

# Driving Advice in Adherence to DVLA Guidance

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## Background

Syncope and seizures are frequent presentations to acute medical units. The DVLA has set out clear, specific guidance on driving advice for each diagnosis, but how well do we document and communicate this guidance on driving restrictions and when it is necessary to inform the DVLA?

## Methodology

Twenty patients who presented to the acute medical unit between December 2021 and February 2022 with collapse, syncope or seizure were identified. Discharge letters and medical notes were reviewed as to whether driving advice was documented, and whether this adhered to current DVLA guidance.

## Results

Two patients were excluded following case note review; therefore a total of 18 patient presentations to the acute medical unit were reviewed.

Patient characteristics:  
Mean age: 65 years (range 18-85 years)  
Gender: Female 11/18 (61%) Male 7/18 (39%)

Results:  
**Immediate discharge letter (n=18):**  
Driving status documented 0/18 (0%)  
Driving advice documented 1/18 (6%)  
**Medical notes (n=14\*):**  
Driving status documented: 8/14 (57%)  
Driving (n=3)  
Do not drive (n=5)  
Not acknowledged/documentated (n=6)  
Driving advice given (excluding non-drivers):  
Not documented (n=7; 77.8%)  
Advised not to drive (n=2; 22.2%)  
Advised on duration of restriction (n=0)


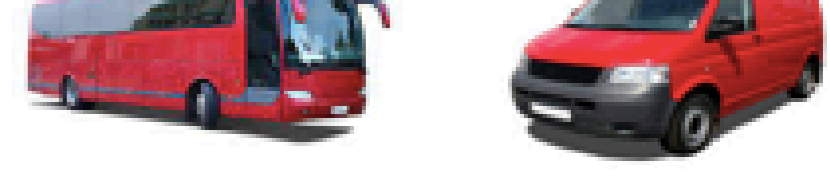
\*4 case notes unavailable for review

## Conclusions and future work



1. Documentation and correspondence in discharge letters regarding driving status and driving advice was poor.
2. Slightly better documentation was noted in clerk-in booklets as to driving status
3. When driving advice was documented, specific driving advice was poorly communicated in the notes.

Posters advising the latest DVLA guidance have been shared with medical staff and placed in common working areas. These posters are illustrated in this presentation. This audit will be repeated in 3 months' time to assess whether this patient safety intervention has improved the provision of driving advice in patients presenting with seizures, syncope and TLOC.



### DVLA Driving Advice: Transient Loss of Consciousness- Single Episode

		Group 1 Car/Motorbike/Small Van 	Group 2 Bus/Large Van 
Vasovagal Syncope	Standing Sitting	✓- May drive and need not notify DVLA. ! - May drive and need not notify DVLA if there is an avoidable trigger which will not occur whilst driving. Otherwise, must not drive until annual risk of recurrence is assessed as below 20%.	X- Must not drive and must notify DVLA. X- Must not drive for 3 months and must notify DVLA. Will require investigation for identifiable and/or treatable cause.
Syncope with avoidable trigger	Standing Sitting	✓- May drive and need not notify DVLA. X- Driving may resume after 4 weeks <b>only</b> if the cause has been identified and treated. Must notify DVLA if the cause has not been identified and treated	X- Must not drive and must notify DVLA. X- Driving may resume after 3 months <b>only</b> if the cause has been identified and treated. Must notify DVLA if the cause has not been identified and treated.
Unexplained syncope, (including syncope without reliable prodrome)	While standing or sitting	X- Must not drive and must notify DVLA. If no cause has been identified, the licence will be refused or revoked for 6 months.	X- Must not drive and must notify DVLA. If no cause has been identified, the licence will be refused or revoked for 12 months.
Cardiovascular, (excluding typical syncope)	While standing or sitting	X- Must not drive and must notify DVLA. Driving may be allowed to resume after 4 weeks if the cause has been identified and treated. If no cause has been identified, the licence will be refused or revoked for 6 months.	X- Must not drive and must notify DVLA. Driving may be allowed to resume after 3 months if the cause has been identified and treated. If no cause has been identified, the licence will be refused or revoked for 12 months.
Blackout (with seizure markers)	While standing or sitting	X- Must stop driving and notify DVLA. 6 months off driving from the date of the episode. If there are factors that may lead to an increased risk of recurrence, 1 year off driving would be required.	X- Must stop driving and notify DVLA. 5 years off driving from the date of the episode.

### DVLA Driving Advice: Transient loss of consciousness – recurring episodes

		Group 1 car/motorbike/small van 	Group 2 Bus/Large Van 
Recurrent typical vasovagal syncope with identifiable consistent prodrome	Standing Sitting	✓- May drive and need not notify DVLA. ! - May drive and need not notify DVLA if there is an avoidable trigger which will not occur whilst driving.	X- Must not drive and must notify DVLA. X- Must not drive and must notify DVLA. Must not drive until annual risk of recurrence is assessed as below 2%.
Recurrent syncope with avoidable trigger or otherwise reversible cause	Standing Sitting	✓- May drive and need not notify DVLA. X- Must not drive for 4 weeks. Driving may resume after 4 weeks only if the cause has been identified and treated. Must notify DVLA if the cause has not been identified and treated.	X- Must not drive and must notify DVLA. Driving may resume after 3 months only if the cause has been identified and treated. Must notify DVLA if the cause has not been identified and treated.
Recurrent unexplained syncope, including syncope without reliable prodrome	While standing or sitting	X- Must not drive and must notify DVLA. If no cause has been identified, the licence will be refused or revoked for 12 months.	X- Must not drive and must notify DVLA. If no cause has been identified, the licence will be refused or revoked for 10 years.
Recurrent cardiovascular but excluding typical vasovagal syncope	While standing or sitting	X- Must not drive and must notify DVLA. Driving may resume after 4 weeks only if the cause has been identified and treated. If no cause has been identified, the licence will be refused or revoked for 6 months.	X- Must not drive and must notify DVLA. Driving may resume after 3 months only if the cause has been identified and treated. If no cause has been identified, the licence will be refused or revoked for 2 years.
Recurrent blackout with seizure markers	While standing or sitting	X- Must stop driving and notify DVLA. Depending on previous medical history, the standards for isolated seizure or epilepsy will apply.	X- Must stop driving and notify DVLA. Depending on previous medical history, the standards for isolated seizure or epilepsy will apply.

### DVLA Driving Advice: SEIZURES

	Group 1 Picture of a car/motorbike/small van 	Group 2 Bus/Large Van 
First unprovoked epileptic seizure/isolated seizure	X- Must not drive and must notify DVLA. Driving must cease for 6 months from the date of the seizure, or for 12 months if there is an underlying causative factor that may increase risk.	X- Must not drive and must notify DVLA. Driving must cease for 5 years from the date of the seizure. If, after 5 years, a neurologist has made a recent assessment and clinical factors or investigation results (for example, EEG or brain scan) indicate no annual risk greater than 2% of a further seizure, the licence may then be restored.
Epilepsy or multiple unprovoked seizures	X- Must not drive and must notify DVLA. Driving must cease for 12 months from the date of the most recent seizure, unless the seizure meets legal criteria to be considered as a permitted seizure	X- Must not drive and must notify DVLA. The person with epilepsy must remain seizure-free for 10 years (without epilepsy medication) before licensing may be considered.
Dissociative seizures	X- Must not drive and must notify DVLA. Licensing may be considered when the driver or applicant has been event free for 3 months. If episodes have occurred or are considered likely to occur whilst driving, a specialist's review would also be required prior to licensing.	X- Must not drive and must notify DVLA. Licensing may be considered once episodes have been satisfactorily controlled for 3 months and there are no relevant mental health issues. If high risk features, a specialist's review would be required prior to relicensing.