

DVLA - when to stop driving

This is a very brief summary as the list is extensive and very detailed. The PDF is the complete “at a glance summary” which came out in February 2005.

Age

Group 1 (normal) licences are valid until age 70 unless restricted to a shorter duration for medical reasons. There is no upper limit but after age 70 renewal is necessary every 3 years. All licence applications require a medical self declaration by the applicant.

Group 2 (lorries etc) are normally issued at age 21 and valid till age 45. Thereafter they are renewable every five years to age 65 unless restricted to a shorter period for medical reasons. From age 65 Group 2 licences are renewable annually without upper age limit but must be accompanied by a medical application form D4.

Notification to DVLA

It is the duty of the licence holder or licence applicant to notify DVLA of any medical condition, which may affect safe driving. On occasions however, there are circumstances in which the licence holder cannot, or will not do so. The GMC has issued clear guidelines applicable to such circumstances, which state:

1. The DVLA is legally responsible for deciding if a person is medically unfit to drive. They need to know when driving licence holders have a condition, which may, now or in the future, affect their safety as a driver.
2. Therefore, where patients have such conditions, you should:
 - a. Make sure that the patients understand that the condition may impair their ability to drive. If a patient is incapable of understanding this advice, for example because of dementia, you should inform the DVLA immediately.
 - b. Explain to patients that they have a legal duty to inform the DVLA about the condition.
3. If the patients refuse to accept the diagnosis or the effect of the condition on their ability to drive, you can suggest that the patients seek a second opinion, and make appropriate arrangements for the patients to do so. You should advise patients not to drive until the second opinion has been obtained.
4. If patients continue to drive when they are not fit to do so, you should make every reasonable effort to persuade them to stop. This may include telling their next of kin. If they agree, you may do so.
5. If you do not manage to persuade patients to stop driving, or you are given or find evidence that a patient is continuing to drive contrary to advice, you should disclose relevant medical information immediately, in confidence, to the medical adviser at DVLA.
6. Before giving information to the DVLA you should try to inform the patient of your decision to do so. Once the DVLA has been informed, you should also write to the patient, to confirm that a disclosure has been made.

Specific conditions

First fit or drug provoked - one year off with a medical review before starting.

Loss of consciousness/ loss of or altered awareness likely to be unexplained syncope and **low risk** of re-occurrence with no relevant abnormality on CVS and neurological examination and normal ECG - **4 weeks** off driving.

Loss of consciousness/ loss of or altered awareness likely to be unexplained syncope and **high risk** of re-occurrence (abnormal ECG, clinical evidence of structural heart disease, syncope causing injury, occurring at the wheel or whilst sitting or lying, more than one episode in previous six months) - **4 weeks** off driving after the event if the cause has been identified and treated. If no cause identified, then **6 months** off.

Unwitnessed (presumed) loss of consciousness/loss of or altered awareness with seizure markers (unconsciousness for more than 5 minutes, amnesia greater than 5 minutes, tongue biting or other injury, incontinence, headache post attack) - **1 year** off driving.

Cerebrovascular disease including stroke due to occlusive vascular disease, spontaneous intracerebral haemorrhage, TIA and amaurosis fugax - **1 month** off driving.

Serious head injury or intracranial bleeds - **6 to 12 months** off driving depending on the specific condition.

Acute coronary syndromes including MI - **4 weeks** off driving.

Dysrhythmias including sinoatrial disease, significant AV conduction defect, AF, narrow or broad complex tachycardia - driving may be permitted when the underlying cause has been identified and controlled for at least 4/52.

You are allowed to drive with only one eye as long as the field of vision is 120 degrees.