

FITNESS TO DRIVE & PSYCHIATRIC DISORDERS

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CAN I DRIVE, DOCTOR?

PATIENT A

21 year old male

Diagnoses of Mild Learning Disability
and ADHD

Seen for the first time due to issues
sleeping

Keen interest in cars; training as a
mechanic

Wants to apply for Provisional
License

PATIENT B

32 year old male

Diagnoses of Treatment Resistant Schizophrenia; Autism Spectrum Disorder; Borderline Learning Disability

Admitted to MSU for treatment of poorly controlled psychosis

Detained under s37

Much improved after commencing Clozapine

Would like to resume driving

Lives in rural area with very poor transport links

CAN THEY DRIVE?



FITNESS TO DRIVE

- DVLA guidance on assessing fitness to drive
- Focus on psychiatric disorders
- Review relevant appendices
- Answer the question

DVLA GUIDANCE

GENERAL INFORMATION: ASSESSING FITNESS TO DRIVE

- **Licensing and licence groups**
- The GB medical standards for driver licensing refer to Group 1 and Group 2 licence holders:
- Group 1 includes cars and motorcycles
- Group 2 includes large lorries (category C) and buses (category D)
- In most cases, the medical standards for Group 2 drivers are substantially higher than for Group 1 drivers. This is because of the size and weight of the vehicle and the length of time an occupational driver typically spends at the wheel.

GENERAL INFORMATION: ASSESSING FITNESS TO DRIVE

Police, fire, ambulance and health service driver licensing

The same medical standards apply for drivers of police, fire, coastguard, ambulance and health service vehicles as they do for all drivers holding Group 1 and 2 licences. Any responsibility for determining higher medical standards, over and above these licensing requirements, rests with the individual force, service or other relevant body.

Taxi licensing

Responsibility for determining any higher standards and medical requirements for taxi drivers, over and above the driver licensing requirements, rests with Transport for London in the Metropolitan area, or the local council in all other areas.

Decisions taken by employers on the use and application of the GB standards on fitness to drive in particular circumstances and as they relate to employees are for the employer to make. Any responsibility for determining higher medical standards, over and above these licensing requirements, rests with the individual force, service or other relevant body.

GENERAL INFORMATION: ASSESSING FITNESS TO DRIVE

Sudden disabling events

Anyone with a medical condition likely to cause a sudden disabling event at the wheel, or who is unable to control their vehicle safely for any other reason, must not drive.

DVLA defines the risk of a sudden disabling event as:

- 20% likelihood of an event in 1 year for Group 1 licensing
- 2% likelihood of an event in 1 year for Group 2 licensing

These figures, while originally defined by older studies, have since been revalidated by more recent risk-of-harm calculations.

GENERAL INFORMATION: ASSESSING FITNESS TO DRIVE

DVLA notification by drivers or healthcare professionals

Applicants and licence holders have a legal duty to:

- notify DVLA of any injury or illness that would have a likely impact on safe driving ability (except some short-term conditions that are unlikely to continue beyond 3 months, as set out in this guide)
- respond fully and accurately to any requests for information from either DVLA or healthcare professionals
- comply with the requirements of the issued licence, including any periodic medical reviews indicated by DVLA
- They should also adhere, with ongoing consideration of fitness to drive, to prescribed medical treatment, and to monitor and manage the condition and any adaptations.

GENERAL INFORMATION: ASSESSING FITNESS TO DRIVE

DVLA notification by drivers or healthcare professionals

Doctors and other healthcare professionals should:

- advise the individual on the impact of their medical condition for safe driving ability
- advise the individual on their legal requirement to notify DVLA of any relevant condition
- treat, manage and monitor the individual's condition with ongoing consideration of their fitness to drive
- notify DVLA when fitness to drive requires notification but an individual cannot or will not notify DVLA themselves

Of course, this last obligation on professionals may pose a challenge to issues of authorisation and the relationship between patient and healthcare professional. The General Medical Council (GMC) and the General Optical Council (GOC) offer guidance on this.

GENERAL INFORMATION: ASSESSING FITNESS TO DRIVE

DVLA notification by drivers or healthcare professionals

Circumstances may arise in which a person cannot or will not notify DVLA. It may be necessary for a doctor, optometrist or other healthcare professional to consider notifying DVLA under such circumstances if there is concern for road safety, which would be for both the individual and the wider public.

The General Medical Council (GMC) and the General Optical Council (GOC) offer clear guidance about notifying DVLA when the person cannot or will not exercise their own legal duty to do so.

GMC GUIDANCE

1. In our guidance Confidentiality: good practice in handling patient information we say:

1. Trust is an essential part of the doctor-patient relationship and confidentiality is central to this. Patients may avoid seeking medical help, or may under-report symptoms, if they think that their personal information will be disclosed by doctors without consent, or without the chance to have some control over the timing or amount of information shared.

60. Doctors owe a duty of confidentiality to their patients, but they also have a wider duty to protect and promote the health of patients and the public.

62. You should ask for a patient's consent to disclose information for the protection of others unless it is not safe or practicable to do so, or the information is required by law. You should consider any reasons given for refusal.

GMC GUIDANCE

64.If it is not practicable to seek consent, and in exceptional cases where a patient has refused consent, disclosing personal information may be justified in the public interest if failure to do so may expose others to a risk of death or serious harm. The benefits to an individual or to society of the disclosure must outweigh both the patient's and the public interest in keeping the information confidential.

68.If you consider that failure to disclose the information would leave individuals or society exposed to a risk so serious that it outweighs patients' and the public interest in maintaining confidentiality, you should disclose relevant information promptly to an appropriate person or authority. You should inform the patient before disclosing the information, if it is practicable and safe to do so, even if you intend to disclose without their consent.

GMC GUIDANCE

About this guidance

2. Doctors owe a duty of confidentiality to their patients, but they also have a wider duty to protect and promote the health of patients and the public. This explanatory guidance sets out the steps doctors should take if a patient's failure or refusal to stop driving exposes others to a risk of death or serious harm.

Fitness to drive: doctors' and patients' responsibilities

3. The Driver and Vehicle Licensing Agency (DVLA) in England, Scotland and Wales and the Driver and Vehicle Agency (DVA) in Northern Ireland are legally responsible for deciding if a person is medically unfit to drive. This means they need to know if a person holding a driving licence has a condition or is undergoing treatment that may now, or in the future, affect their safety as a driver.

4. The driver is legally responsible for telling the DVLA or DVA about any such condition or treatment. Doctors should therefore alert patients to conditions and treatments that might affect their ability to drive and remind them of their duty to tell the appropriate agency. Doctors may, however, need to make a decision about whether to disclose relevant information without consent to the DVLA or DVA in the public interest if a patient is unfit to drive but continues to do so.

GMC GUIDANCE

Assessing a patient's fitness to drive

5. When diagnosing a patient's condition, or providing or arranging treatment, you should consider whether the condition or treatment may affect their ability to drive safely. You should:

- refer to the DVLA's guidance *Assessing fitness to drive* – a guide for medical professionals, which includes information about disorders and conditions that can impair a patient's fitness to drive
- seek the advice of an experienced colleague or the DVLA's or DVA's medical adviser if you are not sure whether a condition or treatment might affect a patient's fitness to drive.

GMC GUIDANCE

Reporting concerns to the DVLA or DVA

6.If a patient has a condition or is undergoing treatment that could impair their fitness to drive, you should:

- a. explain this to the patient and tell them that they have a legal duty to inform the DVLA or DVA
- b. tell the patient that you may be obliged to disclose relevant medical information about them, in confidence, to the DVLA or DVA if they continue to drive when they are not fit to do so
- c. make a note of any advice you have given to a patient about their fitness to drive in their medical record.

GMC GUIDANCE

Reporting concerns to the DVLA or DVA

7.If a patient is incapable of understanding this advice – for example, because of dementia – you should inform the DVLA or DVA as soon as practicable.

8.If a patient refuses to accept the diagnosis, or the effect of the condition or treatment on their ability to drive, you can suggest that they seek a second opinion, and help arrange for them to do so. You should advise the patient not to drive in the meantime. As long as the patient agrees, you may discuss your concerns with their relatives, friends or carers.

GMC GUIDANCE

Reporting concerns to the DVLA or DVA

9.If you become aware that a patient is continuing to drive when they may not be fit to do so, you should make every reasonable effort to persuade them to stop. If you do not manage to persuade the patient to stop driving, or you discover that they are continuing to drive against your advice, you should consider whether the patient's refusal to stop driving leaves others exposed to a risk of death or serious harm. If you believe that it does, you should contact the DVLA or DVA promptly and disclose any relevant medical information, in confidence, to the medical adviser.

10.Before contacting the DVLA or DVA, you should try to inform the patient of your intention to disclose personal information. If the patient objects to the disclosure, you should consider any reasons they give for objecting. If you decide to contact the DVLA or DVA, you should tell your patient in writing once you have done so, and make a note on the patient's record.

GMC GUIDANCE

Responding to requests for information from the DVLA or the DVA

11.If you agree to prepare a report or complete or sign a document to assist the DVLA's or the DVA's assessment of a patient's fitness to drive, you should do so without unreasonable delay.

HOW DVLA RESPONDS TO NOTIFICATION AND APPLIES THE MEDICAL STANDARDS

Once DVLA is notified of a medical condition and obtains authorisation, it will make medical enquiries as required.

The Secretary of State (in practice, DVLA) is unable to make a licensing decision until all the relevant medical information is available and has been considered. Exceptions to this do exist, specifically DVLA's ability to revoke a licence immediately in the interests of road safety and without detailed enquiry if individual case circumstances dictate this.

HOW DVLA RESPONDS TO NOTIFICATION AND APPLIES THE MEDICAL STANDARDS

DVLA's medical enquiries procedure is generally a 2-stage process:

- Information on the medical condition is sought from the licence holder or applicant, either by paper questionnaire or online
- Information is sought from relevant healthcare professionals, either by questionnaire or provision of medical notes.

In some circumstances DVLA will require independent review by a DVLA-appointed doctor or optician/optometrist. Depending on individual circumstances, a licence applicant may also require a driving assessment and/or appraisal.

HOW DVLA RESPONDS TO NOTIFICATION AND APPLIES THE MEDICAL STANDARDS

Driving during medical enquiries

The time taken to obtain all necessary reports can be lengthy but a licence holder may retain entitlement to drive under Section 88 of the Road Traffic Act 1988. However, a driver whose last licence was revoked or refused because of a medical condition or is a high risk offender re-applying after a drink/drive disqualification from 1 June 2013 would not, however, be eligible to drive until they are issued with a new licence.

The driver may be covered to drive, but this carries implications for road safety in that the licence holder may continue to drive with a medical condition that, on completion of DVLA's enquiries, may ultimately result in licence withdrawal.

HOW DVLA RESPONDS TO NOTIFICATION AND APPLIES THE MEDICAL STANDARDS

Driving during medical enquiries

It is for the patient to assure themselves that they are fit to drive. Medical professionals who are asked for an opinion about a patient's fitness to drive in these circumstances should explain the likely outcome by reference to this guide. The final decision in relation to driver licensing will, however, rest with DVLA.

By reference to DVLA's guidance, the doctor in charge of an individual's care should be able to advise the driver whether or not it is safe for them to continue to drive during this period.

Patients must be reminded that if they choose to ignore medical advice to stop driving this may affect the validity of their motor insurance cover. Doctors are advised to formally and clearly document the advice given.

HOW DVLA RESPONDS TO NOTIFICATION AND APPLIES THE MEDICAL STANDARDS

Driving during medical enquiries

DVLA is solely reliant on doctors and other healthcare professionals for the provision of medical information. To make timely licensing decisions that impact on the safety of the individual and the public, DVLA needs information to be provided as quickly as possible.

When DVLA holds all relevant information, a decision can then be made as to whether or not the driver or applicant satisfies the national medical guidelines and the requirements of the law. A licence is accordingly issued or refused/revoked.

HOW DVLA RESPONDS TO NOTIFICATION AND APPLIES THE MEDICAL STANDARDS

Outcome of medical enquiries

DVLA does not routinely tell doctors of the outcome of a medical enquiry. Drivers are always informed of the outcome, either by being issued a licence or by notification of a refusal or revocation.

For cases in which the driver may not have the insight and/or memory function to abide by the refusal or revocation of their licence – for example, in cognitive impairment, dementia or a mental health condition – DVLA may, in exceptional circumstances, send a decision letter to the GP in line with prevailing legislation and GMC guidance on disclosures in the public interest.

When a notification is received from a doctor in accordance with the GMC guidelines, unless relevant to one of these conditions affecting mental capacity, DVLA will send an acknowledgement letter only to the GP, to confirm receipt of the original notification.

HOW DVLA RESPONDS TO NOTIFICATION AND APPLIES THE MEDICAL STANDARDS

Medical notification form for use by healthcare professionals

The [medical notification form](#) for use when patients cannot or will not notify DVLA themselves is available, for use by healthcare professionals only, on GOV.UK. This form is only for patients living in England, Scotland or Wales who hold a driving licence issued by DVLA.

The completed form should be returned by post or email.

Please note, your patient can request copies of any medical documents held at DVLA unless you specify in writing that releasing this information could cause serious harm to your patient.

DVLA cannot be responsible for the payment of any fee associated with notification.

HOW DVLA RESPONDS TO NOTIFICATION AND APPLIES THE MEDICAL STANDARDS

Obtaining advice from DVLA on fitness to drive

Contacting DVLA's doctors

Doctors and other healthcare professionals are always welcome to write to or email one of DVLA's doctors.

Advice may be sought about a particular driver identified by a unique reference number, or about fitness to drive in general.

PSYCHIATRIC DISORDERS

X - Must not drive

! - May continue to drive
subject to medical advice
and/or notifying DVLA

✓ - May continue to drive
and need not notify DVLA

Group 1
car and motorcycle

Group 2
bus and lorry

ANXIETY OR DEPRESSION – MILD TO MODERATE

	Group 1 car and motorcycle	Group 2 bus and lorry
Without significant memory or concentration problems, agitation, behavioural disturbance or suicidal thoughts	<p>✓- May drive and need not notify DVLA.</p> <p>See Appendix E for medication considerations relevant to driving.</p>	<p>✓- May drive and need not notify DVLA.</p> <p>For other cases, refer to ‘severe’ below.</p> <p>See Appendix E for medication considerations relevant to driving.</p>

SEVERE ANXIETY OR DEPRESSION

	Group 1 car and motorcycle	Group 2 bus and lorry
Significant memory or concentration problems, agitation, behavioural disturbance or suicidal thoughts	<p>X- Must not drive and must notify DVLA.</p> <p>Particular danger would be posed by those who may attempt suicide at the wheel.</p> <p>Licensing may be granted after 3 months if:</p> <ul style="list-style-type: none">■ the person has been well and stable■ the person has adhered to previously agreed treatment programmes and■ is not suffering from medicinal side effects that would affect alertness or concentration	<p>X- Must not drive and must notify DVLA.</p> <p>Particular danger would be posed by those who may attempt suicide at the wheel.</p> <p>Licensing may be granted after 6 months if:</p> <ul style="list-style-type: none">■ the person has been well and stable■ the person has adhered to previously agreed treatment programmes and■ is not suffering from medicinal side effects that would affect alertness or concentration <p>DVLA may need reports from a specialist in psychiatry.</p> <p>Driving is usually permitted after 6 months if the anxiety or depression has been long-standing but symptoms are under control and if maintenance on a dosage of psychotropic medication does not cause impairment.</p>

PSYCHOTIC DISORDER – INCLUDING ACUTE EPISODE

Group 1 car and motorcycle

X - Must not drive during acute illness and must notify DVLA.

Licensing may be considered if all of these conditions are met:

- remained well and stable for at least 3 months
- adheres to any agreed treatment plan
- free from any medication effects that would impair driving
- subject to a suitable specialist report being favourable

Group 2 bus and lorry

X - Must not drive during acute illness and must notify DVLA.

Licensing may be considered if all of these conditions are met:

- remained well and stable for at least 12 months
- adheres to any agreed treatment plan
- free from any medication effects that would impair driving
- subject to a favourable report from a specialist in psychiatry

PSYCHOTIC DISORDER – INCLUDING ACUTE EPISODE

Group 1 car and motorcycle

A lack of insight which impacts upon the ability to drive safely would be a bar to licensing.

Drivers with a history of instability and/or poor engagement with treatment will be required not to drive for a longer period before any relicensing.

Group 2 bus and lorry

A lack of insight which impacts upon the ability to drive safely would be a bar to licensing.

The minimum effective antipsychotic dosage should be sought, in line with good practice. Drug tolerability should be optimal and not associated with any deficits that might impair driving, such as to alertness, concentration or motor performance.

Established illness with a history suggesting a likelihood of relapse: the risk of this needs to be considered low.

DVLA will normally require the report of a specialist in psychiatry that specifically addresses the above issues as relevant to driving before it may grant a licence.

HYPOMANIA OR MANIA

- For Group 2 bus and lorry driving, in both stable and unstable conditions:
- the minimum effective dosage of any antipsychotic medication should be sought, in line with good practice. Drug tolerability should be optimal and not associated with any deficits that might impair driving, such as to alertness, concentration or motor performance
- established illness with a history to suggest a likelihood of relapse: the risk of this must be considered low.

HYPOMANIA OR MANIA

	Group 1 car and motorcycle	Group 2 bus and lorry
Stable There must be no driving during any acute illness.	<p>✗ - Must not drive and must notify DVLA.</p> <p>Licensing may be considered if all of these conditions are met:</p> <ul style="list-style-type: none">■ remained well and stable for at least 3 months■ adheres to any agreed treatment plan■ free from any medication effects that would impair driving■ subject to a favourable report from a suitable specialist <p>A lack of insight which impacts upon the ability to drive safely would be a bar to licensing.</p>	<p>✗ - Must not drive and must notify DVLA.</p> <p>Licensing may be considered if all of these conditions are met:</p> <ul style="list-style-type: none">■ remained well and stable for at least 12 months■ adheres to any agreed treatment plan■ free from any medication effects that would impair driving■ subject to a favourable report from a specialist in psychiatry <p>A lack of insight which impacts upon the ability to drive safely would be a bar to licensing.</p> <p>See note above for both stable and unstable conditions.</p>

HYPOMANIA OR MANIA

Unstable

4 or more episodes of significant mood swing in the previous 12 months.

Particular danger would be posed by driving if there is hypomania or mania with repeated change of mood. In all cases, there must be no driving during any acute illness.

X- Must not drive and must notify DVLA.

Licensing may be considered if all of these conditions are met:

- remained well and stable for at least 6 months
- adheres to any agreed treatment plan
- free from any medication effects that would impair driving
- subject to a favourable report from a suitable specialist

A lack of insight which impacts upon the ability to drive safely would be a bar to licensing.

X- Must not drive and must notify DVLA.

Licensing may be considered if all of these conditions are met:

- remained well and stable for at least 12 months
- adheres to any agreed treatment plan
- free from any medication effects that would impair driving
- subject to a favourable report from a specialist in psychiatry

A lack of insight which impacts upon the ability to drive safely would be a bar to licensing

See note above for both stable and unstable conditions

SCHIZOPHRENIA – AND OTHER CHRONIC RELAPSING/REMITTING DISORDERS

	Group 1 car and motorcycle	Group 2 bus and lorry
There must be no driving during any acute illness	X - Must not drive and must notify DVLA.	X - Must not drive and must notify DVLA.
Driving would be particularly dangerous if psychotic symptoms relate to other road users	Licensing may be considered if all of these conditions are met: <ul style="list-style-type: none"> ■ remained well and stable for at least 3 months ■ adheres adequately to any agreed treatment plan ■ free from any medication effects that would impair driving ■ subject to a suitable specialist report being favourable 	Licensing may be considered if all of these conditions are met: <ul style="list-style-type: none"> ■ remained well and stable for at least 12 months. A longer period of stability may be required if there is a history of relapses ■ adheres to any agreed treatment plan ■ free from any medication effects that would impair driving ■ subject to a favourable report from a specialist in psychiatry

SCHIZOPHRENIA – AND OTHER CHRONIC RELAPSING/REMITTING DISORDERS

Group 1 car and motorcycle

Continuing symptoms: even with limited insight, continuing symptoms do not necessarily preclude licensing.

However a lack of insight which impacts upon the ability to drive safely would be a bar to licensing.

Symptoms should be unlikely to cause significant concentration problems, memory impairment or distraction while driving.

Group 2 bus and lorry

Further:

- the minimum effective dosage of any antipsychotic medication should be sought, in line with good practice Drug tolerability should be optimal and not associated with any deficits that might impair driving, such as to alertness, concentration or motor performance
- established illness with a history to suggest a likelihood of relapse: the risk of this must be considered low

A lack of insight which impacts upon the ability to drive safely would be a bar to licensing.

There must be no driving during any acute illness

Driving would be particularly dangerous if psychotic symptoms relate to other road users

NEUROLOGICAL DEVELOPMENTAL CONDITIONS

Group 1 car and motorcycle

! - May be able to drive but must notify DVLA if condition affects the ability to drive safely.

A diagnosis of any of these conditions is not in itself a bar to licensing.

DVLA must be notified if there are any significant issues with the following, either singly or in combination, to a degree that would raise concerns about an individual's ability to drive safely.

Group 2 bus and lorry

! - May be able to drive but must notify DVLA if condition affects the ability to drive safely.

A diagnosis of any of these conditions is not in itself a bar to licensing.

DVLA must be notified if there are any significant issues with the following, either singly or in combination, to a degree that would raise concerns about an individual's ability to drive safely.

Any neurological developmental conditions including attention deficit hyperactivity disorder (ADHD), autism spectrum condition and other related conditions

NEUROLOGICAL DEVELOPMENTAL CONDITIONS

	Group 1 car and motorcycle	Group 2 bus and lorry
Any neurological developmental conditions including attention deficit hyperactivity disorder (ADHD), autism spectrum condition and other related conditions	<p>These are:</p> <ul style="list-style-type: none">■ attention and concentration■ memory■ behaviour and awareness of how this impacts on others■ ability to regulate emotions■ ability to make considered decisions without being impulsive■ insight and understanding■ ability to anticipate the actions of others■ cognitive flexibility■ sensory processing (increased sensitivity to sensory stimuli - for example, light, sound, etc)■ motor coordination and control	<p>These are:</p> <ul style="list-style-type: none">■ attention and concentration■ memory■ behaviour and awareness of how this impacts on others■ ability to regulate emotions■ ability to make considered decisions without being impulsive■ insight and understanding■ ability to anticipate the actions of others■ cognitive flexibility■ sensory processing (increased sensitivity to sensory stimuli - for example, light, sound, etc)■ motor coordination and control

NEUROLOGICAL DEVELOPMENTAL CONDITIONS

	Group 1 car and motorcycle	Group 2 bus and lorry
Any neurological developmental conditions including attention deficit hyperactivity disorder (ADHD), autism spectrum condition and other related conditions	<p>If your patient is diagnosed with a neurological developmental condition but has passed a driving test, the attributes for safe driving will already have been demonstrated at that time.</p> <p>DVLA will only need to be notified if there is a change to their condition, or if you have any concerns around their ability to drive safely.</p> <p>DVLA must be informed if prescribed medication or any side effects of the medication are likely to impair safe driving.</p>	<p>If your patient is diagnosed with a neurological developmental condition but has passed a driving test, the attributes for safe driving will already have been demonstrated at that time.</p> <p>DVLA will only need to be notified if there is a change to their condition, or if you have any concerns around their ability to drive safely.</p> <p>DVLA must be informed if prescribed medication or any side effects of the medication are likely to impair safe driving</p>

COGNITIVE IMPAIRMENT (NOT MILD DEMENTIA)

	Group 1 car and motorcycle	Group 2 bus and lorry
No likely driving impairment	✓- May drive and need not notify DVLA.	✓- May drive and need not notify DVLA.
Possible driving impairment	<p>! - It is difficult to assess driving ability in people with CI. DVLA acknowledges that there are varied presentations and rates of progression, and the decision on licensing is usually based on medical reports.</p> <p>Considerations include:</p> <ul style="list-style-type: none"> ■ poor short-term memory, disorientation, and lack of insight and judgement almost certainly mean not fit to drive ■ disorders of attention causing impairment <p>A formal driving assessment may be necessary (see Appendix G).</p> <p>A licence may be issued subject to review.</p>	<p>! - It is difficult to assess driving ability in people with CI. DVLA acknowledges that there are varied presentations and rates of progression, and the decision on licensing is usually based on medical reports.</p> <p>Considerations include:</p> <ul style="list-style-type: none"> ■ poor short-term memory, disorientation, and lack of insight and judgement almost certainly mean not fit to drive ■ disorders of attention causing impairment <p>A licence may be issued subject to review.</p>

DEMENTIA – AND/OR ANY ORGANIC SYNDROME AFFECTING COGNITIVE FUNCTIONING

Group 1 car and motorcycle

! - May be able to drive but must notify DVLA.

It is difficult to assess driving ability in people with dementia. DVLA acknowledges that there are varied presentations and rates of progression, and the decision on licensing is usually based on medical reports.

Considerations include:

- poor short-term memory, disorientation, and lack of insight and judgement almost certainly mean no fitness to drive
- disorders of attention cause impairment
- in early dementia, when sufficient skills are retained and progression is slow, a licence may be issued subject to annual review

A formal driving assessment may be necessary (see [Appendix G](#)).

Group 2 bus and lorry

X- Must not drive and must notify DVLA.

Licensing will be refused or revoked.

LEARNING DISABILITY

- Definition of severe learning disability followed by DVLA:
- Significantly below average general intellectual functioning, accompanied by severe limitations in adaptive functioning in at least 2 of these areas:
 - communication
 - functional academic skills
 - self-care
 - work
 - home-living
 - leisure
 - social/interpersonal skills
 - health and safety
 - self-direction

LEARNING DISABILITY

	Group 1 car and motorcycle	Group 2 bus and lorry
Mild or moderate learning disability	! - May be able to drive but must notify DVLA.	! - May be able to drive but must notify DVLA.
Learning difficulty is not included. Dyslexia, dyscalculia, and so on, are no bar to ordinary Group 1 licences being awarded after successful driving tests, and DVLA need not be informed	<p>Licensing will be granted provided there are no other relevant problems.</p> <p>DVLA may require an assessment of adequate functional ability at the wheel.</p> <p>The DVSA driving test is considered the arbiter as to whether the condition affects the ability to drive safely.</p>	<p>Licensing may be granted provided there are only minor degrees of learning disability and the condition is stable with no medical or psychiatric complications.</p>

LEARNING DISABILITY

	Group 1 car and motorcycle	Group 2 bus and lorry
Severe	X- Must not drive and must notify DVLA. Licensing will be refused.	X- Must not drive and must notify DVLA. Licensing will be refused

BEHAVIOURAL DISORDERS – INCLUDING POST-HEAD INJURY

	Group 1 car and motorcycle	Group 2 bus and lorry
Severe disturbance with syndrome post-head injury, for example	<p>X- Must not drive and must notify DVLA.</p> <p>Licensing will be refused or revoked if there is serious disturbance – for example, violent behaviour or alcohol abuse likely to be a source of danger at the wheel.</p> <p>Licensing may be granted after medical reports confirm satisfactory control and stability of behavioural disturbances.</p>	<p>X- Must not drive and must notify DVLA.</p> <p>Licensing will be refused or revoked if there is serious disturbance – for example, violent behaviour or alcohol abuse likely to be a source of danger at the wheel.</p> <p>Licensing may be granted if a specialist confirms satisfactory control and stability.</p>

PERSONALITY DISORDERS

Group 1 car and motorcycle

! - May be able to drive but must notify DVLA.

Licensing will be refused or revoked if there is likely to be danger at the wheel.

Licensing may be granted if behavioural disturbance is:

- not related to driving
- or
- not likely to adversely affect driving and road safety

Group 2 bus and lorry

✗ - Must not drive and must notify DVLA.

Licensing will be refused or revoked if there is likely to be danger at the wheel.

Licensing may be given consideration if behavioural disturbance is:

- not related to driving
- or
- not likely to adversely affect driving and road safety
- and
- a specialist confirms stability

Severe disturbance

RELEVANT APPENDICES

APPENDIX E: IMPORTANT NOTES CONCERNING PSYCHIATRIC DISORDERS

- All mental health symptoms must be considered
- Any psychiatric condition that does not fit neatly into the classifications in Chapter 4 will need to be reported to DVLA if it is causing or is considered likely to cause symptoms that would affect driving.
- Such symptoms include, for example:
 - any impairment of consciousness or awareness
 - any increased liability to distraction
 - or any other symptoms affecting the safe operation of the vehicle
 - The patient should be advised to declare both the condition and the symptoms of concern.
- It is the relationship of symptoms to driving that is of importance.

APPENDIX E: IMPORTANT NOTES CONCERNING PSYCHIATRIC DISORDERS

- The law sets out the minimum medical standards of fitness to drive and the requirements for mental health in broad terms state that:
 - there is a clear distinction between the standards for Group 1 car and motorcycle, and Group 2 bus and lorry licensing. The standards for the latter are more stringent because of the size of the vehicles and the greater amounts of time spent at the wheel by occupational drivers
 - severe mental disorder is a prescribed disability for the purposes of section 92 of the Road Traffic Act 1988. Regulations define “severe mental disorder” as including mental illness, arrested or incomplete development of the mind, psychopathic disorder, and severe impairment of intelligence or social functioning
 - the standards of fitness to drive must reflect, not only the need for an improvement in the mental state, but also a period of stability, such that the risk of relapse can be assessed should the patient fail to recognise any deterioration
 - misuse of or dependence on alcohol or drugs are cases that require consideration of the standards in Chapter 5 in addition to those for psychiatric disorders in Chapter 4

APPENDIX E: IMPORTANT NOTES CONCERNING PSYCHIATRIC DISORDERS

Medications

Section 4 of the Road Traffic Act 1988 does not differentiate between illicit and prescribed drugs.

Any person driving or attempting to drive on a public highway or other public place while unfit due to any drug is liable for prosecution.

- All drugs with an action on the central nervous system can impair alertness, concentration and driving performance.
- This is of particular relevance at the initiation of treatment, or soon after, and also when dosage is being increased. Anyone who is adversely affected must not drive.

APPENDIX E: IMPORTANT NOTES CONCERNING PSYCHIATRIC DISORDERS

Medications

- It should be taken into account when planning the treatment of a patient who is a professional driver that the older tricyclic antidepressants can have pronounced anticholinergic and antihistaminic effects, which may impair driving, whereas the more recently developed antidepressants may have fewer such effects.
- Antipsychotic drugs, including depot preparations, can cause motor or extrapyramidal effects as well as sedation or poor concentration. These effects, either alone or in combination, may be sufficient to impair driving, and careful clinical assessment is required.
- The epileptogenic potential of psychotropic medication should be given particular consideration in patients who are professional drivers.
- Benzodiazepines are the psychotropic medications most likely to impair driving performance – the long-acting compounds in particular – and alcohol will potentiate effects.
- Doctors have a duty of care to advise their patients of the potential dangers of adverse effects from medications and their interactions with other substances, especially alcohol.

APPENDIX E: IMPORTANT NOTES CONCERNING PSYCHIATRIC DISORDERS

Electroconvulsive therapy

The likely severity of the underlying condition requiring electroconvulsive therapy (ECT) means the driver should be advised that they must notify DVLA.

Electroconvulsive therapy is usually employed in the context of an acute intervention for a severe depressive illness or, less commonly, as longer-term maintenance therapy.

In both courses, it is the severity of the underlying mental health condition that is of prime importance to the determination of whether driving may be permitted.

A seizure induced by ECT is regarded as provoked for the purposes of fitness to drive and is not a bar to licensing and driving – under both Group 1 car and motorcycle, and Group 2 bus and lorry.

The concerns for driving are:

- severity of the underlying illness requiring ECT treatment
- potential cognitive or memory disturbances associated with both the underlying depression and the ECT therapy

APPENDIX E: IMPORTANT NOTES CONCERNING PSYCHIATRIC DISORDERS

Electroconvulsive therapy

Driving must stop during an acute course of treatment with ECT and is not permitted until the relevant medical standards and observation periods associated with underlying conditions have been met, as set out in [Chapter 4](#) and with respect to any other mental health symptoms or psychiatric conditions that do not fit neatly into classifications.

Again, this guidance must stress that the underlying condition and response to treatment are what determine licensing and driving.

Where ECT is used as maintenance treatment with a single treatment sometimes given weeks apart there may be minimal or no symptoms. This would not affect driving or licensing providing there is no relapse of the underlying condition.

Driving must stop for 48 hours following the administration of an anaesthetic agent.

APPENDIX G

- A formal driving assessment may be necessary
- Assessment centres – find and book
- Offer people advice about driving with a disability

CHAPTER 5

Drug or alcohol misuse or dependence: assessing fitness to drive

If psychiatric illness has been associated with substance misuse, continued misuse contraindicates driving or licensing

Chapter covers:

- Alcohol use disorders
 - Includes persistent alcohol misuses; definition of controlled drinking
- Alcohol dependence
- Alcohol related disorders
 - cirrhosis, alcohol induced psychosis, cognitive impairment
- Alcohol-related seizure
- Drug misuse or dependence
 - Depending on type; includes Note on methadone/buprenorphine treatment programmes
- Seizure associated with drug use
- High-risk offenders



CAN I DRIVE?

PATIENT A

21 year old male

Diagnoses of Mild Learning Disability
and ADHD

Seen for the first time due to issues
sleeping

Keen interest in cars; training as a
mechanic

Wants to apply for Provisional
License

PATIENT A

Can he drive?

a) Yes

b) No

c) Need more info

LEARNING DISABILITY

	Group 1 car and motorcycle	Group 2 bus and lorry
Mild or moderate learning disability	! - May be able to drive but must notify DVLA.	! - May be able to drive but must notify DVLA.
Learning difficulty is not included. Dyslexia, dyscalculia, and so on, are no bar to ordinary Group 1 licences being awarded after successful driving tests, and DVLA need not be informed	<p>Licensing will be granted provided there are no other relevant problems.</p> <p>DVLA may require an assessment of adequate functional ability at the wheel.</p> <p>The DVSA driving test is considered the arbiter as to whether the condition affects the ability to drive safely.</p>	<p>Licensing may be granted provided there are only minor degrees of learning disability and the condition is stable with no medical or psychiatric complications.</p>

NEUROLOGICAL DEVELOPMENTAL CONDITIONS

	Group 1 car and motorcycle	Group 2 bus and lorry
Any neurological developmental conditions including attention deficit hyperactivity disorder (ADHD), autism spectrum condition and other related conditions	<p>! - May be able to drive but must notify DVLA if condition affects the ability to drive safely.</p> <p>A diagnosis of any of these conditions is not in itself a bar to licensing.</p> <p>DVLA must be notified if there are any significant issues with the following, either singly or in combination, to a degree that would raise concerns about an individual's ability to drive safely.</p>	<p>! - May be able to drive but must notify DVLA if condition affects the ability to drive safely.</p> <p>A diagnosis of any of these conditions is not in itself a bar to licensing.</p> <p>DVLA must be notified if there are any significant issues with the following, either singly or in combination, to a degree that would raise concerns about an individual's ability to drive safely.</p>

NEUROLOGICAL DEVELOPMENTAL CONDITIONS

	Group 1 car and motorcycle	Group 2 bus and lorry
Any neurological developmental conditions including attention deficit hyperactivity disorder (ADHD), autism spectrum condition and other related conditions	<p>These are:</p> <ul style="list-style-type: none">■ attention and concentration■ memory■ behaviour and awareness of how this impacts on others■ ability to regulate emotions■ ability to make considered decisions without being impulsive■ insight and understanding■ ability to anticipate the actions of others■ cognitive flexibility■ sensory processing (increased sensitivity to sensory stimuli - for example, light, sound, etc)■ motor coordination and control	<p>These are:</p> <ul style="list-style-type: none">■ attention and concentration■ memory■ behaviour and awareness of how this impacts on others■ ability to regulate emotions■ ability to make considered decisions without being impulsive■ insight and understanding■ ability to anticipate the actions of others■ cognitive flexibility■ sensory processing (increased sensitivity to sensory stimuli - for example, light, sound, etc)■ motor coordination and control

NEUROLOGICAL DEVELOPMENTAL CONDITIONS

	Group 1 car and motorcycle	Group 2 bus and lorry
Any neurological developmental conditions including attention deficit hyperactivity disorder (ADHD), autism spectrum condition and other related conditions	<p>If your patient is diagnosed with a neurological developmental condition but has passed a driving test, the attributes for safe driving will already have been demonstrated at that time.</p> <p>DVLA will only need to be notified if there is a change to their condition, or if you have any concerns around their ability to drive safely.</p> <p>DVLA must be informed if prescribed medication or any side effects of the medication are likely to impair safe driving.</p>	<p>If your patient is diagnosed with a neurological developmental condition but has passed a driving test, the attributes for safe driving will already have been demonstrated at that time.</p> <p>DVLA will only need to be notified if there is a change to their condition, or if you have any concerns around their ability to drive safely.</p> <p>DVLA must be informed if prescribed medication or any side effects of the medication are likely to impair safe driving</p>

PATIENT B

32 year old male

Diagnoses of Treatment Resistant Schizophrenia; Autism Spectrum Disorder; Borderline Learning Disability

Admitted to MSU for treatment of poorly controlled psychosis

Detained under s37

Much improved after commencing Clozapine

Would like to resume driving

Lives in rural area with very poor transport links

PATIENT B

Can he drive?

a) Yes

b) No

c) Need more info

PATIENT B

Can he drive?

a) Yes

b) No

c) Need more info

PATIENT B

How about 3 months
after discharge?

Stable on medication

No relapse of psychosis

Engaging reasonably well
with community services

PATIENT B

Can he drive?

a) Yes

b) No

c) Need more info

SCHIZOPHRENIA – AND OTHER CHRONIC RELAPSING/REMITTING DISORDERS

	Group 1 car and motorcycle	Group 2 bus and lorry
There must be no driving during any acute illness	X - Must not drive and must notify DVLA.	X - Must not drive and must notify DVLA.
Driving would be particularly dangerous if psychotic symptoms relate to other road users	Licensing may be considered if all of these conditions are met: <ul style="list-style-type: none"> ■ remained well and stable for at least 3 months ■ adheres adequately to any agreed treatment plan ■ free from any medication effects that would impair driving ■ subject to a suitable specialist report being favourable 	Licensing may be considered if all of these conditions are met: <ul style="list-style-type: none"> ■ remained well and stable for at least 12 months. A longer period of stability may be required if there is a history of relapses ■ adheres to any agreed treatment plan ■ free from any medication effects that would impair driving ■ subject to a favourable report from a specialist in psychiatry

NEUROLOGICAL DEVELOPMENTAL CONDITIONS

	Group 1 car and motorcycle	Group 2 bus and lorry
Any neurological developmental conditions including attention deficit hyperactivity disorder (ADHD), autism spectrum condition and other related conditions	<p>! - May be able to drive but must notify DVLA if condition affects the ability to drive safely.</p> <p>A diagnosis of any of these conditions is not in itself a bar to licensing.</p> <p>DVLA must be notified if there are any significant issues with the following, either singly or in combination, to a degree that would raise concerns about an individual's ability to drive safely.</p>	<p>! - May be able to drive but must notify DVLA if condition affects the ability to drive safely.</p> <p>A diagnosis of any of these conditions is not in itself a bar to licensing.</p> <p>DVLA must be notified if there are any significant issues with the following, either singly or in combination, to a degree that would raise concerns about an individual's ability to drive safely.</p>

NEUROLOGICAL DEVELOPMENTAL CONDITIONS

	Group 1 car and motorcycle	Group 2 bus and lorry
Any neurological developmental conditions including attention deficit hyperactivity disorder (ADHD), autism spectrum condition and other related conditions	<p>These are:</p> <ul style="list-style-type: none">■ attention and concentration■ memory■ behaviour and awareness of how this impacts on others■ ability to regulate emotions■ ability to make considered decisions without being impulsive■ insight and understanding■ ability to anticipate the actions of others■ cognitive flexibility■ sensory processing (increased sensitivity to sensory stimuli - for example, light, sound, etc)■ motor coordination and control	<p>These are:</p> <ul style="list-style-type: none">■ attention and concentration■ memory■ behaviour and awareness of how this impacts on others■ ability to regulate emotions■ ability to make considered decisions without being impulsive■ insight and understanding■ ability to anticipate the actions of others■ cognitive flexibility■ sensory processing (increased sensitivity to sensory stimuli - for example, light, sound, etc)■ motor coordination and control

NEUROLOGICAL DEVELOPMENTAL CONDITIONS

Group 1 car and motorcycle

Group 2 bus and lorry

Any neurological developmental conditions including attention deficit hyperactivity disorder (ADHD), autism spectrum condition and other related conditions

If your patient is diagnosed with a neurological developmental condition but has passed a driving test, the attributes for safe driving will already have been demonstrated at that time.

DVLA will only need to be notified if there is a change to their condition, or if you have any concerns around their ability to drive safely.

DVLA must be informed if prescribed medication or any side effects of the medication are likely to impair safe driving.

If your patient is diagnosed with a neurological developmental condition but has passed a driving test, the attributes for safe driving will already have been demonstrated at that time.

DVLA will only need to be notified if there is a change to their condition, or if you have any concerns around their ability to drive safely.

DVLA must be informed if prescribed medication or any side effects of the medication are likely to impair safe driving

SUMMARY

DVLA guidance on assessing fitness to drive

Focused on psychiatric disorders

Reviewed relevant appendices

Answered the question



THANK YOU