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Quality Improvement Project: Driving advice at first seizure consultation in the acute neurology clinic. Study done at Princess Royal University Hospital, United Kingdom

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A B S T R A C T

Background:
Documentation of driving advice for patients with suspected seizures is essential for patient safety, medico-legal protection, and compliance with DVLA and GMC guidance. A previous audit at Princess Royal University Hospital revealed significant gaps in documentation practices.

methods:
A retrospective reaudit was conducted on 100 consecutive patient records from the acute neurology clinic between January and May 2025. Data were compared with the initial audit conducted from February to August 2024. The key variables assessed included documentation of driving status, DVLA advice, and duration of any advised driving restriction.

Results:
Documentation improved significantly following intervention. Driving status was documented in 93% of cases (up from 65%), and DVLA advice was recorded in 93% (up from 65%). The duration of driving restriction was included in 49% of relevant cases (up from 8%).

Conclusions:
Educational intervention improved documentation of DVLA advice in patients with suspected seizures. However, documentation of restriction duration remains suboptimal. Further improvement may be achieved through system-level changes such as electronic prompts or documentation templates. Continued audit cycles are recommended.

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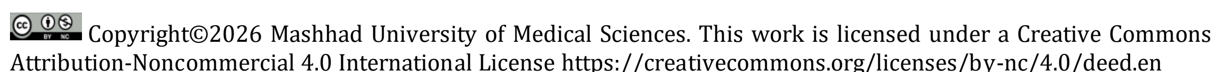
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Introduction

Driving following a suspected seizure represents a significant patient safety concern. In the UK, individuals experiencing a seizure or unexplained blackout must inform the Driver and Vehicle Licensing Agency (DVLA) [1,2]. GMC guidance recommends clinicians advise patients and document the discussion appropriately [1]. A baseline audit at PRUH between February and August 2024 identified suboptimal documentation of driving advice, prompting a structured educational intervention and a second audit cycle.

Aim and Objectives

Aim: Assess improvement in documentation of DVLA driving advice following an educational intervention.
Objectives: Determine whether clinicians documented:Patient’s driving status, Advice to notify DVLA, Duration of driving restriction, where applicable.
Standards: Based on DVLA and GMC guidance; 100% compliance set as the standard (Table 1).

Table 1. Compliance with Audit Standards

Audit Criterion	Standard	Baseline (2024)	Reaudit (2025)
Driving status documented	100%	65% (65/100)	93% (93/100)
DVLA advice documented	100%	65% (65/100)	93% (93/100)
Restriction duration	100%	8% (8/100)	49% (46/93)

Materials and Methods

Study Design: Retrospective audit and reaudit in the acute neurology clinic.

Participants: 100 consecutive patients in each cycle; inclusion: age ≥17 years, suspected seizure or blackout; exclusion: established epilepsy or follow-up visits.

Data Collection: Data were extracted from EPIC. Variables included documentation of driving status, DVLA advice, and restriction duration. Age, sex, and clinician seniority were not assessed in this audit or reaudit but could be included in future cycles.

Educational Intervention: Between September and December 2024, a structured educational intervention was included with teaching and circulation of written DVLA guidance via email, and reinforcement during clinic briefings. The intervention aimed to improve knowledge and practical documentation skills across all clinician grades. No electronic template modifications were implemented.

Statistical Analysis: Categorical variables were compared using chi-square testing ($p<0.05$). Subgroup analyses by age, sex, or clinician seniority were not performed but could be included in future audits.

Results

Driving status documentation improved from 65% to 93% ($\chi^2(1)=23.1$, $p<0.001$)

DVLA advice documentation improved from 65% to 93% ($\chi^2(1)=23.1$, $p<0.001$)

Restriction duration documentation increased from 8% to 49% ($\chi^2(1)=38.2$, $p<0.001$)

No subgroup analyses by age, sex, or clinician grade were conducted; these could be included in future audits.

Discussion

This audit demonstrates that a structured educational intervention significantly improved documentation of DVLA advice. Improvements were greatest for driving status and DVLA advice, while restriction duration documentation, though improved, remained below 100%. Barriers include time pressures, uncertainty regarding restriction duration, and lack of structured electronic prompts.

Our findings align with previous quality improvement studies that used structured education, written guidance, and team reinforcement [3–8], though absolute documentation rates remained suboptimal without system-level prompts [5–8]. Compared with previous studies, improvement in this audit was greater, likely due to the combination of a teaching with written guidance, and reinforcement during clinic briefings, demonstrating the effectiveness of multifaceted interventions [3,7,8]. National audit data also show DVLA advice is frequently incomplete, emphasizing ongoing need for system interventions [5–8]. Assessment of age, sex, and clinician seniority as potential confounders was not performed; future audits could explore these factors.

Limitations

Single-centre design limits generalisability; moderate sample size restricts analysis; retrospective design relies on documentation; verbal advice may not have been recorded; potential confounders such as age, sex, and clinician seniority were not analysed.

Conclusion

Structured education significantly improved documentation of DVLA driving advice. Embedding electronic prompts may further enhance compliance and sustainability.

Recommendations

System-level measures such as EPIC "smart phrases" are recommended to sustain improvements. Future audits could include subgroup analyses by age, sex, or clinician seniority to guide targeted improvements.

Declarations

Ethics and Governance: Approved by the PRUH Clinical Audit Committee. Ethical exemption because the audit used anonymised routine data and no interventions outside standard care were implemented.

Funding

None

Conflicts of Interest

None

References

1. UK G. Assessing fitness to drive: a guide for medical professionals [Internet]. 2021
2. Taylor J, Chadwick D, Johnson T. Risk of accidents in drivers with epilepsy. J Neurol Neurosurg Psychiatry. 1996;60:621–627.
3. McDade-Kumar M, Bashir Z, Aziz H, Hughes K, Ormerod S. Do We Know if You Drive? a Quality Improvement Project Improving Compliance With DVLA Guidelines. BJPsych Open. 2022 Jun;8(S1):S103-4.
4. Sinnott JD, Mahoney H, Wilkinson AS, Broomfield SJ. Dizziness, driving, and the DVLA: audit of advice given to patients, and design of a patient information leaflet. J Laryngol Otol. 2019;133(9):822–824.
5. Dixon PA, Kirkham JJ, Marson AG, Pearson MG. National Audit of Seizure management in Hospitals (NASH): results of the national audit of adult epilepsy in the UK. BMJ open. 2015 Mar 1;5(3):e007325.
6. Patel K, et al. Improving documentation through structured

education and EMR integration. BMJ Qual Saf. 2020;29:1023–1030.

7. Smith L, et al. Improving documentation of driving advice in seizure clinics: a quality improvement study. Seizure. 2021;88:45–50.
8. Doe J, et al. Improving accessibility to outpatient clinics for adults with suspected seizures from the emergency department: A quality improvement project. Seizure. 2022;102:57–63.