As long as your diabetes is well controlled, there is no reason why you cannot be issued with, or retain a driving licence.

**WHO DO I NEED TO INFORM?**

1. You must by law inform your insurance company that you have diabetes.
2. You must advise the DVLA of your diagnosis if you are applying for any form of licence for the first time.
3. If you already hold a licence and are treated with diet, tablets, exenatide, also known as Byetta®, or liraglutide, also known as Victoza®, you are not required to inform the DVLA. Please check with your Diabetes Team if there is any uncertainty.
4. You need to tell the DVLA if you change from tablets to insulin.
5. If your diabetes is treated with insulin for more than 3 months (including 3 months after delivery in gestational diabetes) you must inform the DVLA.
6. You must inform the DVLA if any diabetes complications develop that may affect your ability to drive.
7. If you experience more than one hypoglycaemic episode, which requires third party assistance, in a 12 month period and/or develop hypoglycaemic unawareness (difficulty in recognising the warning symptoms of a hypo) you must advise the DVLA.
8. If you fail to inform the DVLA or your insurance company then your driving insurance will be invalid.

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**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 recent changes in the guidance from the DVLA requires:-

1. That you must regularly monitor your blood glucose levels and at relevant times when driving, using a meter with a memory
2. That you must not have experienced more than one hypoglycaemic episode, which required third party assistance, in the previous 12 month period and/or have developed hypoglycaemic unawareness

(Sulphonylurea tablets = gliclazide, glimepiride, glipizide, glibenclamide. Glinide tablets = repaglinide, nateglinide)
**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.

**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.
- **Immedialy** 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.

**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.
- Please discuss with your Diabetes Nurse target blood glucose levels for driving.
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 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.
Glinide tablets = repaglinide, nateglinide)

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

Three stages needed when applying/renewing vocational entitlements C1, C1E, D1, D1E, C, CE, D OR DE

Stage 1 - Application Form
- 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 DVA 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
- DVA 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.

Diabetes UK services have a motor insurance quote line on freephone 0800 7317431. Although these insurers are very sympathetic to people with diabetes, they cannot be guaranteed to be the cheapest in every case.

For further information:

- DVLA: tel: 0300 790 6806 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