DVLA & FIT TO FLY GUIDELINES

“Just when can I do X doctor?!”
“I don’t know, ask your specialist?”
Aims

• For trainees to be familiar with common questions about driving/flying in 1st care that may arise, and feel more confident in answering them.
Objectives

At the end of the session students will be able to:

- Discuss with patients when they can fly after experiencing common conditions.

- Discuss with patients common DVLA recommendations in relation to epilepsy, diabetes, common cardiovascular issues and alcohol/drug misuse.

- Know where to look for fit-to-fly recommendations and how to sign-post patients, as well as where to find DVLA guidelines.
When can I ....? Quiz!

When Can I Retire?
When can I drive after?

- I’ve been diagnosed with epilepsy?
- I’ve been started on insulin?
- I’ve had a stroke?
- I just felt a bit funny and passed out?
- I’ve stopped being addicted to alcohol (well, abstinent anyway)?
When can I fly after?

• I’ve broken my leg?

• I’ve had a DVT? I’m anti-coagulated!

• I’ve had brain surgery?

• I’ve had a complicated open abdominal operation (but I’m desperate to get home!)?
DVLA guidance - Epilepsy

• DVLA = CONFUSING (to me anyway)!

• 1 year of no seizures (although can have “permitted” seizures) – you can have a 1, 2 or 3 year license granted.

• To get your 70 year license back – no fits for 5 years.

• HGV/Bus drivers – sorry, 10 years & no medication, then you can have it back!
DVLA guidance - Diabetes

• If the patient is at risk of hypo’s then driving must be discussed.

• Group 1 holders on oral tablets that can cause hypo’s don’t need to notify the DVLA, unless they meet the criteria below.

• Group 1 holders on insulin do need to notify but will be granted a license unless:

  • They are not hypo aware.
  • Or they’ve needed 3rd party assistance to treat a hypo more than 1 time in the past year.
Guidelines have changed

• All patients who are at risk of hypo’s need to monitor their blood glucose.

• It must be checked within the previous 2 hours before driving and every 2 hours on a long journey.

• It’s “5 to drive”.

5 TO DRIVE
DVLA guidance - Diabetes

• Group 2 drivers:

• No 3\textsuperscript{rd} party assistance allowed.
• Need to be signed off by a Consultant in Diabetes – and they will need to see at least 3 months of regular readings to agree to sign it off.

• No checky, no drivey!
DVLA guidance - Cardiovascular

- **CABG**
  - Common in AKT questions!
  - 4 weeks for Group 1
  - 3 months for Group 2

- **ICD**
  - 6 months from insertion/last shock for Group 1
  - Can’t hold a Group 2 license anymore, sorry mate.
DVLA guidance – Alcohol/drugs

- Drunk drivers will get prosecuted (if caught) & lose their licence.

- The patient must be abstinent, or have “controlled drinking”, if they have a history of alcohol/drug dependence, in order to regain their licence.
Alcohol/drugs

- **Group 1 licences**
  - 1 year if abstinent from alcohol (dependent) or 6 months if “misuse”
  - 6 months if abstinent from “light” drugs
  - 1 year if abstinent from “heavy” drugs

- **Group 2 licences**
  - 3 years if dependent on alcohol. 1 year if “misuse”.
  - 1 year for “light” drugs
  - 3 years if “heavy” drugs
I BELIEVE I CAN FLY.
Fit-to-fly

• Information about this subject is difficult to find.

• The NHS always recommends patients’ check with their airlines about whether they are safe to fly.

• Always think that if a patient needs oxygen on the ground they will definitely need it up in the air!
A few common fit-to-fly issues

- DVT/PE
  - Must be adequately anticoagulated, guidelines vary but most say 2-4 weeks at least before they can fly again. Also need advice re stockings, mobilisation, keeping hydrated blah, blah, blah.
- If hypoxic, probably not a good idea until stable.
Broken bone +/- fixation

- Risk factor for DVT/PE

- This came up in AKT. To be honest, there is not much information out there for when patients can fly.

- They need advice on pain relief, moving about the plane, and information on reducing other DVT/PE risk factors.

- Most airlines will allow you to fly 24 hours after a plaster cast is fitted for flights that are less than two hours long, or after 48 hours for longer flights.
A few more…

• **CABG**
  - 10 days following CABG or chest surgery.

• **Heart attack**
  - 7-10 days if stable and no complications.

• **Joint replacement (hip or knee)**
  - 3 months
Case study 1

A young gentleman with poorly controlled epilepsy comes to see you in regards to his fungal nail infection. You notice he is carrying his car keys in his hand. The reception staff ring you whilst you are consulting him to say he’s driven to see you.

• What should you discuss with him?
• What are his duties?
• What are yours?

• If he doesn’t follow your advice what’s the next step?
He’s now taking his medication regularly and has not had any seizures for the past year. He has come back to discuss reapplying for his licence. He’s even thinking of training to be a bus driver.

However, on questioning you find he regularly drinks alcohol to excess and sometimes takes recreational drugs.

- What would you explore with him when taking his history?
- What is your advice to him?
- What would you advise/do if he was a holder of a group 2 licence?
Case study 2

Maureen is over from Australia to see her grandkid. Unfortunately she develops a red, swollen, painful left leg following the flight. Luckily, an A&E was open nearby (despite it being a weekend) and she was diagnosed with a DVT.

When can she fly home?

What advice should you be giving her for when she gets on the plane?
Continued…

• Whilst Maureen is waiting for her anti-coagulation to stabilise she decides to go for a walk.
• Unfortunately she slips on a pile of wet leaves and lands on her hip. So it’s off to A&E again (which is still open despite budget cuts…). There she is diagnosed with a hip fracture.

• If this was the only thing wrong with her, when could she fly home?

• But, oh no, it looks like it’s such a bad fracture she’ll need a hip replacement (sorry any orthopods)! How long is Maureen now stuck in the UK?
Questions?
Where to find further information

- NHS choices page for fit-to-fly.

- Good summary of different medical conditions and when patient’s can fly.

- DVLA “At a glance” guidance (all 75 pages!): [https://www.gov.uk/guidance/current-medical-guidelines-dvla-guidance-for-professionals](https://www.gov.uk/guidance/current-medical-guidelines-dvla-guidance-for-professionals)