

DIABETES: SAFE DRIVING AND THE DVLA

➤ WHY IS THIS LEAFLET FOR YOU?

Having diabetes does not mean that you need to give up driving. It does mean that you have a responsibility to inform certain organisations of your condition and plan before you drive or set off on a trip.

This leaflet will help you ensure that your driving is safe for yourself and other road users. It also includes information on:

- The law: Your responsibilities
- Do I need to notify the DVLA?
- Other circumstances
- What if I have an accident?
- Safe driving

➤ INTRODUCTION

Having diabetes does not mean that you have to give up driving, but it does mean that you need to plan in advance before you get behind the wheel. Complications associated with diabetes can affect your ability to drive, as well as your risk and awareness of hypos.

Hypoglycaemic episodes ("hypos") are when your glucose levels are too low, which can lead to confusion and affect your ability to drive. This can increase the risk of accidents, which bars some people from driving. A severe hypo is when you need help from a third party like a carer, relative or ambulance team.

➤ THE LAW: YOUR RESPONSIBILITIES

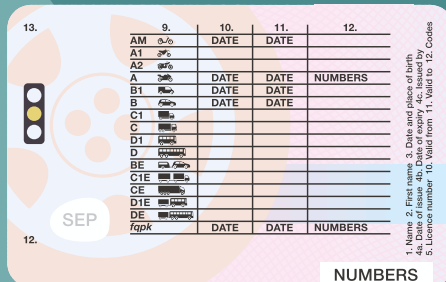
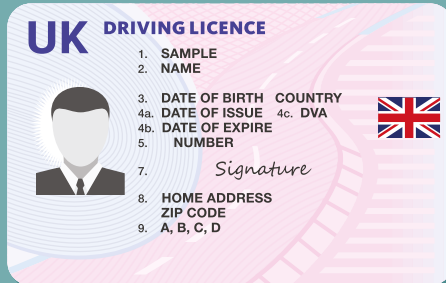
If you are on a diabetes medication that requires you to inform the DVLA, it is your responsibility to do so – your driving insurance will be invalid if you do not. Your diabetes treatments and circumstances may change over time, so check if this affects your ability to drive and whether you need to contact the DVLA.

For car or motorcycle 1-,2-,or 3-year licences (Group 1), you must meet the following criteria if you use insulin or a tablet which carries a risk of hypoglycaemia:

- You must meet the criteria to drive and notify the DVLA
- You have adequate awareness of the onset of hypoglycaemia. This means that you would have the capability to bring your vehicle to a safe controlled stop if you were hypoglycaemia
- You are regarded as a likely risk to the public while driving
- You meet the visual standards for acuity and field vision
- You should inform the DVLA if you have more than one severe hypo within the preceding 12 months.
- You should practice appropriate glucose monitoring as described on page 5 of this leaflet.
- If you use insulin, should report any changes in your condition to the DVLA, and you should report practice appropriate glucose monitoring as described on page 4 in this leaflet.
- You should attend regular reviews for your diabetes
- If you use an interstitial monitoring system such as intermittently scanned flash glucose monitoring (isGMS) or real time continuous glucose monitoring (RT-CGM) you must still carry capillary glucose testing equipment for driving purpose. This can then be used when there are time a confirmatory test is required

For bus and lorry (Group 2) 1-year licences (which require annual review), you must meet the following criteria:

- You have full awareness of hypoglycaemia.
- No episode of severe hypoglycaemia in the preceding 12 months. This includes hypoglycaemia experienced during the day or night
- You should use a glucose meter with sufficient memory to store 3 months of continuous readings (DVLA INS186,2024). You must practice appropriate glucose monitoring as described on page 5 of this leaflet.
- You can demonstrate an understanding of hypoglycaemia risk.
- You have no disqualifying complications of diabetes, such as problems with your sight.
- You must attend an examination every 12 months with an independent consultant specialising in the treatment of diabetes
- You must have at least 6 continuous weeks of readings available on the memory of your glucose meter for the consultant or GP to inspect
- You must have no other debarring medical condition



> DO I NEED TO NOTIFY THE DVLA?

⚠️ You can be fined up to £1,000 if you don't tell the DVLA about a medical condition that affects your driving. You may be prosecuted if you're involved in an accident as a result.

The following information assumes there are no other circumstances that affect your ability to drive safely, particularly regarding your risk of, and your ability to detect hypos. If you are unsure which category your diabetes medication is in, ask your pharmacist or your diabetes healthcare professional.

| When to inform the DVLA | Group 1 (Car, motorcycle) | Group 2 (LGV/PCV) |
|--|---|---|
| Managed by diet alone | ✗ | ✗ |
| Tablets not included below. These have a low risk of causing hypos | ✗ | ✓ |
| Tablets that carry a risk of hypos. This includes sulphonylureas, such as gliclazide, and glinides (repaglinide and nateglinide) | ✗ | ✓ |
| You should inform the DVLA if you have a severe hypo | More than one episode of severe hypo while awake in the preceding 12 months | Single episode of severe hypo even if this happened during sleep |
| Non-insulin injections | ✗ | ✓ |
| Insulin | ✓ | ✓ |
| If you have hypo unawareness you must not drive and must notify the DVLA | Driving may resume after a clinical report by a GP or Consultant Diabetes Specialist confirms that hypoglycaemia awareness has been regained | The licence will be refused or revoked |
| If you take insulin for less than 3 months eg. following a heart attack | ✗ | ✓ |
| If you continue to take insulin for more than 3 months after delivery of your baby | ✓ | ✓ |

➤ INTERSTITIAL GLUCOSE MONITORING SYSTEMS

These devices are more widely known as intermittently scanned flash glucose monitoring (isGMS) systems and real-time continuous glucose monitoring systems (RT-CGM).

| Group 1 (Car, motorcycle) | Group 2 (LGV/PCV) |
|--|--|
| <p>These systems may be used for monitoring glucose at times relevant to driving Group 1 vehicles. Users of these systems must carry finger prick capillary glucose testing equipment for driving purposes as there are times when a confirmatory finger prick glucose level is required. This includes:</p> <ul style="list-style-type: none">• when the glucose level is 4.0 mmol/L or below• when symptoms of hypoglycaemia are being experienced• when the glucose monitoring system gives a reading that is not consistent with the symptoms being experienced (e.g. symptoms of hypoglycaemia and the system reading does not indicate this) - see the INF294 leaflet in DVLA website for further details. | <p>There is a legal requirement for Group 2 drivers to monitor their glucose levels for the purpose of Group 2 driving.</p> <p>isGMS and RT-CGM interstitial fluid glucose monitoring systems are not permitted for the purposes of Group 2 driving and licensing.</p> <p>Group 2 drivers who use these devices must continue to monitor finger prick capillary blood glucose levels</p> |



> SAFE DRIVING

- ✓ Keep hypo treatments in the car within easy reach at all times.
- ✓ If you take tablets which carry a risk of hypoglycaemia, you should be offered self-monitoring of glucose levels at times relevant to driving to enable the detection of hypoglycaemia.
- ✓ If you inject insulin or take a sulphonylurea you must check your glucose levels no longer than 2 hours before driving and then every 2 hours on long journeys. Group 2 drivers (bus/lorry) on a sulphonylurea or glinide are also required to do this as well as testing at least twice daily.
- ✗ Do not drive if your glucose is 5 mmol/L or less. If your reading is between 4 and 5 mmol/L, eat a small starchy snack like 2 plain biscuits or a piece of fruit. If your glucose is less than 4 mmol/L, treat the hypo and do not drive for at least 45 minutes after you have recovered.



⚠ If you have a hypo while driving, stop the car as soon as possible. Remove the keys to demonstrate you are not in charge of the car, and move into the passenger seat if safe to do so. Treat the hypo as advised. You should not drive for at least 45 minutes after recovery because your response rate will be slower.

> OTHER CIRCUMSTANCES

Your ability to recognise and treat hypos, and the development of diabetes complications, may affect your ability to drive safely. By law, you must inform the DVLA when the following affect you (even if you are only taking medications that fall in the "NO" box mentioned previously):

- You need laser treatment to both eyes, or in the remaining eye if you have sight in one eye only.
 - You are unable to read (with glasses or contact lenses if necessary) a car number plate at 20 metres (65 feet).
 - You have problems with the circulation or sensation in your legs that means you have to drive automatic vehicles or vehicles with a hand-operated accelerator or brake.
 - An existing medical condition gets worse or you develop any other condition that may affect you driving safely.
- !** It is advisable to inform your motor insurance company if you have diabetes to avoid any problems should an accident occur.

> WHAT IF I HAVE AN ACCIDENT?

If you have an accident, even if you feel it is not your fault, test your glucose level to demonstrate whether or not you were hypo.

If you have a hypo while driving, you may be charged with driving under the influence of a drug (insulin or diabetes tablet), driving without due care and attention, or dangerous driving. If you have a severe hypo at the wheel, you must inform the DVLA as soon as you can.



> THINGS TO REMEMBER:

- Having a hypo means that your glucose level is too low (less than 4 mmol/L).
- Act IMMEDIATELY by eating or drinking something that will raise your glucose levels quickly.
- Never ignore the warning signs.
- Make sure other people know what to do when you are having a hypo.
- Always carry glucose, a glucose meter and diabetes identification.
- Your glucose level must be more than 5mmol/L to drive
- Further information can be found on the DVLA website www.gov.uk under Information for drivers with diabetes. Leaflets INF294, INF188/2 and INF188/5.



"Having diabetes does not mean that you have to give up driving..."

> USEFUL RESOURCES:

Trend Diabetes: www.trenddiabetes.online

Driver and Vehicle Licensing Agency: www.gov.uk/diabetes-driving

Diabetes UK: ☎ 0345 123 2399

Diabetes UK Careline: 0345 123 2399



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