

Fitness to Drive Policy

This policy clarifies the responsibilities of clinicians in relation to patients' fitness to drive.

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Policy On A Page

The organisation should ensure that patients are made aware of their responsibility to inform the Driver and Vehicle Licensing Agency (DVLA) of their condition and medication. Clinicians must make sure that their patients understand that their medical condition or medication may impair their ability to drive. The clinician must explain to the patient that the patient has a legal duty to inform the DVLA about their medical condition if it impairs their ability to drive.

This policy is intended to support staff in their overall management of risk including patients who may be too unwell to take the necessary action to protect themselves and the wider public from harm.

Key points:

- Fitness to drive should be part of all risk assessments.
- All clinical staff should be aware of the DVLA guidance “Assessing fitness to drive: a guide for medical professionals” and should follow this in their clinical practice. (Available on the gov.uk website)
- Patients should be advised to inform the DVLA if they have a medical condition which may affect safe driving.
- Patients who pose immediate risk will be advised not to drive and if they disregard advice, the police should be informed.
- If the patient refuses or is incapable of understanding advice, the clinician should forewarn the patient and inform the DVLA.

1. Introduction and Purpose

The purpose of this policy is to ensure that patients are made aware of their responsibility to inform the DVLA of their condition and medication. Clinicians must make sure that their patients understand that their medical condition or medication may impair their ability to drive. The clinician must explain to the patient that the patient has a legal duty to inform the DVLA about their medical condition if it impairs their ability to drive. This policy also describes what clinicians must do if the patient fails to inform the DVLA or follow the advice given about driving.

This policy is intended to support staff in their overall management of risk; patients who may be too unwell to take the necessary action to protect themselves and the wider public from harm. This policy clarifies the responsibilities of clinicians in relation to patients' fitness to drive.

2. Policy Requirements and Objectives

2.1 Legal Responsibility to Notify the DVLA

By law, the DVLA should be immediately informed by the driver of any medical condition that may affect safe driving. Failure to inform the DVLA is a criminal offence.

2.2 Driving Enquiry as Part of Clinical Assessment

Asking about driving should be an integral part of any assessment as the patient's condition or any resulting medication may impact on the patient's driving performance. This responsibility lies with all members of the clinical team.

2.3 Documentation of Assessment Outcomes

The result of each new assessment must be documented.

2.4 Identification of Group 2 (Heavy Vehicle) Drivers

Clinicians need to record if the patient is a heavy vehicle driver (group 2) as in most cases the medical standards for group 2 drivers are substantially higher.

3. Process

3.1 Interim Driving Advice Pending DVLA Decision

The time between a patient informing the DVLA and their decision can be prolonged. DVLA guidance gives advice to healthcare professionals which enables them to advise the patient whether or not it is appropriate for them to continue driving during this period.

3.2 Impact of Non-Compliance on Insurance

Patients should be reminded that if they choose to ignore medical advice to cease driving, their insurance cover may be affected.

3.3 Disagreement With Diagnosis or Fitness to Drive

If the patient refuses to accept the diagnosis or the effect of the medical condition on their ability to drive, the clinician should discuss this with the Multidisciplinary team. A second opinion can be obtained or a referral to specialist assessment services, such

as Regional Driving Assessment Centre (RDAC) Freedom to Move can be made, and the patient should be advised not to drive until the assessment has been completed. Patients will be expected to fund the cost of these assessments.

3.4 Ongoing Unsafe Driving Despite Medical Advice

If the patient continues to drive when they are not fit to do so, the clinician should make every reasonable effort to persuade them to stop. If the patient agrees, clinicians should discuss their concerns with the next of kin.

3.5 Patients Lacking Capacity to Understand Driving Advice

If a patient is incapable of understanding the advice, for example, because of dementia, the clinician should inform the DVLA immediately.

3.6 Breach of Confidentiality to Protect Public Safety

If a patient refuses to take the advice to stop driving or to inform the DVLA of their medical condition, or the clinician becomes aware of this failure to disclose to the DVLA, then the clinician should disclose the relevant information immediately, to the Medical Adviser at the DVLA. Before giving information to the DVLA, the clinician should inform the patient of their decision to do this. Clinicians should also inform the patient in writing once they have done so, sharing a copy of the information that they have sent to the DVLA, with the patient. A note of this should be made on the patient record.

3.7 Informing the DVLA

You can contact the DVLA's medical advisers at medadviser@dvla.gov.uk or for urgent advice on a patient's fitness to drive, you can call the medical advisor hotline on 01792 782337 between the hours of Monday to Friday, 10.30am to 1.00pm.

When contacting the DVLA, ensure you have:

- The patient's details (name, address, date of birth, and driver number if possible).
- The specific medical condition(s).
- Your assessment of why the patient is unfit to drive.
- Confirmation that you have informed the patient of their legal duty to notify the DVLA.

If you are unsure whether a condition reaches the threshold, the hotline (01792 782337) allows for anonymous case discussions.

If you are concerned that a patient who holds a private or commercial pilot's licence may be medically unfit to fly an aircraft, you can contact the UK Civil Aviation Authority's (CAA) medical department on 0330 022 1972 for confidential advice or, out of hours, either contact the CAA's main reception on 0330 022 1500 or email medicalweb@caa.co.uk.

3.8 Support and Signposting for Affected Patients

Clinicians should sign-post patients affected by this requirement to support agencies, for example, the Citizens Advice Bureau, Age UK, local councils, or other voluntary agencies, to discover if they would qualify for assistance with public transport (e.g., a free bus pass). Patients may also be able to access psychological support, if needed, from their care team. If required, information should be made available in alternative formats including the provision of language and British Sign Language interpreters, in order to ensure information is provided in an effective and consistent way.

3.9 Applicability Despite Existing Driving Disqualification

This requirement, to assess and report any concerns in respect of fitness to drive of patients, must still be followed even if, at the time of the assessment, the patient is already disqualified from driving for any other (e.g., non-medical) reason.

3.10 Immediate Risk Due to Alcohol or Substance Intoxication

Any patient who presents to the service as intoxicated with alcohol and/or illicit substances and is assessed by a clinician as posing an immediate risk to them or others by planning to drive a vehicle will be advised not to drive and should be offered support to find alternative means of transport. If it is clear that the patient will disregard this advice and plans to drive, the police will be informed. The patient should be advised of any planned breach of confidentiality (and the reasons why this is deemed necessary) prior to this taking place.

3.11 Recording Driving Advice in Care Planning and Risk Assessment

Driving advice should be clearly recorded in the patient's care plan and risk assessment which has been updated following audit recommendations and can be accessed on the Electronic Patient Record.

3.12 Confirmation of Group 2 Driver Status

Clinicians must record if the patient is a heavy vehicle driver (group 2) as in most cases the medical standards for group 2 drivers are substantially higher.

4. Roles and Responsibilities

4.1 LPT Board

The Trust Board has legal responsibility for Trust Policies and for ensuring that they are carried out effectively.

4.2 Quality Forum

To assess assurances received related to the implementation of the Fitness to Drive Policy.

4.3 Clinical Effectiveness Group

To monitor that the clinical practice is in line with the policy. See Appendix Three Audit Tool.

4.4 Managers and Team leaders are responsible:

To ensure clinical staff are trained and competent to follow the policy.

4.5 Responsibility of Clinical Staff

Clinicians should be familiar with, and follow the policy process described above and the DVLA guidance available on the gov.uk website, the most up to date versions of which can be found using the following search terms:

“Assessing fitness to drive: a guide for medical professionals”.

“Drug or alcohol misuse or dependence: assessing fitness to drive”.

“Drug use and driving”.

“Neurological disorders: assessing fitness to drive.”

4.6 Patients

By law, the Driver and Vehicle Licensing Agency (DVLA) should be immediately informed by the driver of any medical condition that may affect safe driving. Failure to inform the DVLA is a criminal offence and patients should be advised and supported to disclose their own medical conditions if this is possible.

5. Consent

5.1 Assessment of Capacity and Best Interest Decision-Making

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. If the patient lacks capacity to consent and there is a risk to themselves or to others, appropriate action should be taken as detailed in the policy, with clear documentation of the assessments of capacity, the reasoning and decisions made regarding this.

Healthcare professionals 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.

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

Further guidance can be found on the GMC website “Confidentiality: patients' fitness to drive and reporting concerns to the DVLA or DVA content”.

6. Appendices

6.1 Terminology: Definitions that apply to this Policy

<p>Due Regard</p>	<p>Having due regard for advancing equality involves:</p> <ul style="list-style-type: none"> • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
<p>Driver and Vehicle Licensing Agency (DVLA)</p>	<p>The DVLA is the organisation responsible for the maintenance of registers of drivers and vehicles in Great Britain. This information helps to improve road safety, reduce vehicle related crime, support environmental initiatives and limit vehicle tax evasion.</p> <p>DVLA is an executive agency of the Department for Transport</p>

6.2 Governance

Version control and summary of changes

Version number	Date	Description of key change
4	23/12/2025	Changed to new policy template. Reviewed to include physical health. Updated contact information for clinicians following corporate action from investigation 324643

Responsibilities

Responsibility	Title
Executive Lead	<i>Medical Director</i>
Policy Author	<i>Deputy Medical Director for Quality and Safety</i>
Advisors	<i>Heads of Nursing, Clinical Directors, members of Clinical Effectiveness Group, Clinical Governance Teams</i>
Policy Expert Group	<i>Policy Forum</i>

Governance

Governance Level	Name
Level 1 Assurance Oversight	<i>Quality Forum</i>
Level 2 Delivery Group for policy approval and compliance monitoring	<i>Clinical Effectiveness Group</i>

Compliance Measures

KPI (only need 1-2 KPI's per policy)	Where will this be reported and how often
<p>For patients who were driving prior to the onset of their current episode of illness:</p> <ul style="list-style-type: none"> • They are advised not to drive. • They should be advised to notify the DVLA of their condition. • There is evidence that the patient is monitored and encouraged to ensure they have notified the DVLA. • If the patient has not informed the DVLA the clinician is to inform the DVLA. 	<p><i>Results of the DMH Clinical Audit – Fitness to Drive will be reported annually to Clinical Effectiveness Group*. Directorates to develop Ward and Team Assessment on AMAT to report to CEG.</i></p>
<p><i>* See Appendix 6.3 for the mental health audit tool in use at the time of finalising this policy</i></p>	

Training Requirements

Training
<i>Staff should be familiar with the DVLA guidance, but no specific training is required.</i>

References

References
<i>General Medical Council “Confidentiality: patients’ fitness to drive and reporting concerns to the DVLA or DVA content”</i>

6.3 Audit Tool Mental Health

Audit Tool – Used for DMH audits at the time of writing this policy

Advising Patients with Mental Illness on their
Fitness to Drive

ID Number: _____

Diagnosis: _____

1. Are there any issues that may impact on the service user's fitness to drive? (see the approved LPT Risk Assessment form)

Yes No Don't know

2. If yes, is the risk assessment form completed, with details and information source key?

Yes No

3. Was the service user driving prior to the onset of current episode of severe mental illness?

Yes No Not mentioned

If not, please give reasons.....
(If marked "Yes" please complete the rest)

4. Has the service user been informed about their fitness to drive/ not to drive during or upon discharge?

Yes No

5. If the service user is driver of a heavy vehicle, is there evidence that there was a specific discussion regarding driving these vehicles?

Yes No NA

6. Is there evidence that the service user has been advised by the clinician to contact the DVLA regarding their severe mental illness?

Yes No

7. If the service user did not inform the DVLA and is unsuitable for driving, has the clinician informed the DVLA?

Yes No NA