyesight

Obviously it is important that you are able to see clearly if you are going to drive. This includes not only distance vision but also your field of vision (what you can see to either side when looking straight ahead). Your field of vision must cover 120° to be acceptable and your binocular field must have no significant defect. There are various tests that an ophthalmologist can carry out to test these factors.

If you fail a field of vision test, your licence may be revoked, although you can appeal against this decision. To appeal you must show that your field of vision meets the required standard so you must pass another field of vision test. Some people do better on different types of field of vision tests. The DVLA will accept the results of several approved tests. You should therefore discuss the test with your doctor or ophthalmologist.

Gestational diabetes

If you develop Gestational diabetes and need to commence insulin treatment you should notify the DVLA immediately. You will normally be allowed to continue with your current driving licence but are recommended to stop driving if your control is unstable and especially if you do not have good warning signs of impending hypoglycaemia. You should renotify the DVLA six weeks after delivery if you are still on insulin, as your licence will then need to be reassessed.

Driving large goods vehicles and passenger carrying vehicles

People whose diabetes is treated by diet alone or diet and tablets are normally allowed to hold LGV and PCV licences, provided they are otherwise in good health. (Until 1991 these were known as heavy goods vehicles [HGV] and public service vehicles [PSV].)

If you hold a Group 2 licence and you treat your diabetes with any of the following medications:

- Byetta (Exenatide) in combination with a sulphonylurea tablet,
- Sitagliptin (Januvia) in combination with a sulphonylurea tablet or with a glitazone tablet,
- Vildagliptin (Galvus) in combination with Metformin (Eucreas) or in combination with a sulphonylurea tablet,

then you should inform the DVLA/DVA. This is because of the increased risk of hypoglycaemia. After being notified the DVLA/DVA would, with your consent, seek further information from your healthcare team. Therefore, each case will be considered individually.

People treated with insulin are not allowed to hold Group 2 licences. If you currently hold such a licence and start using insulin, you must inform the DVLA/DVA and stop driving the vehicle immediately. The only exception is for the small number of people who had insulin treated diabetes and were issued with such a licence before April 1991 when the law changed.

In addition, vehicles weighing 3.5 tonnes – 7.5 tonnes (category C1) and minibuses (category D1) are now treated as Group 2 vehicles. This means that you need a Group 2 licence to drive them, as is the case with LGVs and PCVs. With limited exceptions (see below), a Group 2 licence cannot be issued to anyone treated with insulin, as stricter medical standards apply and insulin treated diabetes is a bar to holding such a licence.

NB. The law does not bar insulin-users from driving taxis (provided there are fewer than nine seats). However, many local taxi licensing authorities do apply blanket restrictions.

Diabetes UK campaigned against the ban on Group II licences and has secured a concession for C1 licences. If you are on insulin you can now undergo a medical assessment to apply for C1 entitlement to be added to your standard car licence. To qualify for C1 entitlement you must fulfil the following conditions:

- Have had no hypoglycaemic attacks requiring assistance while driving within the last 12 months.
- Regularly monitor your condition by checking your blood glucose levels at least twice daily and at times relevant to driving. If your application is successful, you will in future need to monitor your blood glucose levels at least twice daily and, particularly, at times relevant to driving C1/C1+E vehicles.
- Arrange to be examined at least once every 12 months by a hospital consultant who specialises in diabetes. On examination, the consultant will be required to see your blood glucose records for the last three months (unless you are new to insulin).
- Have no other condition that would render you a danger when driving C1 vehicles.
- Sign an undertaking to comply with the directions of doctor(s) treating the diabetes and report immediately to DVLA any significant change in your condition.
- Have been stabilised on insulin for a period of one month.

When you apply for a C1 licence you will be given an application pack, which will contain a medical report (form D4) that must be completed by your doctor. This is a general medical examination for anyone applying for their C1 licence. You will have to pay the doctor any fee charged for this examination, which could be up to £100. If you are on insulin and have passed this initial medical examination, the DVLA will then send you a further medical questionnaire (C1EXAM) that must be completed by a hospital consultant who specialises in diabetes. You will have to pay the consultation fee charged for this, which could be in the region of £100.

Your C1 entitlement will be issued for one year and can be renewed on an annual basis, subject to the assessment by your diabetes consultant. However, further D4 medical reports will only be needed at 45, then at five yearly intervals until the age of 65 and annually after this. You will not have to pay additional licence renewal fees until your car entitlement is renewed at age 70 or over.

Approval to drive minibuses (category D1) has not been granted. However an exemption in the law means that anyone with car (category B) licence 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.' If you are between 21 and 70 years of age and have held a car licence for at least two years you can drive a minibus in the UK on a voluntary basis, but it is important to ensure you have adequate insurance.

Alcohol

You must never drink and drive. Remember, alcohol lowers blood glucose levels, so if you are taking insulin or certain tablets for your diabetes, drinking alcohol can make you more likely to have a hypo. A hypo may look like drunkenness; if your breath smells of alcohol this could heighten suspicion.

You should avoid low sugar (sometimes called 'diabetic') beers. This is because although they contain less sugar than ordinary beer, their alcohol content is higher. As little as one pint of a low sugar beer can bring your blood alcohol level above the legal limit.

High blood glucose levels, even if there are ketones present, will not affect a breathalyser machine.

DVLA

DVLA are keen to point out that they wish to issue licences, not take them away. However, they need as much information as possible in order to do this. This is why it is essential to answer all

questions on the medical forms honestly and why the DVLA sometimes decides to consult your doctor.

Unfortunately, the DVLA does have to take licences away from some people because of worsening health or eyesight, or because they have unpredictable hypoglycaemia which stops them from being safe on the road. It is sometimes possible to regain the licence later, but this can take some time.

Do not drive

- if you have just started to take insulin and your diabetes is not yet properly controlled - your doctor or diabetes specialist nurse will be able to give you more advice on this
- if you have difficulty in recognising the early symptoms of hypoglycaemia
- if you have any problems with your eyesight that cannot be corrected by glasses
- if you have numbness or weakness in your limbs caused by neuropathy (diabetic nerve damage).

You should

- avoid long or stressful journeys if you are tired
- test your blood glucose level before driving and regularly during a long drive
- consult your doctor or diabetes specialist nurse if you have any worries on any of these points
- inform the DVLA of your diabetes if you are treated with insulin or tablets
- inform the DVLA if you have any problems associated with your diabetes.

If you are having difficulties, it is a good idea to:

- keep copies of all correspondence
- keep in touch with your doctor, especially when s/he is communicating with the DVLA.

Diabetes UK can give you general advice on driving and diabetes but any difficulties should first be discussed with your doctor or diabetes specialist nurse.

About Diabetes UK

Diabetes UK is the charity for people with Diabetes, their family, friends and carers. Our mission is to improve the lives of people with the condition and work towards a future without diabetes.

Diabetes UK is the largest patient organisation in Europe we stand up for the interests of people with diabetes for campaigning for better standards of care. We are the largest funder in the UK of research into better treatments for diabetes and the search for a cure. We provide practical support and information and safety-net services to help people manage their diabetes.

Further information

Driver and Vehicle Licensing Agency

www.dvla.gov.uk

Telephone 0870 600 0301 (Medical section)

Diabetes UK Careline with its trained staff offers help and support on all aspects of diabetes. We provide a confidential service that takes general enquiries from people with diabetes, their carers and healthcare professionals.

If you would like further information on any aspect of diabetes, please contact:

Diabetes UK Careline 10 Parkway, London NW1 7AA

Telephone 0845 120 2960 (operates a translation service)

Textphone 020 7424 1031 (for people hard of hearing or deaf)

Email careline@diabetes.org.uk Monday –Friday, 9am –5pm

Diabetes UK Publications

The Diabetes UK *Catalogue* describes our full range of books and leaflets including:

- *Diabetes and insurance (code 8026) and Hypoglycaemia (code 8019)*

For a copy of the catalogue and other Diabetes UK publications, please freephone:

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Membership of Diabetes UK ensures you are kept up to date with the latest developments in diabetes care and in touch with a network of people who understand diabetes. Join now by calling 0800 371 455, or for further information please telephone Diabetes UK Customer Services on 020 7424 1010 during office hours.

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