EXPLANATORY MEMORANDUM TO

THE MOTOR VEHICLES (DRIVING LICENCES) (AMENDMENT) (NO. 5) REGULATIONS 2025

2025 No. 1085

1. Introduction

1.1 This explanatory memorandum has been prepared by the Department for Transport and is laid before Parliament by Command of His Majesty.

2. Declaration

2.1 Simon Lightwood MP, Parliamentary Under-Secretary of State for Roads and Buses at the Department for Transport confirms that this Explanatory Memorandum meets the required standard.

2.2 Lynette Rose, Director of Strategy, Policy and Communications for the Driver and Vehicle Licensing Agency (DVLA) confirms that this Explanatory Memorandum meets the required standard.

3. Contact

3.1 Keya Nicholas at the DVLA. Telephone: 07375532038 or email: Keya.Nicholas@dvla.gov.uk can be contacted with any queries regarding the instrument.

Part One: Explanation, and context, of the Instrument

4. Overview of the Instrument

What does the legislation do?

4.1 This instrument amends the Motor Vehicles (Driving Licences) Regulations 1999 ("the 1999 Regulations") to allow holders of Group 2 licences (bus and lorry drivers) with diabetes to monitor their glucose levels by using more advanced technology, instead of blood glucose testing, which was previously mandated as the only accepted method of glucose monitoring. All other requirements for Group 2 licence holders remain in place.

4.2 The instrument brings the glucose monitoring requirements for applicants for and holders of Group 2 licences in line with those for holders of Group 1 licences (car and motorcycle drivers), who have been permitted to use CGMS technology since 1 January 2018, following amendments in 2017 to regulation 72(6)(b) of the 1999 Regulations.

4.3 This instrument amends regulation 73(6B)(a) by replacing the reference to 'blood glucose monitoring' with 'appropriate monitoring to assess glucose levels and any risk of hypoglycaemia', and regulation (6C)(b) by replacing 'a device that incorporates an electronic memory function to measure and record blood' with 'an appropriate device that measures and records'; this allows Group 2 drivers a choice of how they monitor their diabetes at least twice daily and at times relevant to driving.

Where does the legislation extend to, and apply?

4.4 The extent of this instrument (that is, the jurisdiction(s) which the instrument forms part of the law of) is England and Wales and Scotland.

4.5 The territorial application of this instrument (that is, where the instrument produces a practical effect) is England and Wales and Scotland.

5. Policy Context

What is being done and why?

5.1 Diabetes mellitus is a medical condition that causes fluctuations in glucose levels, which can become dangerously low or high. Regular monitoring is essential to prevent hypoglycaemia, which can result in symptoms such as dizziness, hunger, sweating and possible loss of consciousness, posing a serious risk to all road users. If not properly managed, diabetes can result in long-term health complications, including vision impairment, kidney damage or heart disease. As of 2024, 4.6 million people were diagnosed with diabetes in the UK.

5.2 The amended legislation is expected to enhance drivers' diabetes management, as continuous glucose monitors provide real time glucose data, replacing the need for regular checks every two hours. This enables drivers to respond promptly to prevent hypoglycaemic episodes, reducing the risk of sudden incapacitation while driving. This is expected to support better compliance with the required medical standards for driving, a reduction in hypoglycaemia-related road incidents and boost confidence among drivers, the public and the DVLA in the safe management of diabetes.

5.3 This legislative change aims to reduce the safety risks associated with hypoglycaemia in lorry and bus drivers who use medications that may induce low blood sugar. While strict medical fitness to drive standards already exist, the amendment addresses the limitations of current self-monitoring practices by enabling the use of more advanced and reliable technology. The positive responses to the targeted consultation, along with input from charities and correspondence demonstrates strong public and professional support for the adoption of real-time glucose monitoring to help drivers manage their condition safely.

5.4 Regulation 73(6) of the 1999 Regulations (as amended by the Motor Vehicles (Driving Licences) (Amendment) Regulations 2011) prescribes conditions for granting a Group 2 licence to drivers with diabetes which is treated with insulin or another medication which carries a risk of inducing hypoglycaemia. Given the increased risks associated with operating large or passenger-carrying vehicles, the requirements for Group 2 licences are more stringent than those for Group 1 licences.

5.5 Currently under the 1999 Regulations, an individual treated with insulin or with another medication which carries a risk of hypoglycaemia, may be issued with a Group 2 licence if they: -

- have undergone treatment with insulin for at least four weeks,
- have full awareness of hypoglycaemia,
- have not in the past year had an episode of severe hypoglycaemia, and comply with statutory conditions, including that they
- regularly monitor their condition and undertake **blood** glucose monitoring at least twice daily and at times relevant to driving,
- sign a declaration confirming they understand the risk of hypoglycaemia and will comply with medical advice,
- are not regarded as a likely risk to the public while driving and are under regular medical review.

5.6 Current regulations specifically refer to "blood glucose monitoring", which restricts Group 2 drivers to traditional methods which is a capillary blood glucose (finger prick) test. The current terminology does not allow for technological advancements which measure the glucose levels in interstitial (bodily) fluid. Replacing "blood glucose monitoring" with "appropriate monitoring to assess glucose levels and any risk of hypoglycaemia" will enable Group 2 drivers to use any medically endorsed diabetes monitoring technology alongside or instead of finger prick testing.

5.7 The Secretary of State for Transport's Honorary Medical Advisory Panel on Diabetes Mellitus and Driving ("the panel") advises the DVLA on road safety. The panel includes consultant diabetologists who are notable experts in their field, along with DVLA representatives. It meets twice a year to review medical developments in diabetes diagnosis and treatment. The panel strongly advocated for a more flexible approach to blood glucose monitoring for car and motorcycle (Group 1) drivers and the amendments to the 1999 Regulations in 2017 enabled this group of drivers to use CGMS for driving. At that time, CGMS was not extended to Group 2 drivers due to the limited evidence and the need to meet stricter medical standards.

5.8 Since the 1999 Regulations were amended for Group 1 drivers with diabetes, the panel has reviewed clinical trial data and real-time observational studies, concluding that CGMS significantly decreases the risk of hypoglycaemia. The panel now supports the use of this technology for Group 2 drivers, recognising its benefits in both clinical and driving contexts.

What was the previous policy, how is this different?

5.9 The medical standards of fitness to drive for Group 2 drivers with insulin-controlled diabetes were last updated in 2009 by the European Commission's Driving Licence Committee, enabling those drivers to be considered for a Group 2 driving licence, covering categories C and D (medium and large vehicles, including buses and minibuses) provided they meet certain criteria. This was transposed into UK law through the Motor Vehicles (Driving Licences) (Amendment) Regulations 2011.

5.10 Group 2 drivers with insulin-controlled diabetes must already meet strict criteria to hold a driving licence. They must demonstrate adequate control of their condition with regular blood glucose monitoring at times relevant to driving, typically using a finger prick test. Additionally, they are required to undergo annual independent medical assessments with a hospital consultant specialising in diabetes.

5.11 A Group 2 driver, prior to this instrument coming into force, needs to meet certain conditions/criteria, including: -

a) Regularly monitoring his or her condition and undertakes **blood** glucose monitoring at least twice daily and at times relevant to driving,

b) Provides a signed declaration to the Secretary of State that he or she—

(i) understands the risk of hypoglycaemia and will comply with such directions regarding treatment for diabetes as may from time to time be seen by the registered medical practitioner overseeing that treatment, or one of the clinical team working under the supervision of that registered medical practitioner,

(ii) immediately reports to the Secretary of State in writing any significant change in his or her condition and pending any enquiries being made by the Secretary of State, will follow the advice concerning fitness to drive of that registered medical practitioner or clinical team member.

5.12 The amendments in these Regulations do not change the requirement for Group 2 drivers with diabetes to meet the strict criteria set out above. They do, however, allow the use of alternative methods to monitor and manage their diabetes for driving.

6. Legislative and Legal Context

How has the law changed?

6.1 These Regulations amend regulations 73(6B)(a) and (6C)(b) of the Motor Vehicles (Driving Licences) Regulations 1999 so that a Group 2 driving licence applicant or holder may use methods other than blood testing in order to comply with the requirement to monitor his or her condition regularly and, in particular, to undertake appropriate glucose monitoring at times relevant to driving; to monitor his or her condition using an appropriate device that measures and records glucose levels and to undertake to continue so to monitor.

6.2 The amending Regulations remove the reference to 'blood glucose monitoring' and replace it with 'appropriate monitoring to assess glucose levels and any risk of hypoglycaemia'. This allows Group 2 drivers to use the most appropriate method available to test their glucose levels at times relevant to driving, which may include blood glucose monitoring but is not restricted to that type of monitoring.

Why was this approach taken to change the law?

6.3 This legislative change is required to enable Group 2 drivers to use other means as an alternative to a finger-prick test, to monitor their glucose levels. It also aims to future-proof this provision of the Regulations, should the technology advance even further.

7. Consultation

Summary of consultation outcome and methodology

7.1 The DVLA held a four-week targeted consultation between 18 November and 15 December 2024, seeking views from diabetes consultants, medical professionals and interested organisations on the implications of diabetes and driving. This targeted approach enabled direct engagement with key stakeholders in road safety and diabetes care.

7.2 Letters were sent to 107 stakeholders, including independent diabetologists, diabetes charities, road haulage groups and road safety organisations. Health representatives in Scotland and Wales (to where these Regulations extend) were also consulted. 29 responses were received:18 from independent consultant diabetologists and 11 from organisations, including a joint response from The Parliamentary Advisory Council for Transport Safety and the Diabetes Safety Organisation.

7.3 Of those who responded, 89% supported allowing Group 2 drivers to use CGMS, citing benefits such as real-time alerts for glucose fluctuations and improved trend tracking, enhancing both health outcomes and road safety.

7.4 Respondents agreed that CGMS is a safe, convenient alternative to finger prick testing, offering real-time data, predictive alerts and encouraging more frequent monitoring. These features were seen as significantly reducing the risk of hypoglycaemia related incidents.

7.5 Diabetes UK strongly advocated for the change.

7.6 Three respondents opposed the proposal to allow Group 2 drivers to use CGMS, raising concerns about the technology's reliability and requesting further supporting

evidence. Additionally, three respondents questioned whether the current glucose level (4.0 mmol/L), should be increased. This threshold represents the blood glucose level at which drivers are advised to take steps to prevent hypoglycaemia, such as consuming fast-acting carbohydrates and refraining from driving until recovery. Notably, one of these respondents who suggested increasing the threshold to above 4.0 mmol/L also opposed the proposal.

7.7 The panel reviewed these concerns and supports extending CGMS use to Group 2 drivers. The amended regulations do not endorse specific devices: future guidance will be informed by panel.

7.8 Several stakeholders and individual drivers have contacted the DVLA and ministers enquiring when CGMS will be permitted for Group 2 drivers. Many individual drivers already use CGMS for Group 1 driving but must still use finger prick tests to comply with current Group 2 regulations.

7.9 This instrument extends and applies to England and Wales and Scotland and therefore the Scottish and Welsh Governments have been informed about the amendments to the existing legislation.

8. Applicable Guidance

8.1 Comprehensive guidance for medical professionals on assessing fitness to drive, including diabetes mellitus, is published on the GOV.UK website under 'Assessing Fitness to Drive – a guide for medical professionals'[1]. This guidance is being updated to reflect the regulatory changes affecting drivers with diabetes and will be published by 7 November 2025.

Part Two: Impact and the Better Regulation Framework

9. Impact Assessment

9.1 A full Impact Assessment has not been prepared for this instrument as the expected impact on individual businesses is considered low, with total costs assessed at under £10m per year across all businesses. The Statutory Instrument maintains existing driver licensing standards. A De Minimis Options Assessment has been prepared and is available on request.

9.2 The overall business impact is expected to be positive. Drivers using CGMS will still need to monitor their glucose levels at least twice daily and at times relevant to driving but will not need to stop driving to do a manual finger-prick test, improving efficiency. While there may be a minor impact on businesses solely focused on the manufacture and supply of capillary blood testing equipment, many companies have already diversified to include CGMS devices since the introduction of these changes for Group 1 drivers in 2018. The use of CGMS is also expected to reduce NHS test strip supply costs. Any costs associated with following the updated guidance are anticipated to be minimal and short-term. Overall, the regulation is anticipated to deliver practical and economic benefits with limited, if any, financial burden.

Impact on businesses, charities and voluntary bodies

9.3 The impact on business, charities or voluntary bodies is not significant because CGMS is already an established technology used by individuals with insulin treated diabetes for health purposes.

[1] Assessing fitness to drive: a guide for medical professionals - GOV.UK

9.4 The legislation does not impact small or micro businesses.

9.5 There is no, or no significant, impact on the public sector because this regulation is not mandatory, it simply offers an additional option for drivers to manage their diabetes without affecting existing public spending or funding agreements for treatment protocols.

10. Monitoring and review

What is the approach to monitoring and reviewing this legislation?

10.1 The approach to monitoring is that the DVLA will continue to engage with relevant stakeholders, including medical professionals, diabetes charities, road safety organisations and representatives of the road haulage industry, to monitor the impact of this legislative change. Data from annual Group 2 diabetes medical reviews will be analysed to ensure the legislation remains responsive to technological developments and continues to uphold driver safety standards.

10.2 This instrument does not include a statutory review clause. In accordance with sections 28(2)(b) and 29(2)(a) of the Small Business, Enterprise and Employment Act 2015, Simon Lightwood MP, Parliamentary Under-Secretary of State for Roads and Buses has made the following statement:

"I have determined under section 28(2)(b) of the Small Business, Enterprise and Employment Act 2015 that it is not appropriate to make provision for review of the Motor Vehicles (Driving Licences) (Amendment) (No. 5) Regulations 2025, on the grounds that a review would be disproportionate taking into account the economic impact of the regulatory provision on the qualifying activity as defined in section 29(2) of that Act.".

Part Three: Statements and Matters of Particular Interest to Parliament

11. Matters of special interest to Parliament

11.1 None.

12. European Convention on Human Rights

12.1 As the instrument is subject to negative procedure and does not amend primary legislation no statement is required.

13. The Relevant European Union Acts

13.1 This instrument is not made under the European Union (Withdrawal) Act 2018, the European Union (Future Relationship) Act 2020 or the Retained EU Law (Revocation and Reform) Act 2023 ("relevant European Union Acts").