



Diabetes and Driving

Patient Information Leaflet



WHO DO I NEED TO INFORM?

- You must by law inform your insurance company that you have diabetes. You can be fined up to £1,000 if you don't tell DVLA about a medical condition that affects your driving. You may be prosecuted if you're involved in an accident as a result.
- You must advise the DVLA of your diagnosis if you are applying for any form of licence for the first time.
- If you already hold a licence and are treated with diet, tablets, exenatide, also known as Byetta® or liraglutide, also known as Victoza® or Semaglutide also known as Ozempic other non-insulin injections, you are **not** required to inform the DVLA. Please check with your Diabetes Team if there is any uncertainty.
- You must inform DVLA if you suffer you suffer more than one episode of severe hypoglycaemia within the last 12 months while **awake**. You must also tell us if you or your medical team feel you are at high risk of developing severe hypoglycaemia. For Group 2 drivers (bus/lorry), one episode of severe hypoglycaemia must be reported immediately.
 - You develop impaired awareness of hypoglycaemia. (Difficulty in recognising the warning symptoms of low blood sugar).
 - You suffer severe hypoglycaemia while driving
 - You need treatment with insulin.
 - You need laser treatment to both eyes or in the remaining eye if you have sight in one eye only.

- You have problems with vision in both eyes, or in the remaining eye if you have sight in one eye only. By law, you must be able to read, with glasses or contact lenses if necessary, a car number plate in good daylight at 20 metres. In addition, the visual acuity (with the aid of glasses or contact lenses if worn) must be at least 6/12 (0.5 decimal) with both eyes open, or in the only eye if monocular.
- You develop any problems with the circulation, or sensation in your legs or feet which makes it necessary for you to drive certain types of vehicles only, for example automatic vehicles, or vehicles with a hand operated accelerator or brake. This must be shown on your driving licence.
- An existing medical condition gets worse or you develop any other condition that may affect your driving safely.

In the interests of road safety, you must be sure that you can safely control a vehicle at all times.

DVLA

If you already hold a driving licence, write a letter or contact the DVLA by telephone, telling them about any changes in how your diabetes is treated. If you are treated with insulin, you will be sent another form (Diabetic 1/D1) to complete.

The DVLA will also ask for your consent to approach your GP and or Hospital Doctor, if necessary, to obtain information on your fitness to drive.

If your diabetes is treated with insulin, a driving licence will be issued for one, two or three years, and will allow you to drive a vehicle up to 3.5 tonnes. When this licence expires you will receive a reminder to renew the licence. You may also be sent another D1 form to complete. Renewals are free of charge.

If you hold a Group 1 entitlement (i.e. **not** driving a passenger carrying vehicle or heavy goods vehicle – **see section ‘Driving for your work’**) and you are treated with...

- ❖ Insulin
- ❖ Certain tablets - sulphonylurea or glinide (see below)

... then updated guidance requires:

- That you must regularly monitor your blood glucose levels and at relevant times when driving, using a meter with a memory

If you use a real time (RT-CGM) or flash glucose monitoring (FGM) system to check your glucose levels and the reading is 4.0mmol/L or below, you must stop driving and confirm your finger prick glucose test reading.

- Your finger prick glucose level must be at least 5.0mmol/L before returning to driving.
- That you must **not** have experienced more than one severe hypoglycaemic episode when **awake**, which required third party assistance, in the previous 12 month period **and/or** have developed hypoglycaemic unawareness

(Sulphonylurea tablets = gliclazide, glimepiride, glipizide, glibenclamide.

HYPOGLYCAEMIA AND DRIVING

What should I know?

There is a risk of hypoglycaemia, also known as hypo, if your diabetes is treated with insulin or with certain tablets, for example gliclazide or glipizide. If you are not sure if your diabetes treatment can cause a hypo please discuss this with your Diabetes Team.

Having a hypo whilst in charge of a motor vehicle can be fatal, not only for you but also for others. You must ensure that you are safe to drive.

You should **not** drive if you:

- Have difficulty recognising the early signs of hypoglycaemia.
- Have problems with your eyesight, which are not corrected with glasses.
- Have numbness or weakness in your limbs.

If you are unsure about any of these you can talk to your Diabetes Team.

WHAT SHOULD I DO?

- ❖ Be sure that you can recognise the early signs of hypoglycaemia. If you cannot, discuss with your Diabetes Team.
- ❖ Check your blood glucose levels before your car journey and if travelling a long distance, recheck your blood glucose levels every 2 hours.
- ❖ If you use a real time (RT-CGM) or flash glucose monitoring (FGM) system to check your glucose levels and the reading is 4.0mmol/L or below, you must stop driving and confirm your finger prick glucose test reading.
- ❖ Your finger prick glucose level must be at least 5.0mmol/L before returning to driving.
- ❖ Please discuss with your Diabetes Nurse target blood glucose levels for driving.

REMEMBER! BE PREPARED!

- Always carry quick acting carbohydrate for example glucose tablets and long acting carbohydrate for example a cereal bar, and your blood glucose meter in your car.
- Do not miss or delay a meal or snack.
- Carry identification both on yourself and in your car. You should identify that you have diabetes and how it is treated.

WHAT WILL I DO

IF I FEEL HYPO WHEN DRIVING?

- Stop driving as soon as it is safe to do so.
- Remove the ignition key and move into the passenger seat. This is to avoid any suggestion that you are in charge of a car whilst under the influence of any drugs, including insulin.
- **Immediately** take glucose tablets, a sugary drink or sweets to treat a hypo. Check blood glucose levels after 10-15 minutes; if above 4 mmols, take a longer acting carbohydrate such as cereal bar. If still below 4mmols, repeat with quick acting carbohydrate and then recheck.
- Following treatment of hypoglycaemia, wait at least 45 minutes before resuming driving.

The recovery of rational thinking and judgement takes at least 45 minutes after blood glucose levels have returned to normal.

In the interests of road safety, you must be sure that you can safely control a motor vehicle at all times.

If you have an accident whilst you are hypoglycaemic, you should get legal advice and the support of your diabetes care team. You must also advise the DVLA. You can also contact Diabetes UK for further help and advice. In the event of an accident medical enquiries will be made to confirm that you can meet the required medical standards of fitness to drive.

DRIVING FOR YOUR WORK

Local councils issue licences for taxis and minicabs. Their policies may vary throughout the UK and it is best to check with individual councils for further information.

If your diabetes is treated with diet or diet and tablets or exenatide or liraglutide or other non insulin injectable medication for diabetes you may hold a licence to drive either a large good vehicle (LGV) or a passenger-carrying vehicle (PCV).

If you hold a Group 2 entitlement then recent changes in the guidance from the DVLA requires:

1. If your diabetes is treated with insulin, there must have been **no** episodes of hypoglycaemia that required third party assistance in the previous 12 month period **and** you can demonstrate an understanding of the risk of hypoglycaemia
2. If your diabetes is treated with insulin you must regularly monitor your blood glucose levels (at least twice a day) and at relevant times when driving, using a meter with a memory
3. If your diabetes is treated with insulin you must have a 3 month record of these blood glucose results available for your Diabetes Consultant to review at your annual appointment
4. If your diabetes is treated with a sulphonylurea or glinide tablet – see below – then points 1. & 2. are the same

(Sulphonylurea tablets = gliclazide, glimepiride, glipizide, glibenclamide.

Following a change in regulations anyone who is under Insulin Control or is treated by tablets in the Sulphonylurea or Glinide class, may apply for renewal of vocational entitlement to drive categories C1, C1E, D1, D1E, C, CE, D OR DE

You do not need to inform the DVLA if your diabetes is managed by diet alone.

Diabetes treated by tablets or non-insulin injections

1. Car or motorbike licence

Check with your doctor or nurse to find out if your treatment means you need to tell DVLA.

If you do need to tell DVLA, fill in form DIAB1 and send it to the address on the form.

2. Bus, coach or lorry licence

You must tell DVLA if your diabetes is treated by tablets or non-insulin injections. You must fill in:

- form VDIAB1SG if your diabetes is treated by sulphonylurea
- form VDIAB1GEN if your diabetes is treated by any other tablets or non-insulin injections

Send the form to DVLA. The address is on the form.

Stage 1 - Application Form

Diabetes treated by insulin

1. Car or motorbike licence

You need to tell DVLA if:

- your insulin treatment lasts (or will last) over 3 months
- you had gestational diabetes (diabetes associated with pregnancy) and your insulin treatment lasts over 3 months after the birth
- you get disabling hypoglycaemia (low blood sugar) - or a medical professional has told you that you're at risk of developing it
- You can also fill in form DIAB1 and send it to DVLA. The address is on the form.

2. Bus, coach or lorry licence

You must tell DVLA if your diabetes is treated with insulin.

Fill in form VDIAB1I and send it to DVLA. The address is on the form.

Read leaflet INS186 if you want to apply for vocational entitlement to drive larger vehicles (C1, C1E, D1, D1E, C, CE, D or DE).

- Request application form DL1(N1) and DIAB1(VOC) from D

Stage 2 - Doctors Medical Questionnaire

- If cleared to proceed to Stage 2, you will be issued with form DIAB2(VOC)-DVA will pay for any fee for this questionnaire
- A DLM1 medical examination may be required-if this form is required, you are responsible for any fees that may be charged

Stage 3 - (Insulin Treatment only) Specialist Medical Questionnaire/Examination by a Consultant specialising in Diabetes

- Independent Consultant (Diabetes) will be nominated by DVLA to complete an Annual Diabetes Examination
- At examination, 3/12 of continuous Blood sugar readings must be available on a meter with a memory function-covering 3/12 period you were on Insulin
- DVLA pay for this examination

Guidance

- First application for Group 2 –must complete DLM1
- A DLM1 will be required every 5 years until the age of 65, from age 65 a DLM1 will be required every 12months
- Must meet Qualifying conditions prior to application
- If Annual Medical Examination is required, the report will be issued by Diabetes specialist to highlight you meet requirements. Your Group 2 licence may only be issued for a period of 1 year subject to further Medical Examination.

Reference:

nidirect government services GOV.UK

DRIVING INSURANCE

For your car insurance to be valid, you must inform your insurance company as soon as you develop diabetes. This is required whether your diabetes is controlled by diet, tablets or insulin.

Some companies may refuse cover, impose special terms or charge an increased premium if their statistics show that drivers with diabetes are at higher risk. If this happens, it is worth challenging your insurer, especially if your diabetes is stable and well controlled. It is always worth shopping around for quotes from a number of insurers, as there can be a big difference in premiums.

FOR FURTHER INFORMATION:

- ❖ Diabetes UK central office:
0345 123 2399
www.diabetes.org.uk
- ❖ DVLA 0300 790 6892
Enquiries 0300 790 6801
www.dvla.gov.uk
- ❖ For more information on 'Having a hypo' see: [Diabetes MCN website](#)

If you need this information in another language or format, please contact the NHS Lanarkshire General Enquiry Line on 0300 303 0243 or e-mail info@lanarkshire.scot.nhs.uk

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| Pub. date: | March 2021 |
| Review date: | March 2023 |
| Issue No: | 05 |