



Activity 2 – WP2: Comparative analysis of accessibility to driving licences

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Introduction

In March 2021, the European Commission adopted the Strategy for the rights of persons with disabilities 2021-2030. This strategy paved the way to a barrier-free Europe and to the empowerment of persons with disabilities so they can enjoy their rights and participate fully in society and the economy.

In December 2022, the Council of the European Union invited Member States to implement the relevant guidelines, to support vocational education and training for people with disabilities, to facilitate the transition to the labour market and to set national targets for the employment of people with disabilities and the participation of adults with disabilities in learning.

In 2023, a study revealed that 27% of the European population over the age of 16 had some form of disability which, according to Eurostat, represents one in four adults in Europe (equal to 101 million people).

Despite the progress made in the last decade, people with disabilities still face considerable barriers and have a higher risk of poverty and social exclusion. As an example, 17.7% of people with disabilities aged 20-26 were unemployed in 2020 compared with 8.6% of people without disabilities from the same age group.

Disparities in Europe for the treatment of people with disabilities continue. Furthermore, there are great variations in the interpretation and implementation of the law depending on the territories and bodies concerned.

European countries, all faced with the same issue of integrating people with disabilities into the world of work, have tried to find solutions in their own way. However, in the absence of a common definition at a European level, Member States have established their own criteria and methods of implementation within their national legislation. It is therefore essential to understand the mechanisms put in place across the various Member States.

While the rules for issuing and reissuing a driving licence to a person with disabilities are clearly set out in EU legislation, the application of the rules is done at a national level. This means the process can vary from country to country.

Additionally, while professional driver training is well established the provision for disabled people requires further investigation and intervention. The suitability of driving centres, the ability of training instructors and the availability of equipment are factors that can create barriers to the employment opportunities for disabled people.

This document aims to draw up a comparative analysis of the driving licence regulations, physical and mental conditions that affect the driving licence and the opportunities for disabled people to learn to drive within the project partner countries.

Directive 2006/126/EC

An EC Directive, or European Union (EU) Directive, is a binding legal act that requires EU Member States to achieve specific goals, but leaves them free to choose the methods and means to achieve those goals.

Directive 2006/126/EC sets out rules for the issuance and recognition of driving licenses. Its primary objectives are to ensure road safety, facilitate free movement within the EU, and standardise driving licence requirements.

The Directive establishes the different categories of vehicles (e.g., motorcycles, cars, trucks, buses) that can be driven, and specifies the requirements for obtaining licenses in each category. It also aims to harmonise the standards for driving tests, including theory and practical exams, to ensure that drivers across the EU meet similar safety and skill levels.

Professional licenses are issued for a specified period (usually 5 years) and must be renewed periodically. The Directive sets minimum age requirements for various categories of vehicles (e.g., 18 for cars) and includes provisions for periodic medical checks for drivers over certain ages or for those holding higher-risk licenses.

It also includes provisions for suspending or withdrawing a driving licence for serious driving offences, medical reasons, or the inability to drive safely. Member States can implement a penalty points system for drivers who commit traffic violations, with penalties that can affect the validity of their licences.

These provisions have been included on the grounds of safety; there is a thin line between risk protection and inclusion. With that in mind, Member States have implemented and managed the Directive in different ways.

Driving licenses that are issued by a EU Member State are valid in all other Member States, ensuring mutual recognition of licenses across the EU. Provisions are in place for exchanging a foreign licence (from another EU country or a third country) to a local one when moving between Member States, and there are rules regarding the recognition of non-EU licenses under specific conditions.

The aim is to compare how each country has interpreted the Directive and whether compensations have been made available or not.

Directive 2022/2561/EC

Directive 2022/2561/EC is a codified version of original legislation contained within Directive 2003/59/EC. It sets the minimum training standards for:

- Initial qualification (for new professional drivers), and;
- Periodic training (for experienced drivers)

It applies to drivers operating certain heavy vehicles under Member States' domestic or international transport regulations, covering both goods and passenger vehicles.

The framework outlines mandatory training subjects (e.g., fuel-efficient driving, tachograph usage, road rules) that align with EQF Level 2 competence standards.

Member States must certify training centres according to strict standards - qualified instructors, approved curricula, and proper equipment - while all commercial drivers must receive theory and practical training in areas like defensive driving, tachograph use, road safety, efficiency, and legal compliance.

Initial training is required for all new professional drivers in categories C, C+E, D, D+E unless they hold “acquired rights” (i.e., licensed before the introduction of CPC rules), while periodic training requires drivers to receive a mandatory 35 hours of training every 5 years. The first periodic training must occur within 5 years of obtaining the initial qualification or the expiry of a transitional period.

Drivers must hold a CPC Driver card or have an EU “95” code on their licence. The CPC card is valid for 5 years. These credentials are mutually recognised across EU Member States.

Investigation

The different partners of the DiTL project, representing five EU countries (France, Germany, Ireland, Portugal and Spain), carried out desk research with the aim of comparing accessibility arrangements for driving licences.

To start development of this research, a focus group workshop took place in Paris, to identify similarities and differences, good practice and points of vigilance.

The following document presents the results of this desk research and workshop activity, and will serve as the basis for the recommendations (WP2: Activity 4).

The results are presented in four parts:

- The first focuses on the different pathways to acquire a driving licence, with potential opportunities
- The second addresses the medical and physical considerations for disabled drivers, including evaluations, limitations, examinations and on-the-job tasks


- The third describes how each country addresses each condition within the Directive
- The fourth identifies potential barriers to acquire a licence



National implementation


There are different options when it comes to getting a driving licence, and the approach is governed by EU law. The rules create common standards for skills, knowledge, and the physical and mental fitness of drivers and the verification thereof.


The EC Directive 2006/126/EC is uniformly applied by Member States, with Annex 3 setting the baseline requirements for medical and physical standards relating to fitness to drive. However, the interpretation and implementation can differ from country to country.

The following table provides the current national text connected to the direct application of Directive 2006/126/EC:

National legal references that implement EC Directive 2006/126/EC	
	<p>France implemented Directive 2006/126/EC into its national legal system primarily through updates to its Code de la route (Road Code) and associated decrees and ministerial orders.</p> <p>19 January 2013 was both the deadline and the starting point for the application of the Directive across the EU, including France.</p> <p>France transposed the Directive by implementing several legal measures:</p> <ul style="list-style-type: none"> ● <i>Ordonnance n° 2010-1307 du 28 October 2010</i> which allowed the government to reform the Code de la route to comply with EU requirements ● <i>Décret n° 2011-1475 du 9 novembre 2011</i> which implemented the Directive in French law <p>France introduced the plastic card-style EU licence with security features, and all new licenses issued since 19 January 2013 follow this format.</p> <p>Licenses for regular car and motorcycle drivers are now valid for 15 years, after which they must be renewed administratively (not retested), while truck and bus licenses have shorter validity periods (5 years), and medical fitness checks are required.</p> <p>Paper and older-style licenses issued before 2013 remain valid, but must be exchanged for the new EU-style licence by 19 January 2033.</p> <p>The order of March 28, 2022 includes a specific questionnaire for medical assessors. It sets out a scale for precisely identifying who can and who cannot drive, and what types of adaptation are accepted.</p>

	<p>Germany implemented Directive 2006/126/EC primarily through amendments to the <i>Fahrerlaubnis-Verordnung (FeV)</i> – the German Driving Licence Regulation.</p> <p>Germany transposed the Directive into national law through multiple amendments to the FeV, with key changes taking effect on 19 January 2013 – the official EU-wide application date of the directive. New licence categories and formats were introduced on this date.</p> <p>All new licenses issued from 19 January 2013 use the standardised EU format.</p> <p>Germany started replacing old paper and older plastic licenses with the new EU format in a graduated way, so the mandatory exchange of old licenses must be completed by 2033 (with deadlines staggered by birth year).</p> <p>The driving licence exchange schedule based on birth year and the issued date displayed on the licence, set out in Germany’s national legislation, ensures all licenses are eventually in line with EU standards.</p> <p>German licenses now expire after 15 years (previously they were often valid indefinitely).</p>
	<p>Spain implemented the Directive 2006/126/EC through a series of legal reforms, mainly by modifying its national traffic and driving licence regulations, with key implementation steps completed by 19 January 2013; the EU deadline.</p> <p>A <i>Royal Decree 818/2009</i> and later modifications were used to transpose the Directive. It regulates the <i>Reglamento General de Conductores</i> (General Driver Regulations).</p> <p>This decree already partially incorporated provisions from earlier EU Directives.</p> <p><i>Real Decreto 1598/2009, Real Decreto 1698/2011, and especially Real Decreto 1055/2012, de 24 de julio</i> was the main decree transposing Directive 2006/126/EC into Spanish law. It amended the <i>Reglamento General de Conductores</i> to align fully with the EU Directive.</p> <p>From 19 January 2013, Spain began issuing the standardised plastic EU driving licence card, with harmonised categories and security features.</p> <p>Category AM, A1, A2, A, B are valid for 10 years (instead of an indefinite validity as before) while Category C, D and professional licenses are valid for 5 years (shorter for older drivers or if medical conditions apply).</p>

	<p>Spain applies medical check-ups every 5 or 10 years depending on the licence category and age of the driver, in line with the provisions of the Directive.</p> <p>Spain also applies the residence-based rules of the Directive: a person must have normal residence in Spain to obtain a Spanish driving licence.</p> <p>Spanish licenses issued before 2013 remain valid until their expiry, but they must be exchanged for the standardised EU version upon renewal. All licenses must conform to the Directive by 2033.</p> <p><i>ANNEX IV: Psychophysical requirements for obtaining or renewing a driving permit or licence of Royal Decree 818/2009, of May 8, approving the General Driver Regulations;</i></p> <p>https://www.boe.es/buscar/act.php?id=BOE-A-2009-9481</p>
	<p>Portugal implemented Directive 2006/126/EC through reforms to its national driving licence laws, primarily via a Decree-Law and other complementary regulations, aligning with the EU-wide deadline of 19 January 2013.</p> <p>The <i>Decreto-Lei n.º 138/2012, de 5 de julho</i> was the primary legal act that transposed Directive 2006/126/EC into Portuguese law. It amended the <i>Código da Estrada</i> (Portuguese Highway Code) and created the legal framework for the new driving licence model, validity rules, categories, and training requirements.</p> <p>The <i>Portaria n.º 185/2013, de 23 de maio</i> established the format and model of the new Portuguese driving licence, and regulated administrative procedures for issuing and renewing licences.</p> <p>From 19 January 2013, Portugal began issuing the new EU plastic card-style driving licence, replacing older paper and booklet formats.</p> <p>Portugal implemented new administrative validity periods as required by the Directive;</p> <p>AM, A1, A2, A, B, BE 15 years (until age 60)</p> <p>C, CE, D, DE 5 years (renewal with medical)</p> <p>After the age of 60, shorter renewal periods and medical examinations are required.</p> <p>Mandatory medical evaluations are based on age and licence category. For Group 2 licenses (C, D, etc.), stricter medical oversight has been applied.</p>

	<p>Portugal enforces the residency requirement for applying for and holding a Portuguese driving licence (as per Article 7 of the Directive).</p>
	<p>Ireland implemented Directive 2006/126/EC through a series of Statutory Instruments (S.I.s) and changes to national legislation, particularly the Road Traffic Acts and licensing regulations. The Directive came into force in Ireland in line with the EU-wide date of 19 January 2013.</p> <p><i>The Road Traffic (Licensing of Drivers) Regulations 2006</i> was amended over time to align with EU law. S.I. No. 537/2012.</p> <p><i>Road Traffic (Licensing of Drivers) (Amendment) (No. 3) Regulations 2012</i> is the key transposition instrument that implemented Directive 2006/126/EC into Irish law. It introduced the new EU licence categories, formats, and rules.</p> <p>From 19 January 2013, Ireland began issuing the credit-card-style, plastic EU-format licence. The licence is issued by the National Driver Licence Service (NDLS), operated by the Road Safety Authority (RSA).</p> <p>Category A and B licenses are valid for 10 years, while professional categories (C and D) are valid for 5 years. Older licenses with longer validity periods remain valid until expiry, but must be transitioned to the new format by 2033.</p> <p>Ireland did not previously have categories such as AM or A2, so these were newly introduced under the Directive.</p> <p>Medical certification is required on first application and renewal over a certain age (usually 70+) and for Group 2 licenses(C/D) and for people with certain medical conditions.</p> <p>Ireland applies the “normal residence” rule under Article 7 of the Directive: the applicant must reside in Ireland for at least 185 days in a calendar year in order to receive an Irish licence.</p> <p>Pre-2013 licenses remain valid until expiry, but all licenses must be exchanged for the new format by 2033, as per EU rules.</p>

1 Pathways and Opportunities

1.1 Pathways

There are several options for people to acquire a driving licence within the partner countries. There are many types of licence, but for the purposes of the research we focused on the three that best represent the transport and logistics industry;

Category B Licence

This is the licence that a person needs in order to operate a car or light vehicle in most EU Member States.

Research indicates that the most common method to acquire a category B licence is by completing theory and practical training. In most cases, this is done at a pre-approved driving school, which is approved and mandated by national authorities in line with the requirements of the Directive.

In Spain, Portugal and Germany, the minimum age to get a driving licence (category B) is 18, while in Ireland and France it is 17 (France lowered the age limit in March 2024). However, in France and Germany there is a permit that allows 15-year-olds and 17-year-olds respectively, to drive a car with an accompanying adult. In France it is called "Accompanied driving" ("conduite accompagnée" / AAC) and in Germany it is "Accompanied driving from the age of 17" (AD17)".

A non-EU driver can exchange their category B licence, but they are usually required to exchange it within a set timeframe (depending on the rules of the Member State). The rules on foreign driving licenses are established in the UNECE 1968 Vienna Convention in most Member States. However, in Spain and Ireland, its predecessor, the 1949 Geneva Convention, still applies.

Category C Licence

A C licence has a number of sub-categories depending on the type and weight of a goods vehicle.

As with the category B licence, in most cases the standard pathway is to complete theory and practical training. However, the amount of time it takes depends on the type of vehicle and the ability of the learner.

There are limited options for an alternative pathway. In many cases, drivers acquire a B licence and then progress to a C1 or CE licence (allowing them to drive a larger and / or heavier vehicle).

If a person wants to drive professionally it is a requirement, by EU law, to receive initial training and qualification. The framework for driver training is the same for all Member States, but each country has its own national identification; in France it is the FIMO (Formation Initiale Minimale Obligatoire), in Ireland it is known as Driver CPC (Certificate of Professional Competence), Germany refers to the Grundqualifikation, while Spain and

Portugal use the CAP (Spain - Certificado de Aptitud Profesional and Portugal - Certificado de Aptidao Profissional).

For all partner countries, the minimum age for acquiring a C licence is 18 if the driver has received initial Driver Certificate of Professional Competence (CPC) training.

Category D Licence

A D licence has also a number of sub-categories depending on the type of passenger vehicle and the number of seats fitted. To acquire a professional licence to drive a vehicle with more than 16 seats, the learner must receive professional training.

As with other licences, the standard pathway is to complete theory and practical training.

In Spain, there is an accelerated pathway to become a bus or coach driver, while in France candidates must complete a certified training course and hold a standard driving licence (B) to obtain a category D licence (for buses and coaches). Professional drivers are also required to complete the FIMO (Initial Qualification for Passenger Transport).

The minimum age to acquire the licence in Spain depends on the qualification achieved by the individual. By completing the Certificate of Professional Competence via the standard pathway, the minimum age is 18. However, drivers are limited to working on regular routes that do not exceed 50 km from their base. Once they reach 21, they can then work on national routes.

In Germany, Portugal, France and Ireland, the minimum age to acquire the licence is 24. However, it can be reduced to 21 if professional training is undertaken.

1.2 Summary

In all partner countries, the most common method to obtain a category C (truck) or D (bus) licence is through theory and practical training. This applies to people with or without disabilities. Alternative pathway options are limited, but there appears to be more flexibility when it comes to training candidates who are applying for a category D licence.

While France, Germany and Ireland have a minimum age of 18 for category C licences, Spain and Portugal set the minimum age at 21. However, the minimum age for category D (with the exception of Spain) is 24.

This means people who want to work as a bus driver must potentially wait up to 7 years (from the point of acquiring their B licence) before applying for the relevant licence.

For age-related medical examinations, each partner country has set their own interval period:

Age-related medical examinations for licenced truck drivers					
	No requirement	Every 5 years	Every 3 years	Every 2 years	Every year
France		Up to 60		60 to 76	Over 76
Germany		Up to 60			
Spain		Up to 65	Over 65		
Portugal		Up to 65			
Ireland		From 75			

Age-related medical examinations for licenced bus drivers					
	No requirement	Every 5 years	Every 3 years	Every 2 years	Every year
France		Up to 60			From 60
Germany		From 50			
Spain		Up to 65	Over 65		
Portugal		Until 67	(Only permitted to drive until 67)		
Ireland		From 75			

Although these regular medical examinations help to identify developing conditions, some countries do not require these examinations until the driver is much older, creating a risk that conditions go unreported for longer periods.

In Ireland, there is published 'Medical Fitness to Drive' guidance. It requires people with certain conditions to report them as part of the application for a driving licence (first application and renewal). Drivers are required to undergo a medical examination if they are 75 or older, or if they have a medical condition. This medical examination must be completed by a general practitioner.

France has a decree which has opened up driving opportunities for people with significant motor deficiencies or severe, profound hearing impairment, while a medical examination must be completed during the first application and then again, from the age of 55 for truck and bus drivers. For truck drivers, a medical is required 5 years later, and then again every other year until the age of 76. For bus drivers, it is every year from the age of 60. The medical must be completed by a doctor.

Like France, Germany has a requirement for a medical assessment based on the age of the driver. For truck drivers, it is required every 5 years from the age of 50. Then once the driver reaches 60, it is necessary every 2 years. The medical examination must be completed by a doctor with a specialism in transport or occupational medicine.

In Portugal, truck or bus drivers must receive a medical assessment once every 5 years, and bus drivers can only drive until the age of 67. A general practitioner can complete the medical assessment.

In Spain, the frequency of medicals is based on the *Reglamento General de Conductores Real Decreto 818/2009*, which requires truck and bus drivers under 65 to receive a medical assessment once every 5 years. Drivers who are 65 or older must receive a medical assessment every 3 years. Professionals at the Authorised Driver Recognition Centres complete the medical assessment.

It is important to note that there are changes ahead for the driving licence Directive. In December 2023, the European Council proposed changes, following a proposal submitted by the European Commission. There were several proposed amendments, but ones that affect people in scope of the DiTL project include:

- A shortened validity period for driving licenses of older people, remaining the decision of Member States
- The physical and mental fitness tests prior to the issuance and renewal of driving licenses should be outlined more clearly, and should be based on the different systems developed in the Member States

In May 2025, the European Council, together with the European Parliament and European Commission, endorsed provisional changes. The agreement provides legal clarity on minimum professional driving age rules. The revised Directive will reflect provisions already in vigour in other EU legislation, allowing professional drivers holding the mandatory Certificate of Professional Competence (CPC) to operate freight vehicles, nationally and internationally, from the age of 18. It also confirms 21 as the minimum driving age for bus and coach drivers.

The agreement creates the opportunity for Member States to introduce mandatory accompanied driving schemes from the age of 17 for B licence categories, and optional schemes for C, C1 and C1E licences. The optional schemes enable younger drivers with a CPC to gain supervised experience. Accompanying drivers must meet specific conditions, including the completion of targeted training (between 7 and 14 hours).

These amendments, along with several others proposed, will be implemented by the end of 2030.

2 Medical and physical considerations

An important area of this comparative analysis is on medical conditions which directly affect the driving licence, particularly for those who are physically or mentally impaired. These conditions can either be linked to a disability or could be disabling.

Close attention has been paid to the possibility of counteracting the consequences of physical and mental conditions, and therefore eliminating the risks they create.

The EU Directive 2006/126/EC sets out the requirements for driver licensing. The rules state that *‘If, because of a physical disability, driving is authorised only for certain types of vehicle or for adapted vehicles, the test of skills and behaviour provided for in Article 7 shall be taken in such a vehicle’*.

Annex III also establishes a minimum standard of physical and mental fitness for driving a power-driven vehicle;

- *Applicants shall undergo medical examinations before a driving licence is first issued to them and thereafter drivers shall be checked in accordance with the national system in place in the Member State of normal residence whenever their driving licence is renewed*
- *The standards set by Member States for the issue or any subsequent renewal of driving licenses may be stricter than those set out in this Annex*

This requires Member States to deliver a medical examination for **all** professional drivers when the licence is first issued, but it is up to the Member State to decide the terms of licence renewal. The medical examination process also assesses whether the adaptation for people with disabilities fits the legal requirements for driving or not.

Medical and physical ability is an important consideration for anyone wishing to be a professional driver. Although the role is not as physical as it once was, there are still manual tasks that require mobility, strength and endurance. Driving a commercial vehicle requires more mental energy; a higher volume of traffic, more distractions and increasing customer demands require prolonged concentration and more focus behind the wheel.

Annex III of EU Directive 2006/126/EC establishes various categories of disabilities. Each country has interpreted, within their national regulations, how to evaluate these disabilities and furthermore the type of adaptations that are accepted.

The following table shows how people with a disability may benefit from a vehicle adaptation for driving licence training and testing:



In France, Appendix II of the Order of March 28, 2022 stipulates that a Group 2 driving licence (for heavy vehicles) cannot be issued or renewed to a user with a medical condition that is “incompatible” with road safety requirements.

At the end of the medical examination, the approved doctor or medical commission may issue an opinion of unfitness (temporary or definitive incompatibility), or an opinion of fitness in a number of ways.

Fitness may be recognised in cases of unrestricted medical compatibility, when the condition is isolated, stable and with no foreseeable unfavorable evolution. It can also be granted on a temporary basis, for a limited period (between 6 months and 5 years), when the state of health requires monitoring.

Lastly, compatibility with accommodation may be granted when driving is possible, subject to specific adaptations to the vehicle or equipment, as mentioned in the medical opinion. In the case of several conditions, the most restrictive determines the final decision. This framework is designed to guarantee safe driving, particularly in a professional context.

Regarding compatibility with accommodation according to assessment, the PECF (Prestation d'Evaluation des Capacités Fonctionnelles) was introduced in 2021 to assess the impact of a person's disability on training and employment as a goods, passenger or forklift driver. It is an essential tool designed to assess the ability of a disabled person to undergo training or remain at work in the transport and logistics professions. This is an Agefiph service, implemented by Aftral, a leading professional training organization. This service is financed by Agefiph for the private sector, or FIPHFP for the public sector.

PECF is based on real-life situations, using modular driving simulators and adapted vehicles. It provides personalised recommendations on:

- conditions for success in training and the driving test,
- any necessary adjustments to the passenger compartment or adapted equipment,
- educational or organizational adaptations,
- or, if necessary, a reorientation towards another professional project

The assessment is carried out by a multi-disciplinary team comprising a trainer in the discipline concerned, an occupational therapist, a doctor specialising in rehabilitation and a disability consultant. Together, they analyse the consequences of the disability in relation to the requirements

of the training in question, translate this analysis into terms of functional capabilities, and formulate an advisory opinion.

The service, which lasts from half a day to a full day, includes:

- tests on a driving simulator with adaptable controls (joystick, multifunction ball, etc.),
- real-life tests on a technical platform (cab access, ancillary tasks, forklift driving, etc.),
- delivery of an assessment report to the beneficiary and the prescriber, including advice on safety and regulatory requirements

The recommendations resulting from the PECF are then validated by the certified physician and the driving license inspector, who judge their conformity and relevance to the disability.



In Germany, the assessment and approval of vehicle adaptations for people with disabilities are governed by the Driver's License Regulation (FeV – Fahrerlaubnis-Verordnung) and related technical and medical regulations.

Individuals with physical disabilities must undergo a medical assessment by a recognised medical-psychological service (MPU – Medizinisch-Psychologische Untersuchung) or a designated medical specialist.

If necessary, a technical driving assessment is conducted by a certified driving ability center or driving school with specialized instructors

These assessments determine:

- Whether the individual is fit to drive,
- What kind of vehicle adaptations are required,
- Whether the adapted vehicle allows for safe operation under real road conditions

Vehicle adaptations are individualised, depending on the type and extent of the disability. Common adaptations include:

- Hand controls for acceleration/braking,
- Steering aids (e.g., spinner knobs),
- Pedal modifications or repositioning,
- Voice-controlled systems or electronic secondary controls

Adapted vehicles used during training and the practical driving test must be technically approved (usually by TÜV or DEKRA).

The driving test must be taken in the adapted vehicle, and the examiner verifies that the adaptations are technically sound and legally compliant, and allow for safe and reliable vehicle operation.

If adaptations are required, this is recorded in the driving licence using EU harmonised codes (e.g., 10.02 = modified accelerator). Any medical or technical restrictions (such as vehicle type or transmission) are also indicated.

People with disabilities can receive counselling and training support through social services, rehabilitation providers (e.g., German Statutory Accident Insurance – DGUV, Federal Employment Agency), and driving schools specialised in disability support. Financial support for vehicle adaptations or training may be available under certain conditions (e.g., if the vehicle is necessary for work).



For Spain, according to “Article 61. Adapted Vehicles” from the Royal Decree 818/2009, of May 8, approving the General Driver Regulations;

‘Individuals who, due to an illness or disability, can only obtain a special driving licence or permit with specific restrictions are allowed to use adapted vehicles during both the learning process and the driving tests. These may include mopeds, vehicles designed for people with reduced mobility, or vehicles equipped with automatic or semi-automatic transmissions, or other modifications that suit their disability. The type of vehicle must be approved according to the evaluation of a certified medical assessment center or health authority.’

Adapted vehicles used for driving lessons and road tests (on public roads) must meet certain safety requirements. Specifically, they must be equipped with;

- Two interior rear-view mirrors,
- Two exterior rear-view mirrors (one on each side),
- Dual brake and accelerator controls, and,
- Dual clutch controls, if technically feasible

In these special cases, during the practical driving tests, authorities will verify:

- The effectiveness of any prosthetics, if used,
- Whether the vehicle’s features and adaptations are suitable,
- Whether any necessary restrictions on the person, vehicle, or driving conditions ensure safe driving


These conditions will be recorded on the person’s driving licence or permit. If deemed necessary, the Provincial Traffic Office may request additional medical or technical reports, including the advice of a doctor appointed by the relevant health services.



In Portugal, people with disabilities can obtain a driving licence if they are deemed fit to drive following a medical examination. The medical assessment ensures that the individual’s abilities match the requirements for safe driving, and any necessary vehicle adaptations are specified. These adaptations and any restrictions are recorded on the driving licence, ensuring that the driver uses a vehicle suited to his needs.

The Portuguese system recognises a wide range of vehicle adaptations, including:

- modified transmission, clutch, braking, and acceleration systems;

	<ul style="list-style-type: none"> • Pedal adaptations and safeguards; • Combined service brake, accelerator, and steering systems; • Modified control layouts and steering; • Adapted rear/side view devices; and adjusted driver seating positions <p>These adaptations are not only permitted but are also a requirement for those whose disabilities necessitate them, ensuring both safety and compliance with legal standards.</p> <p>The Instituto da Mobilidade e dos Transportes (IMT - Institute for Mobility and Transports) oversees the regulation and certification of adapted vehicles and driver licensing for people with disabilities in Portugal. They provide guidance on the necessary steps, documentation, and medical assessments required to obtain a licence with vehicle adaptations.</p>
	<p>In Ireland, people who need an adapted vehicle for their driving test must adhere to specific guidelines established by the Road Safety Authority (RSA) and the National Driver Licence Service (NDLS).</p> <p>Certain vehicle adaptations may require certification to ensure compliance with safety standards, and candidates must declare the need to use an adapted vehicle before booking their test.</p> <p>Certification is issued by an approved vehicle adaptor.</p> <p>The standard for approving and overseeing these companies is delivered by the NSAI (National Standards Authority of Ireland), Ireland's official standards body.</p>

Conclusion

Although the process for medical examinations is harmonised by EU legislation, there are some key differences in the way they are implemented.

Spain, for example, is the only partner country where the examination must take place at a dedicated Driver Recognition Centre (CRC). These centres are spread across the country and they must be authorised by the Ministry of Transportation and registered on the 'Special Registry of Health Service Providers'. Parts of the country are isolated and far from the nearest CRC, which makes it difficult for people with limited mobility to travel to the CRC.

While all partner countries have information on medical fitness to drive, it is not clear if the details are publicly available in Spain and Germany; in Ireland and Portugal they are

available on RSA and IMT websites respectively, while in France they are available on the LegiFrance website.

In Germany, France and Spain, an additional medical assessment is required when the driver reaches a certain age. It is not, however, required in Portugal.

In France, to be able to organise the training and the assessment of professionals, PECF (Prestation d'Evaluation des Capacités Fonctionnelles) was established in 2021 to assess the impact of a person's disability for the training and employment as a goods, passenger or forklift truck driver. This service is also used to regulate a heavy goods vehicle driver's licence, with the aim of achieving professional autonomy under common law.

In Ireland, a medical is not required until the driver reaches 75, which creates considerable risk because the driver may not be aware of developing medical conditions or impairment. However, a GP or Medical Consultant might prevent a person from driving until they complete an on-road driving assessment (this can happen at any age; not only when renewing a driving licence).

An on-road driving assessment may be recommended by a medical health professional to establish if a driver is fit to drive, especially if the presence or change of any medical condition(s) or functional impairment may impact the ability to drive safely i.e. cognitive impairment, stroke, Parkinson's disease, Multiple Sclerosis, traumatic brain injury, spinal injury, amputation etc.

Contrast that with Germany, where an assessment is required once the driver reaches 50, and it's clear to see there is a significant difference across the partner countries in how they identify and respond to developing medical conditions or impairment.

Sight

Directive requirements

All applicants for a driving licence shall undergo an appropriate investigation to ensure that they have adequate visual acuity for driving power-driven vehicles. Where there is reason to doubt that the applicant's vision is adequate, he shall be examined by a competent medical authority. At this examination attention shall be paid the following in particular: visual acuity, field of vision, twilight vision and progressive eye diseases.

France

The following is set out in the order of March 28, 2022, as it is provided within the order:

The quality of visual function is essential for driving a motor vehicle. Attention is paid to visual acuity, visual field, twilight vision,

sensitivity to glare, sensitivity to light contrasts and the search for diplopia.

For professional drivers operating heavy goods or passenger transport vehicles, the following vision criteria apply:

- **Binocular Visual Acuity:** At least 0.8 (8/10) in the better eye, with or without corrective lenses. [PMC+1ecoo.info+1](#)
- **Visual Acuity in the Other Eye:** At least 0.1 (1/10). [PMC+1ecoo.info+1](#)
- **Horizontal Visual Field:** A minimum of 160 degrees

These standards align with the European Union's Directive 2009/113/EC, which sets uniform requirements across member states.

Germany

The relevant standards for vision and driving licence eligibility in Germany are implemented in the following legal acts:

- Fahrerlaubnis-Verordnung (FeV) – especially § 12 and Anlage 6 (Annex 6)
- Medical guidelines: Begutachtungsleitlinien zur Kraftfahreignung (Guidelines on assessing fitness to drive) by the Bundesanstalt für Straßenwesen (BASt)

Group 1 (Categories AM, A1, A2, A, B, BE, L, T)

- Minimum binocular visual acuity:
≥ 0.5 (decimal), with or without corrective lenses
- Monocular vision:
 - Allowed only after an adaptation period of at least six months
 - A medical report from an ophthalmologist is required
 - Visual field must be adequate
 - Use of two exterior mirrors and possibly a panoramic or adapted interior mirror may be required
 - Licence validity may be restricted (shorter renewal intervals)
- Visual field requirement:
 - Horizontal field of vision: ≥ 120°
 - At least 50° left and right, and 20° up and down
 - No significant scotomas (blind spots)
- Progressive eye diseases (e.g., glaucoma, retinopathy):
 - Must be under control
 - Regular ophthalmological monitoring required
 - Shorter licence validity period possible

Group 2 (Categories C, CE, C1, C1E, D, DE, D1, D1E)

- Visual acuity requirement:
 - ≥ 0.8 (decimal) in the better eye
 - ≥ 0.1 (decimal) in the worse eye
 - With or without correction, provided well tolerated
- Monocular vision:
 - Not permitted for Group 2 licences
- Field of vision:
 - Horizontal field of at least 160° , with
 - $\geq 70^\circ$ to the left and right
 - $\geq 30^\circ$ upward and downward
- Corrective lenses:
 - If needed, must be well tolerated
 - Any significant refractive imbalance must be evaluated by an ophthalmologist

Ireland

A licence holder or applicant must meet the standards for visual acuity and fields (assessed by a confrontation visual field test in the first instance) as outlined below. If there is reason to doubt that these are adequate, the applicant or licence holder should undergo a more detailed examination by a specialist (an ophthalmologist or orthoptist or other medical practitioner with a special interest in defects of eyesight or optometrist).

Group 1 drivers (those who previously held full driving entitlement but had it removed because of a field defect that does not satisfy the standard) may be considered as exceptional cases on an individual basis by an ophthalmologist, subject to strict criteria:

- The defect must have been present for at least 12 months
- The defect must have been caused by an isolated event or a non-progressive condition
- There must be no other condition or pathology present which is regarded as progressive and likely to be affecting the visual fields
- The applicant has sight in both eyes
- There is no uncontrolled diplopia
- There is no other impairment of visual function, including glare sensitivity, contrast sensitivity or impairment of twilight vision

In order to meet the requirements of European law, to provide a driving licence for 1, 3 or 10 years the NDLS will, in addition, require a clinical assessment of full satisfactory functional adaptation, as there is no current objective measure of adaptation. This should be on the basis of a decision by a consultant neurologist, stroke

physician or ophthalmologist with due multidisciplinary support, and with the option of a second opinion from another consultant ophthalmologist, stroke physician or neurologist.

A satisfactory practical driving assessment is required, carried out by an appropriately qualified driving assessor, must subsequently be completed. An individual who is functionally monocular cannot be considered under exceptional case criteria.

For group 2 drivers, there are minimum standards which do not preclude employers setting higher standards in terms of the demands of the driving tasks encountered in the course of employment. Drivers with monocular vision cannot obtain or renew a Group 2 driving licence.

After any recently developed diplopia or after the loss of vision in one eye, there should be an appropriate adaptation period (of at least 6 months), during which driving is not allowed. After this period, driving is only allowed following a favourable opinion from the eyesight examining doctor or optometrist.

For group 2, the applicant shall have a visual acuity, with corrective lenses if necessary, of at least 0,8 (6/7.5) in the better eye and at least 0,1 (6/60) in the worse eye.

If corrective lenses are used to attain the values of 0,8 (6/7.5) and 0,1 (6/60), the minimum acuity must be achieved either by correction by means of glasses with a power not exceeding plus eight dioptres, or with the aid of contact lenses. The correction must be well tolerated.

The horizontal visual field with both eyes should be at least 160 degrees; the extension should be at least 70 degrees left and right and 30 degrees up and down. No defects should be present within a radius of the central 30 degrees.

Portugal

Portugal has incorporated specific standards for both Group 1 (cars and motorcycles) and Group 2 (heavy goods vehicles and buses) drivers. The national regulations include the following:

For Group 1 drivers, the minimum binocular visual acuity required is 0.5 decimal (6/12 Snellen equivalent), with or without corrective lenses.

For Group 2 drivers, the minimum visual acuity is 0.8 decimal in the better eye and at least 0.1 decimal in the worse eye, with

corrective lenses if necessary. The correction must be well tolerated.

Group 1 drivers must have a horizontal visual field of at least 120 degrees.

Group 2 drivers require a horizontal visual field of at least 160 degrees, with specific extensions of at least 70 degrees left and right and 30 degrees up and down.

Drivers with monocular vision must have a visual acuity of at least 0.5 in the functioning eye and meet the visual field requirements. They are prohibited from driving for six months after losing vision in one eye, during which an ophthalmological evaluation is required to assess adaptation.

In Portugal, evaluations also include assessments of color vision alongside visual acuity and visual fields, exceeding the basic EU requirements.

Visual assessments are conducted both when applying for a licence and during renewals. Group 1 licenses are typically renewed every ten years, ensuring continuous compliance with visual standards.

Spain

For Spain, group 1 drivers must have, if necessary with corrective lenses, a binocular visual acuity of at least 0.5.

for group 2 they must have, with or without optical correction, a visual acuity of at least 0.8 in the better eye and at least 0.1 in the worse eye. If correction with glasses is required, the lens power must not exceed +8 diopters.

Individuals with monocular vision who have a visual acuity of 0.5 or higher in the better eye, and have had monocular vision for more than six months, may obtain or renew a permit or licence, provided they meet the other visual requirements. If, due to the level of visual acuity or the presence of a progressive eye disease, periodic medical examinations are required more frequently than the standard validity period of the permit or licence, the validity period will be set according to medical judgment. The vehicle must be equipped with external rear view mirrors on both sides and a panoramic interior mirror or, if necessary, an adapted rearview mirror.

Conclusion

To maximise road safety, all five countries enforce strict vision standards for professional drivers. Conditions affecting visual acuity, field of vision, or binocular vision can lead to **licence restrictions, requirements for correction, or disqualification** in serious cases.

For all partner countries, there is the same standard;

- High visual acuity (typically ≥ 0.8 in the better eye)
- Wide horizontal visual field ($\geq 160^\circ$)
- Binocular vision required
- Regular medical check-ups, frequency increasing with age
- Use of corrective lenses allowed and documented

However, there are some important differences. The following table indicates the differences between partner countries -

Vision Requirements for Professional (Group 2) Drivers (Licence C and D)

Country	Visual Acuity (Better Eye / Other Eye)	Visual Field	Binocular Vision Required	Monocular Vision Allowed	Medical Exam Frequency	Corrective Lenses Allowed
France	$\geq 0.8 / \geq 0.1$	$\geq 160^\circ$	Yes	No	Every 5 years (more frequently after age 60)	Yes (noted on licence)
Germany	$\geq 0.8 / \geq 0.5$	$\geq 160^\circ$	Yes	No	Every 5 years	Yes (noted on licence)
Spain	$\geq 0.8 / \geq 0.1$	Normal range	Yes	No	Every 5 years (under 65), every 3 years (65+)	Yes (noted on licence)
Portugal	$\geq 0.8 / \geq 0.1$	$\geq 160^\circ$	Yes	No	Every 5 years (<50), every 2 years (50–70), yearly (>70)	Yes (noted on licence)
Ireland	$\geq 0.8 / \geq 0.1$	$\geq 160^\circ$	Yes	No	Every 5 years (more often after 70)	Yes (noted on licence)

The frequency of the medical exam varies, which means that problems with driver eyesight will be identified more quickly in some countries.

Any eye disease or defect that causes uncorrected acuity below standard, or a major field of vision loss, may lead to disqualification or non-renewal of the driving licence.

It seems that, as long as the applicant meets the minimum criteria for eyesight quality, then they can work as a driver.

Hearing

Directive requirements

Driving licenses may be issued to or renewed for applicants or drivers in Group 2 subject to the opinion of the competent medical authorities; particular account will be taken in medical examinations of the scope for compensation.

France

Applicants must demonstrate sufficient hearing ability to drive heavy or passenger vehicles safely. Although specific decibel thresholds are not detailed in the sources provided, significant hearing impairment may be considered incompatible with driving these classes of vehicles.

Isolated hearing impairment without balance problems (tested without hearing correction): moderate or average, compatible with restrictive endorsement on code 42 driving licence.

For group 2 (adapted rear and side vision device); severe or profound hearing impairment: compatible with adaptation if necessary, according to evaluation (procedure described in the decree for group 2), with mention on the code 42 driving licence for both groups.

Balance disorders are assessed according to their recurrent characteristics.

Prior to the amendment of the decree of March 28, 2022, people with severe or profound hearing impairment were incompatible with group 2 driving professions.

Germany

The relevant standards for hearing and driving licence eligibility in Germany are implemented in the following legal acts:

- Fahrerlaubnis-Verordnung (FeV) – especially § 11 and Anlage 4 (Annex 6)
- Medical guidelines: Begutachtungsleitlinien zur Kraftfahreignung (Guidelines on assessing fitness to drive) by the Bundesanstalt für Straßenwesen (BASt)

Group 1 (AM, A1, A2, A, B, BE, L, T)

- Hearing impairments do not automatically disqualify a person from obtaining or renewing a Group 1 driving licence
- No minimum hearing threshold is required for Group 1, and deaf or hard-of-hearing individuals are generally considered fit to drive if they can compensate adequately (e.g., through enhanced visual awareness)
- Often, a panoramic mirror and two exterior mirrors are recommended or required to improve situational awareness
- Hearing aids are allowed and considered valid compensatory devices

Group 2 (C, CE, C1, C1E, D, DE, D1, D1E)

- Hearing ability is evaluated individually, with a focus on compensatory capacity in case of emergency communication needs
- Drivers with severe hearing impairments may be permitted only if they:
 - Demonstrate the ability to communicate effectively in emergency situations (e.g., via hearing aids, lip reading, or visual devices),
 - Show that they can perceive critical auditory signals via alternative means,
 - Undergo a favorable medical evaluation and possibly a practical assessment
- Code 42 (restricted to adapted vehicles) may be added to the licence, indicating required adaptations such as additional mirrors or warning systems
- Balance disorders (vestibular dysfunction) are contra-indications, especially for Group 2, and require specialised medical evaluation

Ireland

Group 1 drivers are permitted to drive and they do not need to notify NDLS (National Driver Licence Service).

Group 2 drivers are permitted to drive provided that the driver is assessed with respect to the task requirements. Of paramount importance is the proven ability to be able to communicate in the event of an emergency by speech or by using a device e.g. a MINICOM. If unable to do so, they are unfit to drive. The driver should notify NDLS.

Portugal

The evaluation of adequate hearing requirements for driving power-driven vehicles is part of the broader medical assessment process

required to obtain or renew a driving licence. Key points on hearing assessment:

Medical Certificate Requirement

Applicants must provide an electronic medical certificate confirming their physical ability to drive. This certificate is issued by a doctor and sent directly to the Institute for Mobility and Transport (IMT) via email.

The certificate includes assessments of physical, mental, and psychological fitness, which encompass hearing ability

Specific Evaluation for Group 2 Drivers

For professional drivers or those operating heavy vehicles (Group 2), stricter medical evaluations are conducted. These include assessments of sensory functions such as hearing, to ensure compliance with safety standards

Scope for Compensation

The medical examination considers the scope for compensation, as outlined in EU Directive 2006/126/EC. For instance, drivers with hearing impairments may still qualify if they demonstrate adequate compensation mechanisms (e.g., hearing aids)

Process and Accessibility

Medical assessments can be conducted at health centers or through doctors affiliated with driving schools

Spain

Drivers with a combined hearing loss exceeding 45% in both ears, determined through tonal audiometry, are subject to specific conditions.

Such drivers may still obtain or renew their licenses but must equip their vehicles with:

- Panoramic interior mirror
- Exterior mirrors on both sides

If a hearing aid is necessary to meet the minimum hearing acuity, its use becomes mandatory while driving.

For professional drivers, a combined hearing loss exceeding 35% in both ears disqualifies people from obtaining or renewing a professional driving licence. This means that those with such hearing impairment cannot legally drive vehicles that require a professional licence in Spain.

Category B drivers may drive with a hearing loss over 45% if the vehicle is equipped with specified mirrors (external rear view and panoramic interior).

Conclusion

It is clear that someone with a hearing problem can still work as a professional driver in all partner countries, although there are additional requirements for group 2 drivers.

Three countries (France, Germany and Spain) require, in some cases, a panoramic mirror plus two adapted exterior mirrors to help drivers with situational awareness. This requirement is indicated by a code 42 on the driving licence.

The evaluation of the condition is done by competent medical authorities in each country based on guidance in the Directive. From the desk research, it has been observed that there are differences in the way that hearing conditions are tested, checked and managed.

In France, there is emphasis on the balance of the driver; some hearing conditions, like Labyrinthitis and Meniere's disease, can significantly impact balance. Conditions that cause inflammation or fluid buildup in the inner ear, can cause vertigo, dizziness, and balance problems, which is a problem for driving. Hearing loss, especially as it progresses, can also affect balance by reducing spatial awareness and increasing cognitive load on the brain.

In Ireland, a person with a hearing condition must be able to communicate clearly in an emergency. Checks are made to see if the driver's speech is adequate or whether alternative devices such as a Minicom (a device that allows individuals who are deaf, hard of hearing, or speech-impaired to communicate over the telephone by translating spoken words into text and vice versa) can be used.

Interestingly, only Spain has imposed a level of hearing loss before a licence is revoked or not renewed; people with a 35% loss of hearing will not be permitted to continue working as a driver.

Hearing aids are permitted for drivers in all partner countries.

Locomotor disability

Directive requirements

Driving licenses shall not be issued to or renewed for applicants or drivers suffering from complaints or abnormalities of the locomotor system which make it dangerous to drive a power-driven vehicle.

Driving licence codes are;

30-33: These codes relate to combined braking and accelerator systems, pedal adaptations, and modified steering, often necessary for drivers with limited hand or foot mobility.

35: Modified control layouts indicate that the driver's driving position or the placement of vehicle controls has been adapted.

40-42: These codes specify modifications to steering (40), rear-view mirrors (42), and driving seats (43) to accommodate different needs.

44: This code covers modifications specific to motorcycles, such as adapted brakes, clutches, or footrests.

France

Depending on the part of the body concerned, there may be certain specificities.

Definitive compatibility allows us to issue an opinion on medical fitness to drive a light vehicle, with no time limit, and without modifying the vehicle or the user's equipment.

Definitive compatibility with adaptation according to the assessment refers to a procedure described in the decree.

Incompatibility leads to a declaration of unfitness.

The scale defines categories A1, A2, A and B, B1 and BE in group 1.

For group 2, compatible with adaptation if necessary, according to evaluation (procedure described in the decree for group 2) it is specified that an automatic clutch or an automatic gear change, when they constitute the only necessary adaptation, are not considered as adaptations and authorize the granting of a licence with the restrictive mention “adapted clutch” and/or “automatic gear change” (code 5 or 10).

Germany

The relevant standards for driving licence eligibility in Germany are implemented in the following legal acts:

- Fahrerlaubnis-Verordnung (FeV) – especially § 11, 12 and Annex 4
- Medical guidelines: Begutachtungsleitlinien zur Kraftfahreignung (Guidelines on assessing fitness to drive) by the Bundesanstalt für Straßenwesen (BASt)

Individual Functional Assessment

Fitness to drive is not judged solely by diagnosis, but by functional ability to operate a vehicle safely. People with locomotor impairments (e.g. amputations, spinal injuries, neuromuscular diseases) may still be eligible if they:

- Demonstrate sufficient compensation (e.g. through training, prosthetics, or adaptations)
- Use vehicle modifications approved by a technical expert
- Pass a medical-technical driving test (Fahrprobe) when required

Group 1

Many conditions (e.g. leg amputations, hemiplegia) can be compatible with driving with appropriate vehicle adaptations, such as:

- Automatic transmission
- Hand controls
- Modified steering or seating systems

These modifications are documented via EU codes on the driving licence (e.g. Code 10 for adapted gearshift, Code 20 for hand-operated brake / accelerator). A driving test in an adapted vehicle may be required.

Group 2

Severe locomotor impairments (esp. affecting lower limbs, coordination, or trunk stability) often exclude Group 2 licences, unless;

- The impairment is stable and mild
- All required tasks can be performed without disproportionate risk
- Approved adaptations allow for full functionality and safety

A specialised medical certificate and driving test are required.

The licence is often issued with time restrictions and must be renewed more frequently. Licenses can be unrestricted, conditionally approved with mandatory adaptations or denied, if no safe compensation is possible.

Ireland

Driving is possible in both static and progressive or relapsing disorders but vehicle modification may be needed.

Permanent Limb Disabilities / Spinal Disabilities .e.g. amputation, hemiplegia / cerebral palsy, ankylosing spondylitis, severe arthritis, especially with pain.

Neurological Disorders e.g. multiple sclerosis, Parkinson's disease, motor neurone disease, peripheral neuropathy.

Sophisticated vehicle adaptation is now possible and varies from automatic transmission to joy sticks and infra-red controls for people with severe disabilities.

The NDLS requires notification of which, if any, of the controls required to be modified. The driving licence will then be coded to reflect the modifications.

Group 2

Some disabilities may be compatible with the driving of large vehicles if mild and non-progressive. Individual assessment will be required. The National Office for Traffic Medicine is reviewing the current situation of assessments of driving and adaptation of vehicles in Ireland.

Portugal

The evaluation of fitness to drive for individuals with locomotor disabilities involves medical examinations and the application of specific restrictions or adaptations based on the individual's condition.

Key aspects of Portugal's interpretation include:

Medical Examination

Applicants or drivers with locomotor disabilities must undergo a medical assessment to determine their fitness to drive. This examination evaluates whether their condition poses a danger while operating a power-driven vehicle.

Under the terms of Article 127(1) of the Road Code, drivers with disabilities affecting their mobility or otherwise, as a result of medical or psychological assessment, may be subject to restrictions on the exercise of driving

Conditional Licenses

If deemed fit, drivers may receive licenses with specific restrictions or adaptation codes, meaning specific adaptations to the vehicle they drive.

In accordance with paragraph 2 of the same article of the Road Code, any restrictions, special renewal periods, and vehicle adaptations imposed on the driver are indicated on the respective driving licenses in coded form, next to the relevant category, by means of the harmonised European Union or national codes set out in the Regulation on Legal Qualification for Driving.

These codes indicate necessary modifications to the vehicle, such as adapted transmission, braking systems, acceleration systems, steering, or seating arrangements. These adaptations ensure safe driving despite physical limitations.

Renewal Process

When renewing a driving licence, individuals may need to provide a medical certificate sent directly by the examining doctor to the IMT. In some cases, psychological aptitude certificates may also be required. The road code also establishes special deadlines for the renewal of driving licences.

Disability Declaration

For foreign applicants or those seeking exemptions related to disability, a multipurpose disability certificate issued by the Portuguese National Health Service is mandatory. This confirms the degree and nature of the disability.

Any driver from the EU or EEA, or from a third country, who wishes to exchange their driving licence must present a medical certificate and/or a psychological assessment certificate (only for Group 2 drivers), issued by a doctor in the exercise of their profession and a psychologist, respectively, both issued in Portugal.

Any applicant—whether national, from the EU or EEA, or from a third country—who wishes to benefit from tax advantages, a parking card for persons with reduced mobility, benefits for the purchase of adapted vehicles, or other similar benefits, must present multipurpose disability certificates issued by the Portuguese National Health Service, confirming the degree of disability, the nature of the impairment, and the intended purpose.

Spain	Group	1	and	2
	There must be no condition that prevents a normal seated position or effective operation of the vehicle's controls and devices, nor any condition that requires atypical or strenuous postures, or that necessitates adaptations, restrictions, or other limitations regarding the individual, the vehicle, or driving.			

Adaptations (group 1)

Adaptations, restrictions, and other limitations applied to people, vehicles, or traffic circulation will be determined based on the individual's disabilities. These must be properly recorded in the psychophysical fitness report and assessed through the relevant static or dynamic tests.

Adaptations (group 2)

Exceptionally, adaptations in vehicles and for individuals will be allowed if there is a favorable report from the competent medical authority. These cases must also undergo the appropriate evaluation, if necessary, through static or dynamic tests. In all situations, any

additional risks or dangers related to driving caused by the individual's disabilities will be duly considered.

Conclusion

While there are differences in the licence conditions for people with a locomotor disability, it is important to point out that if a licence was issued with specific codes (e.g. code 10 for modified clutch), the same adaptations must be in the vehicle they drive while in another EU country.

A medical evaluation or assessment is necessary in all partner countries, but at slightly different stages. For example, in Germany it is necessary to obtain a special medical certificate when applying for a licence, while in Portugal the certificate is required only when renewing a licence (an assessment is done at first application).

In Germany, licenses issued to a person with a locomotor disability often have a shorter validity period, depending on the condition.

Ireland defines a locomotor disability in two categories; those who have a permanent limb or spinal disability and those with a neurological disorder that affects their locomotor responses.

Cardiovascular diseases

Directive requirements

Any disease capable of exposing an applicant for a first licence or a driver applying for renewal to a sudden failure of the cardiovascular system such that there is a sudden impairment of the cerebral functions constitutes a danger to road safety.

France

Cardiovascular pathologies or disorders, which can cause sudden alteration of cardiovascular and consequently cerebral functions, constitute a road safety hazard when they occur while driving.

The main risk of this sudden deterioration is that of malaise at the wheel with lipothymia, syncope or sudden death. In these situations, driving is sometimes possible once the pathology has been successfully treated and a cardiologist's assessment of the pathology has been taken into account.

Regular medical follow-up is important. The order defines a scale of permanent or temporary incompatibility and compatibility with measures to be taken.

For drivers with an EU licence who also have cardiovascular issues, there is no need for additional certification unless they are applying for a new or renewed licence.

Germany

Legal and medical evaluation is based on:

- Fahrerlaubnis-Verordnung (FeV), § 11 FeV, Annex 4
- Begutachtungsleitlinien zur Kraftfahreignung (Medical Assessment Guidelines for Driving Ability), developed by the BASt (Federal Highway Research Institute)

Any cardiovascular condition that may lead to a sudden loss of consciousness, syncope, or sudden cardiac death is considered a risk to road safety. Fitness to drive is determined based on:

Group 1 drivers can be considered fit if the condition is treated effectively and under control.

Stricter criteria apply to **Group 2** drivers who are evaluated on a case by case basis but may be generally disqualified depending on condition.

Medical Requirements

A cardiological expert opinion is often required, and re-licensing or renewal depends on:

- Successful treatment
- Absence of symptoms during driving tasks
- Functional evaluation (e.g. stress ECG, LVEF, Holter monitoring)

Ireland

A licence holder or applicant must meet the standards for cardiovascular disorders outlined below, and if there is reason to doubt that these are met, the applicant or licence holder should undergo a more detailed examination by a consultant cardiologist.

Group 2 standards are minimum standards and do not preclude employers setting higher standards in terms of the demands of the driving tasks encountered in the course of employment.

Drivers are not permitted to drive when symptoms occur at rest, with emotion, or at the wheel.

Drivers are permitted to drive provided satisfactory symptom control is achieved, the condition has been effectively treated and competent medical authorisation has been obtained. Where appropriate, regular medical assessment should be conducted.

Portugal

Portugal's regulations aim to ensure that drivers with cardiovascular conditions do not pose a risk to road safety by evaluating their fitness to drive based on medical criteria.

Medical Evaluation

Applicants for a driving licence or those renewing their licenses must undergo a medical examination if they have cardiovascular conditions that could lead to sudden incapacitation, such as syncope or other impairments affecting cerebral functions.

The evaluation includes an assessment of the individual's functional capacity (e.g., New York Heart Association functional class), left ventricular ejection fraction (LVEF), and the presence or absence of symptoms like syncope or arrhythmias.

Differentiation Between Driver Groups

Group 1 (Private Drivers): Requirements are less stringent, allowing individuals with controlled conditions to drive if their risk of sudden incapacitation is low.

Group 2 (Professional Drivers): Stricter standards apply due to the higher risks associated with professional driving. For example, individuals with implantable defibrillators or significant arrhythmias are generally not permitted to hold Group 2 licences.

Specific Conditions and Restrictions

Conditions such as heart failure, arrhythmias, and valvular heart disease are evaluated individually. For instance, driving may be permitted for those with stable heart failure if functional capacity is adequate and there is no history of syncope.

Implantable cardioverter defibrillators disqualify individuals from Group 2 licenses but may allow limited driving for Group 1 under specific conditions.

Recovery periods are mandated after acute events or interventions, such as a three-week restriction following acute coronary syndrome for Group 1 drivers.

Periodic Medical Follow-ups

Regular medical reviews are required, particularly for progressive conditions, to reassess the driver's fitness over time. This ensures compliance with evolving health statuses and treatment outcomes.

Spain

Drivers must not present heart failure symptoms of NYHA class III or IV; only milder forms are conditionally accepted with medical reports.

Bradycardias and advanced AV blocks with syncopal episodes are generally disqualifying unless corrected with a pacemaker and medically supervised.

Arrhythmias (e.g., atrial fibrillation, ventricular tachycardia) causing syncope or major symptoms are not accepted, though treatment may allow conditional licensing.

Implanted devices like pacemakers and ICDs may be accepted if medically stable, post-implantation recovery periods are respected, and specialist reports are favorable.

Severe valvulopathies or valve prostheses require thorough evaluation and post-treatment stability for licence eligibility.

Coronary syndromes and angina must be well-controlled post-treatment, with specific timelines and cardiac testing before re-licensing.

Hypertension above critical thresholds is disqualifying until under control and medically certified.

Large vessel aneurysms may disqualify if exceeding surgical thresholds or tied to genetic conditions; otherwise, specialist monitoring is needed.

Peripheral arterial and carotid disease with neurological or ischemic implications typically disqualify unless asymptomatic and stable.

Congenital, transplant-related, and structural cardiomyopathies must be individually assessed, with stable condition and specialist clearance required for licensing.

Conclusion

All drivers with a cardiovascular problem must meet mandatory EU conditions. These include regular medical checks, which are often done every 1 to 5 years depending on the driver's age and the particular condition.

The medical assessment may include moderate exercise and / or an ECG (Electrocardiogram) or Echocardiogram (a non-invasive ultrasound scan of the heart) to assess general fitness, especially after cardiac events.

It is common for people to receive a consultation with a cardiologist – often required for borderline or complex cases.

The 9 MET (Metabolic Equivalent of Task) threshold is a standard functional capacity benchmark used in the EU and many countries when assessing fitness for Group 2 (professional) driving licences, especially after cardiovascular events. For Group 2 drivers, reaching 9 METs shows sufficient cardiovascular fitness to handle the physical

and mental demands of professional driving, such as handling emergencies, long hours behind the wheel and sudden exertion (e.g., in breakdowns or accidents).

In France, if a person has an EU licence and has cardiovascular issues, there is no need for additional certification unless they are applying for a new or renewed licence. This is also the situation in Germany. In both countries, if a driver has a serious cardiovascular condition the authorities may require a medical assessment before exchanging or renewing a licence.

Cardiovascular conditions must be declared when applying for or renewing a licence in Spain. For people who are resident and wish to exchange their third country licence for an EU licence, they may require a "certificado médico" (medical certificate) based on the condition. Drivers with a cardiovascular condition must self declare when applying, renewing or exchanging their licence. Conditions like hypertension, pacemakers, or recent surgeries may also be reviewed by IMT (Instituto da Mobilidade e dos Transportes).

In Ireland, the National Driver Licence Service (NDLS) requires the disclosure of certain medical conditions. For cardiovascular diseases (e.g. angina, heart failure, pacemaker) a medical report form must be completed by a doctor.

In all partner countries, driving is prohibited if the condition poses a significant risk, such as uncontrolled arrhythmias or recent myocardial infarction.

Diabetes Mellitus

Directive requirements *Driving licenses may be issued to, or renewed for, applicants or drivers suffering from diabetes mellitus, subject to authorised medical opinion and regular medical check-ups appropriate to each case.*

France Diabetes is listed in class VI, metabolic pathologies and transplants, along with renal insufficiency. There are two levels: incompatibility or compatibility, with the clarification for group 2 that it is valid for only 3 years and must be re-evaluated at term.

Germany Legal and medical evaluation is based on:

- Fahrerlaubnis-Verordnung (FeV), § 11 FeV, Annex 4
- Begutachtungsleitlinien zur Kraftfahreignung (Medical Assessment Guidelines for Driving Ability), developed by the BASt (Federal Highway Research Institute)

Group 1 Driving is permitted if diabetes is well-controlled, with no severe or unrecognised hypoglycemia in the past 12 months. Medical

checks are required if using insulin or medications that can cause hypoglycemia.

Group 2 Driving is generally not permitted for individuals on insulin or medications with a risk of hypoglycemia, or with a history of severe episodes. In the absence of this, licenses may be granted on the condition of regular medical consultation.

Ireland

An applicant or driver with diabetes treated with medication which carries a risk of inducing hypoglycaemia shall demonstrate an understanding of the risk of hypoglycaemia and adequate control of the condition.

Driving licenses shall not be issued to, or renewed for, applicants or drivers who have recurrent severe hypoglycaemia, unless supported by the opinion of a specialist physician registered on the specialist register for Endocrinology and Diabetes Mellitus of the Medical Council and regular medical assessment.

For such recurrent severe hypoglycaemias during waking hours a licence shall not be issued or renewed until at least 3 months after the most recent episode: driving licenses may be issued or renewed in such exceptional cases, provided that it is duly justified by an opinion of a specialist physician registered on the specialist register for Endocrinology and Diabetes Mellitus of the Medical Council and subject to regular medical assessment, ensuring that the person is still capable of driving the vehicle safely taking into account the effects of the medical condition.

The presence of any progressive neurological disorder requires the applicant or licence holder to inform the NDLS unless stated otherwise in the text.

Portugal

There are specific regulations for evaluating the fitness to drive for individuals with diabetes mellitus. Updated in January 2013, the regulations distinguish between two driver groups and emphasize medical assessments tailored to the individual's condition:

Group 1

Individuals are considered unfit to drive if they experience severe or recurrent hypoglycemia.

Drivers must follow safety measures, such as carrying a sugar source in their vehicle, checking blood glucose levels before driving, and avoiding driving with blood glucose levels below 90 mg/dL without prophylactic carbohydrate consumption.

Group 2

Applicants must provide a medical report certifying:

- Good diabetes control
- No severe or recurrent hypoglycemia in the past 12 months
- Absence of diabetes-related complications, such as retinopathy or neuropathy
- A complete ban applies to lorry drivers with diabetes due to heightened safety risks

Spain

Group 1

Diabetes mellitus that causes severe metabolic instability requiring hospitalisation is incompatible with driving.

Insulin or oral hypoglycemics (like sulfonylureas or glinides) are not an automatic exclusion, but they require a favorable medical report.

This medical report must confirm good glycemic control, no recent episodes of severe hypoglycemia and that the person has adequate knowledge and management skills regarding their disease (diabetes education).

If these conditions are met, the maximum licence validity is 5 years, but it can be reduced at the discretion of the medical authority.

Type 1 diabetics and insulin-treated type 2 diabetics can exceptionally renew or obtain their licence for 1 year, provided the favorable report is present.

Type 2 diabetics treated with non-insulin hypoglycemics may have up to 3 years of validity, with the same medical guarantees.

Group 2

Any diabetes mellitus that requires insulin, is treated with oral hypoglycemics with risk of hypoglycemia, or presents severe metabolic instability is generally incompatible with holding or renewing a Group 2 licence.

However, in very exceptional cases, an affected individual might be allowed to hold a licence if a specialist medical report confirms optimal control, no severe hypoglycemia, and strong disease management capabilities.

The driver will be subject to regular, strict medical monitoring. In such exceptional cases, the licence can only be granted or renewed for a maximum of 1 year and renewal depends on updated favourable reports each year.

Conclusion

There are strict EU requirements for both group 1 and group 2 drivers who suffer from Diabetes Mellitus.

Applicants must not have had a severe hypoglycaemic episode in the last 12 months, and they must demonstrate full hypoglycaemia awareness. Monitoring of hypoglycaemia must be done twice every day and at times relevant to driving using finger-prick tests or real-time CGM (rtCGM) or Flash Glucose Monitoring (FGM)

There must be no visual or neurological complications affecting driving, and an annual medical review must be done by a diabetes specialist.

Drivers who have recurrent or unexplained severe hypoglycaemia, have poor awareness, poor response to treatment or uncontrolled complications (e.g., retinopathy affecting vision, severe neuropathy) are not permitted to drive.

In France, driving is allowed for insulin users with an annual specialist report. However, the driver must have glucose monitoring records (minimum twice daily) and a certified diabetes specialist (médecin agréé) must perform the assessment.

In Germany, drivers on insulin or sulfonylureas must have no severe episode in the last 12 months. There must also be proof of structured diabetes training. The use of finger-prick monitoring is common, and for group 2 drivers there must be an annual report from diabetic specialist. In some cases, it may also be necessary to pass a practical driving test after medical approval.

In Spain, a Group 2 licence can be issued or renewed if diabetes is well-controlled. An annual medical check, authorised Centro de Reconocimiento de Conductores, must also be done. Insulin-treated drivers must provide glucose logs and show awareness.

Portuguese drivers who use Insulin or Sulfonylurea users can get / renew a Group 2 licence as long as they have an annual medical exam, experience no severe episodes in the last 12 months and document their blood glucose monitoring. Diabetes must be declared on an IMT form and they must obtain a report from their family doctor or diabetologist.

In Ireland, the National Driver Licence Service (NDLS) allows Group 2 driving with diabetes if stable. Applicants must submit an NDLS medical report form, along with a diabetes-specific form which is completed by their treating doctor.

An annual review is required, and applicants must demonstrate full awareness and monitor their glucose at least twice daily.

Neurological diseases

Directive requirements *Driving licenses shall not be issued to, or renewed for, applicants or drivers suffering from a serious neurological disease, unless the application is supported by authorised medical opinion.*

France Epilepsy is in class IV of neurological psychiatric addictions. A person is considered to have epilepsy if he or she has had at least two seizures at least 24 hours apart over a 5-year period.

For group 1, temporary incompatibility is determined for 6 months after the first seizure, followed by temporary compatibility before definitive compatibility on condition of absence of seizures. If a new seizure occurs, incompatibility is defined for one year, followed by temporary compatibility for 5 years subject to medical evidence and treatment compatible with driving, and then definitive accounting after 5 years.

For Group 2, the first crisis leads to incompatibility for 5 years. Compatibility requires 10 years without a seizure. In the case of provoked epilepsy, if the factor is identified and not likely to recur while driving, a medical evaluation of the medical elements will give its opinion. Medication is incompatible with group 2.

Other pathologies follow a similar logic.

Germany Legal and medical evaluation is based on:

- Fahrerlaubnis-Verordnung (FeV), § 11 FeV, Annex 4
- Begutachtungsleitlinien zur Kraftfahreignung (Medical Assessment Guidelines for Driving Ability), developed by the BAST (Federal Highway Research Institute)

Group 1

Driving licence may be permitted depending on individual symptoms.

Group 2

A licence is generally not granted in the case of neurological diseases with a few exceptions such as past brain injuries in the absence of symptoms, depending on individual condition (risk of recurrence) on the condition of check ups.

Ireland Epileptic attacks are the most frequent medical cause of collapse at the wheel. If, within a 24 hour period more than one epileptic attack occurs, these are treated as a “single event” for the purpose of applying the epilepsy standards.

Standards require a driver to remain seizure-free for 1 year for a 1-year licence to be issued and to remain seizure-free, with medication as indicated, with further 1-year licenses if continuing seizure-free for 5 years with an annual review: following this, a longer duration licence may be issued by the NDLS if continuing seizure-free and if there is no other relevant medical condition.

For group 2, standards require a driver to remain seizure-free for 10 years since the last attack without antiepileptic medication. They are permitted to drive provided the driver is without anti-epileptic medication for the required period of seizure freedom, has completed an appropriate medical follow-up, and following extensive neurological investigation, has no relevant cerebral pathology established and there is no epileptiform activity on the electroencephalogram (EEG).

Portugal

Applicants or drivers suffering from serious neurological conditions must undergo a medical examination. This assessment, conducted by authorised medical professionals, determines whether the individual poses a safety risk on the road.

Individuals with epilepsy are subject to strict seizure-free periods before being declared fit to drive.

For Group 1 licenses(cars, motorcycles), a one-year seizure-free period is required, while for Group 2 licenses(buses, trucks), a ten-year seizure-free period without antiepileptic medication is mandated.

Conditional licenses may be issued under specific circumstances, such as nocturnal seizures or single provoked seizures, provided certification is obtained from a consultant neurologist.

Portugal has updated its legislation to reflect scientific progress in treating conditions like epilepsy. This includes adapting fitness-to-drive requirements to allow individuals with controlled conditions more opportunities to drive while ensuring road safety.

Spain

Group 1

Diseases of the Central Nervous System (CNS)

Not allowed if they cause significant impairment in cognitive, motor, sensory, or coordination functions that may affect driving. A neurological report is required if any condition exists, including:

- Clinical findings
- Symptoms

- Prognosis
- Treatment

If deemed safe by the doctor, licence validity can be up to 5 years.

Epilepsy and Convulsive Seizures

Not allowed if any seizure involving loss of consciousness or motor convulsions occurred in the last year.

Admissible situations

Epilepsy in remission without treatment for 10 years:

- No seizures, no medication, normal EEG.
- Max licence validity: 2 years.

Controlled epilepsy (no seizures in last 3 years with treatment)

- Requires a favorable report from a neurologist.
- Max validity: 5 years.

Sleep-only seizures (≥ 1 year, only during sleep)

- Report must confirm no daytime episodes.
- Max validity: 2 years. After 3 years without seizures: 5 years.

Focal seizures without impaired consciousness

- Allowed if stable for ≥ 1 year.
- Max validity: 2 years (if treated), 1 year (if untreated).

Provoked seizures (e.g., due to fever or alcohol withdrawal)

- Allowed if ≥ 6 months seizure-free post-cause.

First or isolated seizure

- Allowed if ≥ 6 months without recurrence.

Balance Disorders

- Not allowed if persistent or intense vertigo, dizziness, or instability interferes with vehicle control.

Neuromuscular Disorders

- Not allowed if they significantly impair motor, sensory, or coordination abilities. If the condition exists but manageable, must provide a neurologist's report. Licence may be granted for up to 5 years, subject to medical discretion.

Cerebrovascular Disease (Strokes, TIAs)

- Transient Ischemic Attack (TIA): Wait 6 months without symptoms before licensing. With a favorable neurologist's

report, max validity: 1 year; up to 5 years after 3 years of clinical stability.

- Stroke or Cerebral Hemorrhage: Wait 12 months after sequelae have stabilized. Must not have major impairments in motor, sensory, cognitive, or coordination functions. If medically stable with favorable report, licence may be granted for up to 5 years.

Group 2

CNS Disorders

- Same exclusions as Group 1 apply, but with stricter interpretation. No licence granted if functions necessary for driving are affected.

Epilepsy and Seizures

- No seizures of any type permitted in the last 10 years.
- No current antiepileptic treatment.
- Requires neurologist's report with EEG, showing no epileptiform activity or underlying pathology.

Balance Disorders

- Not allowed under any circumstances.

Neuromuscular Disorders

- Not allowed if any impairment may affect control of the vehicle. Unlike Group 1, no adaptations are accepted.

Cerebrovascular Disease

- TIAs: Not permitted until at least 6 months symptom-free and favorable report. Max validity: 1 year.
- Strokes: Not allowed until 12 months after stabilization. Must have no residual neurological impairment (cognitive, motor, sensory, movement). If clinically stable ≥ 3 years, the licence can be extended up to 5 years. All cases must be supported by detailed neurological evaluation.

Conclusion

In all partner countries, a group 2 driver must remain free from seizures for at least 10 years without medication. If they do experience a seizure, there is a slightly different approach between countries.

In France, Group 2 driving licenses are prohibited for people with active epilepsy or unexplained loss of consciousness. Licenses are only issued if the driver remains free from seizures for 10 years without medication. Drivers who suffer a stroke can return to driving only after neurologist clearance, full recovery, and evidence through imaging.

Progressive conditions like Parkinson's disease require regular neurological assessments, and licenses may be denied or limited depending on the severity of the condition.

A specialist exam by a “médecin agréé” (authorised medical doctor) is required.

Germany has very strict requirements for group 2 drivers, including permanent disqualification unless the driver remains free from seizures for 10 years without medication. For drivers who suffer a stroke, it is possible to return after full recovery, provided there is no recurrence and subject to specialist evaluation. Progressive diseases are assessed on a case by case basis. Reports are required from Fachärzte (specialists) and accepted by the Führerscheinstelle.

Drivers with neurological conditions in Spain are evaluated at authorised Driver Recognition Centres (CRC). Like other countries, a driver must be free from seizures for at least 10 years without medication. For drivers who suffered a stroke, they are allowed to continue driving after a one year period being seizure-free. Generally, neurodegenerative conditions can mean that a licence application is often denied or subject to annual review. There is a very standardised process with a fitness certificate issued by CRC (driver recognition centres).

For Portugal, group 2 drivers are disqualified from driving if they have active epilepsy. They must also be free from seizures for at least 10 years without medication. For drivers who suffered a stroke, they are not permitted to drive for at least 6–12 months until they are given clearance from a neurologist. Progressive diseases for group 2 drivers will limit the validity of the licence if there is motor or cognitive impairment, evaluated and certified by a neurologist. Assessment is done via IMT (Electronic Attestation for Driving) medical exam.

In Ireland, group 2 drivers are also disqualified from driving unless they remain 10 years seizure-free without medication. Group 2 drivers who suffered a stroke are allowed to drive again after at least 1 year, subject to a full recovery and neurological review. Progressive diseases must not impair driving; an annual specialist review is required. Drivers must submit the NDLS Medical Report Form (D501) and potentially undergo a neurology specialist report.

Mental disorders

Directive requirements

Driving licenses shall not be issued to, or renewed for, applicants or drivers who suffer from severe mental disturbance, whether congenital or due to disease, trauma or neurosurgical operations, severe mental retardation, severe behavioural problems due to ageing; or personality defects leading to seriously impaired judgment, behaviour or adaptability, unless their application is supported by

authorised medical opinion and, if necessary, subject to regular medical check-ups.

Group 2 licenses are prohibited or restricted for those with active or unstable mental health conditions, especially if there's risk of sudden incapacity, impaired judgment, or poor medication adherence.

France

In case of addictions such as alcohol or psychoactive substances, as soon as the addiction is diagnosed, it is incompatible for the time of consumption. When the person stopped, it is compatible for a year for group 1 and for 6 months renewed every 6 months after evaluation during three years for group 2. When the person is considered fully sober, then compatibility can be attributed definitely.

Other types of trouble follow the same logic. In case of medical prescription which is not compatible with driving, the period of treatment is considered incompatible with driving.

Severe or profound development disorders are not compatible with driving.

Germany

Legal and medical evaluation is based on:

- Fahrerlaubnis-Verordnung (FeV), § 11 FeV, Annex 4
- Begutachtungsleitlinien zur Kraftfahreignung (Medical Assessment Guidelines for Driving Ability), developed by the BAST (Federal Highway Research Institute)

The permission of driving depends on the individual disorder and can differ widely. No permission for either group in the case of acute psychotic disorders, addiction, manic disorders, dementia, etc. In the case of past, subsided mental disorders with no acute symptoms and medically treated disorders, licence may be permitted upon individual medical assessment for both groups.

Ireland

Drivers with anxiety or depression (without significant memory or concentration problems, agitation, behavioural disturbance or suicidal thoughts) are permitted to drive.

Drivers with more severe anxiety states or depressive illnesses (With significant memory or concentration problems, agitation, behavioural disturbance or suicidal thoughts) will be subject to a medical enquiry or consultant psychiatrist evaluation. Proof of a period of stability, depending on the circumstances, will be required before driving can be resumed.

Particularly dangerous are those who may attempt suicide at the wheel.

Medication must not cause side effects which would interfere with alertness or concentration.

Driving is usually permitted if the anxiety or depression is controlled on doses of psychotropic medication which do not impair driving function.

Portugal

Applicants must provide an electronic medical certificate and, in some cases, a psychological aptitude certificate (CAP). These documents confirm that the individual is physically and psychologically fit to drive. The medical certificate is issued by registered physicians and sent directly to the Institute of Mobility and Transport (IMT), while the psychological certificate can be obtained from psychologists or the IMT.

Conditions such as severe mental disturbances, behavioral problems due to aging, or personality defects are assessed during the medical evaluation. If necessary, regular medical check-ups are required to monitor the driver's fitness. Physicians are obligated to notify authorities if a person does not meet driving health criteria for six months or longer.

Drivers with disabilities, including mental health issues, may obtain a licence if deemed fit after undergoing examinations. Restrictions or adaptations are noted on their licenses to ensure safe vehicle operation.

Spain

Delirium, dementia, amnestic and other cognitive disorders

Group 1

Not allowed if there is delirium, dementia, or other cognitive disorders that pose a risk for driving. Exceptionally, with a favorable report from a neurologist or psychiatrist, a licence may be granted for a maximum period of one year.

Group 2

Not permitted under any circumstance if mental disorders due to medical conditions are not covered elsewhere.

Group 1

Conditions such as catatonia, aggressive personality changes, or other disorders that pose a safety risk are not permitted. Exceptionally, with a specialist's favorable opinion, licence validity can be limited to one year.

Group 2

Not allowed i.e. Schizophrenia and other psychotic disorders.

Group 1 and Group 2

Schizophrenia, delusional disorder, or psychotic symptoms (delusions, hallucinations, incoherence, violent behavior) that pose a safety risk are not allowed. Exceptionally, with a psychiatrist or psychologist's favorable report, licence may be granted with max 1-year validity.

Group 1 and Group 2: Severe mood disorders with high risk behaviors (to self or others) are not permitted. A favorable report may allow reduced licence validity.

Group 1 and Group 2: Dissociative disorders are not allowed if they pose a risk for road safety. Exceptionally allowed with specialist's favorable report and reduced licence period.

Group 1 and Group 2: Sleep disorders like Narcolepsy, non-respiratory daytime hypersomnia, or circadian rhythm disorders that pose a driving risk are not allowed. Insomnia cases must consider risks from medication use. Exceptionally, a favorable report may allow a licence with reduced validity.

Group 1 and Group 2: Disorders like intermittent explosive disorder or others with severe safety impact are not allowed. Exceptionally, with a favorable specialist report, reduced licence validity is possible.

Group 1 and Group 2: Severe personality disorders, particularly antisocial behaviors posing risk to others, are not allowed. A favorable specialist report may allow a restricted licence.

Group 1: Intellectual disability with IQ under 70 is not allowed. For IQ between 50 and 70, the licence may be granted with a favorable report and possible restrictive conditions.

Group 2: Not allowed under any circumstances.

Group 1: Severe ADHD or conduct disorders with aggression or major rule-breaking that compromise safety are not permitted. Exceptionally, favorable reports may allow reduced licence validity.

Group 2: Same as Group 1, but more restrictive — moderate or severe cases are not allowed.

Group 1 and Group 2: Dissociative, adjustment, or other clinically significant disorders that impair driving ability are not allowed. A favorable specialist report may allow a restricted licence.

Conclusion

In France, Group 2 drivers will not be issued with a licence if there is active psychosis, poor treatment compliance or episodes of suicidal ideation or mania. Drivers with bipolar disorder or major depression may be licensed if stable, under regular psychiatric supervision. Medical fitness is assessed by a médecin agréé with a possible referral to a psychiatrist. Reports from mental health providers required for licence issuance / renewal.

In Germany, it is a similar situation; group 2 drivers will not be issued with a licence for 2 denied for active psychosis, schizophrenia and severe affective disorders. In addition, personality disorders with aggressive or impulsive traits may prevent the issuing of a licence, and only after full remission, with psychiatric and psychological evaluation, will a licence be issued. The assessment is undertaken by a Facharzt für Psychiatrie (Psychiatrist) as required.

In Spain it is the same situation for group 2 drivers. Stable patients with treated mood disorders may be licensed if there are no hospitalisations in the last 12 months. A specialist report must be prepared, with evaluation at Centro de Reconocimiento de Conductores (CRC) to support fitness to drive.

In Portugal, the IMT regulations prohibit Group 2 licenses for uncontrolled psychiatric illness, poor compliance with therapy and any history of dangerous behavior. Group 2 drivers will receive a licence if they have well-controlled bipolar, depression, or anxiety conditions, although in many cases it will be issued after 6–12 months of stability and psychiatric clearance. Psychiatric evaluation is required and must be submitted to IMT.

In Ireland, a Group 2 driver will not receive a licence if there has been an episode of psychosis in the last 12 months. Active suicidal ideation or recent psychiatric admission will also prevent a licence from being issued.

Other conditions that may impact the driving licence include impaired judgment or side effects from medication (e.g., sedation), bipolar disorder, depression or anxiety. Drivers must submit a medical report form (D501) and undergo (in some cases) a psychiatric specialist report.

It seems that, in legal terms, partner countries focus on different aspects of mental disorder. While Germany, Spain and Portugal detail many conditions that are in scope of the driving licence, France focuses on conditions caused by alcohol and psychoactive substances, while Ireland focuses on Anxiety or Depression.

This could mean that mental disorders not defined by law are overlooked, creating a risk that conditions affecting driving ability are not tested thoroughly enough.

Renal disorders

Directive requirements

Driving licenses may be issued or renewed for applicants and drivers suffering from serious renal insufficiency subject to authorised medical opinion and regular medical check-ups.

For group 2, except in exceptional cases justified by authorised medical opinion, and subject to regular medical check-ups, driving licenses shall not be issued to or renewed for applicants or drivers suffering from serious and irreversible renal deficiency.

The EU medical guidelines do not automatically disqualify drivers with renal disease. However, Group 2 drivers must not have any condition that may cause sudden incapacity, or impair cognitive/motor ability—this includes:

- *End-stage renal disease (ESRD)*
- *Dialysis dependence*
- *Kidney transplant recipients*
- *Complications like severe anaemia, electrolyte imbalance, or hypertension*

France

In the case of renal disorders, compatibility depends on successful renal replacement. Driving may be restricted, with driving interrupted after each dialysis session. For Group 2, long-distance or long-duration driving is not recommended.

Germany

Legal and medical evaluation is based on:

- Fahrerlaubnis-Verordnung (FeV), § 11 FeV, Annex 4
- Begutachtungsleitlinien zur Kraftfahreignung (Medical Assessment Guidelines for Driving Ability), developed by the BASt (Federal Highway Research Institute)

Group 1

With severe renal insufficiency or dialysis treatment, driving is allowed if no complications affect driving safety. However, it requires continuous medical supervision and regular evaluations.

A post-successful kidney transplant with normal renal function means that driving is allowed with ongoing medical supervision and annual evaluations.

Group 2

Severe renal insufficiency or dialysis treatment means that generally, the driver is not permitted to drive.

Exceptions possible under strict conditions (no complications, ongoing supervision, and positive medical assessment).

Post-successful kidney transplant with normal renal function means driving is allowed with ongoing medical supervision and annual evaluations.

Ireland

For Chronic Renal Failure + CAPD (Continuous ambulatory peritoneal dialysis) and Haemodialysis, drivers are permitted to drive unless subject to severe electrolyte disturbance or significant symptoms, e.g. sudden disabling attacks of dizziness or fainting or impaired psychomotor or cognitive function when driving should cease until the symptoms are controlled.

Hemodialysis patients should not travel distances more than 1—2 days driving time from their home without making arrangements for dialysis at another centre.

They should not drive for at least 24 hours after missing a dialysis treatment, and resume driving when dialysis resumed and condition stabilised. Drivers should notify NDLS.

For group 2, drivers with these disabilities will be assessed individually by their treating specialist (consultant nephrologist) against the criteria as shown in the Group 1 entitlement. Drivers should notify NDLS.

All other renal disorders do not require the driver to report to the NDLS unless associated with a relevant disability.

Portugal

For all drivers, including those with renal disorders, an electronic medical certificate issued by a licensed doctor is mandatory. This certificate evaluates the applicant's physical health and fitness to drive.

For drivers of Group 2 vehicles (categories C1, C1E, C, CE, D1, D1E, DE, and certain B and BE vehicles used for specialised transport), additional requirements include regular medical check-ups to monitor health conditions that may impair driving ability. Serious and irreversible renal deficiency is addressed in line with the directive. Driving licenses for Group 2 drivers are generally not issued or renewed unless exceptional cases are justified by

authorized medical opinions. Regular medical evaluations are required to ensure compliance with safety standards.

Spain

Kidney Diseases

Group 1

You cannot drive if your kidney disease (due to its cause, treatment, or symptoms) could pose a risk to safe driving.

If you are undergoing dialysis, you may be allowed to get or renew your licence with a favorable report from a nephrologist. The validity period of your licence may be shortened, depending on medical advice.

Group 2

You are not allowed to drive with kidney diseases that may affect safe driving.

People undergoing dialysis are not allowed to obtain or renew professional driving licences.

Kidney Transplants

Group 1

You are not allowed to drive immediately after a kidney transplant.

However, if more than 6 months have passed since the transplant and you have had no complications, you can get or renew your licence with a favorable report from a nephrologist. The doctor will decide the length of validity of the licence.

Group 2

Same as Group 1, but stricter:

After 6 months with no complications, you may be allowed, in exceptional cases, to get or renew a licence only with a favorable medical report.

The licence will be valid for a maximum of one year at a time.

Conclusion

In France, drivers with chronic kidney disease (CKD) can hold a Group 2 licence if medically stable. Dialysis patients are not automatically disqualified, but they must undergo nephrologist assessment, show no cognitive or cardiovascular risk and be medically assessed by a médecin agréé.

In Germany, Group 2 drivers on dialysis or with advanced renal disease must have a stable treatment regime, show no uremic symptoms, hypotension, or arrhythmias and provide a report from a nephrologist. Post-transplant drivers may be cleared to drive if their function is stable and side effects of immunosuppression (e.g. tremors, fatigue) are minimal. Decisions are made by the Führerscheinstelle based on specialist reports.

Spanish drivers with CKD or on dialysis must be assessed at an authorized Centro de Reconocimiento de Conductores (CRC). They need to show stable clinical status, have no recent hospitalisations or syncopal episodes and be free of complications (e.g., electrolyte imbalances). Generally, a driver will require annual re-evaluation, and specialist clearance may be requested by the authorities.

In Portugal, Group 2 licenses may be granted to CKD / dialysis patients if they are clinically stable, with no associated risks like severe hypertension, arrhythmias, or cognitive impairment. A medical certificate from a specialist is required and must be submitted to the IMT (Instituto da Mobilidade e dos Transportes). Importantly, a fit-to-drive assessment is valid for 1 year, and requires annual renewal.

For Ireland, under the Medical Fitness to Drive Guidelines, Group 2 driving is allowed with renal disorders if they are stable. Drivers on dialysis or post-transplant must undergo annual medical review, and submit a Medical Report Form (D501), possibly with a nephrologist's report.

Drivers must not have any condition that might cause loss of consciousness, e.g., fluid shifts, anaemia-related syncope. Side effects of treatment (e.g., hypotension after dialysis) are also considered during the licence application.

Those with a group 2 licence are severely restricted if they are suffering from a renal disorder. In Germany, Spain and France they are not permitted to drive, while in Ireland and Portugal they can drive if they are considered medically stable.

2.1 Physical conditions

There are a variety of physical conditions that affect people who want to be a professional driver, and of course some are more difficult than others. EU law allows people with epilepsy, diabetes and other diseases that can affect driving, to continue to drive if their conditions can be controlled, although other conditions must be fully evaluated to maintain safety on the roads.

In 2009, the Directive was updated following the work of a group of medical experts appointed by Member States with regard to eyesight, diabetes and epilepsy.

The driver licensing Directive (2006/126/EC) now includes an updated annex III, which was revised in 2014 on the recommendations from a working group established by the Transport and Mobility Directorate of the European Commission in 2012. The new directive, which was made subject to mandatory implementation by all member states from December 31, 2015, details conditions that affect every type of driver. However, it is not necessarily specific to physical disability; rather, it is focused on physical conditions such as sleep disorders and heart problems.

Drivers must comply with minimum standards of physical aptitude for driving a motor vehicle before being authorised to drive. The driving licence Directive includes detailed

provisions concerning a list of disabilities that may affect safe driving. More stringent provisions are in place for professional truck and bus drivers.

In Germany, the list also includes severe pulmonary and bronchial diseases, with severe repercussions on the cardiovascular system dynamics and disturbances of the sense of balance. In Spain, screening also considers diseases of the respiratory system, haematological diseases, metabolic and endocrine illnesses and perceptual motor fitness. In France, diseases of the respiratory system and organ transplants are specified as requiring certain medical recommendations.

For all partner countries, the physical requirements for a professional driver are detailed in the relevant EU legislation and applied accordingly. In Portugal, physical and mental fitness to obtain the CPC card are governed by national regulation, linked to the Annex 3 Directive 2006/126/EC. However, in Spain, the Reglamento General de Conductores details the specific physical and psychophysical conditions for issuing or renewing the driver licence. In Germany, the list of medical conditions is contained within a regulation called StraBenverkehrsgesetz (StVG) and the Fahrerlaubnis-Verordnung (FeV).

In the case of forklift drivers, there is no EU legislation for the minimum physical conditions required, but it is evident that many Member States have particular standards that a worker must meet, including lifting certain weights, standing for extended periods, handling small and large items, flexibility of movement and good hearing and vision.

In Portugal, these standards are more generalised, but the requirements also include standards for operators which cover health surveillance, risk awareness, communication and substance abuse.

In Germany, France and Ireland there are no specific national requirements for the physical ability of a warehouse worker or forklift driver.

By law, EU legislation must be universally adopted by all partner countries. The conditions for testing and issuing a driving licence are clearly set out and the physical conditions are clearly listed, which explains why partner countries, with the exception of Spain and Portugal, do not have specific national requirements for truck and bus drivers. Unlike a driving licence, there's no single EU-recognised forklift driver licence. Each country or region has its own training and certification requirements. This perhaps explains why most partner countries have minimum standards for the physical ability of a forklift driver.

2.2 Mental conditions

There are a variety of mental conditions that affect people who want to be a professional driver, and of course some are more problematic than others.

It should be noted that in the Directive, truck and bus drivers are defined as group 2. This means there are additional requirements, although this is often summarised in the form of a statement;

‘The competent medical authority shall give due consideration to the additional risks and dangers involved in the driving of vehicles covered by the definition of this group’

Drivers must comply with minimum standards of mental aptitude for driving a motor vehicle before being authorised to drive. The driving licence Directive includes information concerning both neurological diseases and mental disorders, but compared with physical conditions it is not clearly defined:

- *severe mental disturbance, whether congenital or due to disease, trauma or neurosurgical operations.*
- *severe mental retardation.*
- *severe behavioural problems due to ageing; or personality defects leading to seriously impaired judgment, behaviour or adaptability.*

Partner countries observe the requirements for testing mental fitness, but it is not defined beyond the driving licence Directive.

The EC legislation does not provide examples of mental conditions in the same way it does for physical conditions. National legislation, particularly for Ireland and Portugal, provides more details for mental conditions.

At a European level, this makes it challenging to define the type of condition that may require additional checks when issuing or reissuing a licence. Furthermore, the awareness of mental health and the potential effects on driving may require a review of the legislation to ensure the fitness to drive guidance is appropriate.

3 Barriers to acquire a driving licence

Considering how medical specificities are addressed within the Directive and then within national legislation, the various barriers for a disabled person to acquire a driving licence are mainly caused by the implementation of the text.

In Spain, there are disparities for the availability of suitably adapted vehicles. This means that a disabled person may need to travel further to use a vehicle during practical training, which can put people off. There is also variation in the ability of training centres to accommodate disabled candidates. In addition, candidates are required to visit a driver recognition centre to receive the results of a medical. This will determine whether they can proceed with standard theory and practical training, whether they need to visit a specialist driving school and / or use a particular adapted vehicle or if they are considered unfit to apply for driver training.

In Germany, there are also barriers relating to medical assessment. The process can be lengthy and costly, and while funds may be available through social insurance or employment agencies, there is no guarantee and the process can discourage people from continuing with the application.

In France, there is some availability of vehicles and, importantly, the PECF and the assessment it offers have opened up significant opportunities for persons with disabilities. The main issue lies in the lack of awareness about these resources. Additionally, it might require organisation to facilitate access to trucks used for training, which are moved from site to site to reduce the need for participants to travel but this is done quite easily.

Portuguese candidates also have the same restrictions when it comes to medical assessment and the availability of suitably adapted vehicles, while in Ireland an application for a driving licence must be accompanied by a report from a medical practitioner, which can delay the process (especially if the evaluation must be done by specialist medical staff).

3.1 Summary

Across all partner countries, there are similar barriers for disabled people to acquire a vocational driving licence.

Except for France, the availability and location of specially adapted vehicles is often limited, which may affect motivation and training opportunities. In Portugal it is the candidate who is responsible for the adapted vehicle.

In Spain, the need to visit a special centre for confirmation of the options available may also hamper opportunities, while the cost and length of a medical assessment for disabled people in Germany may discourage candidates, especially if funding is not available.

The administration process in Ireland may also slow the process for candidates.

4. Conclusion

The requirements for a disabled person to acquire a driving licence are set out in EU law. Conditions are described in Directive 2006/126/EC, but Member States can develop the conditions based on their national requirement.

While the Directive provides a framework and allows for interpretation based on country needs, medical fitness assessments are implemented differently across partner countries (and Member States in general). This inconsistency can result in unequal treatment or confusion for drivers moving between countries.

Obtaining a driving licence for a physically disabled person is often limited by the availability of a specialist training centre, an instructor with the necessary skills or the availability of specialist equipment (including an adapted vehicle).

Not all countries offer easy access to vehicle modification assessments or approved workshops, which can delay the licensing process for those who need adapted vehicles to pass their driving test.

Some driving test centres also lack adapted vehicles or accommodations (e.g., for deaf or visually impaired applicants), limiting equal access to testing, plus the distance between suitable test centres also creates a barrier for people with limited mobility.

Disabled drivers often face complex, inconsistent medical evaluations to prove their fitness to drive, and the required documents, costs, and review processes differ widely among countries. In addition, costs for medical tests, driving assessments, and vehicle adaptations often fall on the individual. The administrative burden can discourage some people from applying or renewing their licence.

Although EU licenses should be mutually recognised, conditions or restrictions linked to disability (e.g. "must use adapted vehicles") may not be uniformly interpreted across borders. This creates legal and practical uncertainties for disabled drivers traveling or relocating within the EU.

Applicants, instructors, examiners and officials also lack clear guidance on the rights and procedures for disabled drivers, and inadequate public information contributes to confusion and unequal outcomes. This further restricts the opportunities for disabled drivers across the EU.