



MINUTES OF THE SECRETARY OF STATE FOR TRANSPORT'S
HONORARY MEDICAL ADVISORY PANEL ON DRIVING AND DISORDERS
OF THE CARDIOVASCULAR SYSTEM
Meeting held on Thursday 16th March 2023

Present:

Panel Members:

Dr Robert Henderson (Chair)
Dr Kim Rajappan
Mr Andrew Goodwin
Dr Sern Lim
Mr Amar Vara (Lay member)
Mrs Linda Samuels (Lay member)

OBSERVERS:

Dr John McVicker	Director Occupational Health Service, Northern Ireland
Dr Sue Stannard	Chief Medical Advisor Maritime and Coastguard Agency
Dr Mark Cairns	Civil Aviation Authority

Expert Guests

Professor Maria Teresa Tome Esteban	Consultant Cardiologist & Professor of Practice Cardiology at St George's University Hospitals NHS Foundation
Dr Trevor Cleveland	Consultant Vascular Interventional Radiologist, Sheffield Teaching Hospitals NHS Foundation Trust

EX-OFFICIO:

Dr Nick Jenkins	Senior DVLA Doctor
Dr Nerys Lewis	Deputy Senior DVLA Doctor
Dr Andrew Holman	DVLA Doctor
Dr Keziah Grieveson	DVLA Doctor
Dr Clare McGlinchey	DVLA Doctor
Mrs Keya Nicholas	Driver Medical Licensing Policy Lead
Mr Dewi Richards	Driver Medical Licensing Policy
Mr Richard Davies	Service Management
Mrs Sharon Abbott	Senior Lead of Business & Customer Support
Mrs Siân Taylor	DVLA Panel Coordinator/PA to the Senior DVLA Doctor
Mrs Katy Adams	DVLA Panel Coordinator Support

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SECTION A: INTRODUCTION

1. Apologies for Absence

Apologies were received from:

Dr Douglas Fraser

Dr Shahid Aziz

Dr Ed Bebb

Dr Derek Crinion

Consultant Cardiologist

Consultant Interventional Cardiologist

Head of Health and Wellbeing, Rail Safety & Standards Board

National Programme Office for Traffic Medicine, Ireland

2. CHAIR'S REMARKS

The panel Chair welcomed all attendees and reminded members to ensure their declarations of interest were up to date.

The panel Chair sought clarification with regard to responsibilities around conflicts of interest and DVLA advised that the responsibility to identify conflicts of interest resides with the chair whilst decisions regarding action reside with DVLA.

The panel Chair noted that Mr Andrew Goodwin's and Dr Douglas Fraser's tenure had come to an end and thanked them for their excellent contributions to the panel over the last ten years. The panel Chair advised that his tenure is due to expire in April 2023.

3. ACTIONS/MATTERS ARISING FROM PREVIOUS MEETING

i. Aortic Aneurysm

Panel agreed in the previous panel meeting that a vascular expert in endovascular intervention including Endovascular Aneurysm Repair (EVAR) and Thoracic Endovascular Aortic Repair (TEVAR) should be invited to the next Panel meeting.

In the interim, and from an operational perspective, type 1, or type 3 endoleak should disbar from group 2 licensing, but after successful EVAR (with no endoleak) panel had advised that the diameter of the aorta aneurysm surrounding the graft should not influence licensing decisions.

Dr Trevor Cleveland provided a presentation on driving and aortic aneurysms.

Dr Cleveland discussed the current standards in the Assessing Fitness To Drive (AFTD) guidance and the international variation in standards.

As a result of Dr Cleveland's presentation panel agreed that:

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- following EVAR/TEVAR, type 1 and type 3 endoleak, and postoperative sac enlargement present a high risk to driving. Such features should be debarring to Group 2, and potentially to Group 1 licensing.
- consideration would be given to separate standards for abdominal and thoracic aneurysms
- consideration would be given to increasing the maximum acceptable diameter for abdominal aneurysms to 7.0 cm
- sacular aneurysms pose particular risk and require individual consideration
- clinical guidelines recommend annual imaging following EVAR/TEVAR – the requirement for complying with such imaging should be incorporated into the medical standards

Panel thanked Dr Cleveland for his presentation. Dr Cleveland agreed to review draft changes in standards.

ii. Aortic stenosis

Group 1: The published AFTD standard was changed in 2021 such that all grades of symptomatic aortic stenosis were considered to be debarring. As a result of a number of queries regarding this change panel reviewed the situation and advised that mild or moderate symptomatic aortic stenosis does not require DVLA notification and may drive. Severe symptomatic aortic stenosis only requires DVLA notification should the driver's clinician consider that symptoms may impact upon safe driving.

Group 2:

- asymptomatic mild aortic stenosis does not require DVLA notification
- asymptomatic moderate aortic stenosis does not require DVLA notification but does require regular medical review
- asymptomatic severe aortic stenosis requires successful completion of an exercise test, at least annual clinical review, and clinician support for licensing

If exercise testing is not possible in an individual with severe asymptomatic aortic stenosis, individual assessment may be required and a cardiac MRI with Gadolinium contrast should be considered. Any late Gadolinium enhancement would be considered debarring. Individuals co-existent coronary artery disease will also require individual assessment.

DVLA thanked panel and will review the suggested changes. Currently ongoing.

iii. Wording of Appendix C, including advice regarding functional testing

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Panel reviewed the proposed revision of Appendix C. Panel agreed multiple changes need to be incorporated into a draft final version.

Panel discussed the definitions of “hypotension” and “sustained ventricular tachycardia”. Hypotension was considered to be a fall in systolic blood pressure during exercise of 20mmHg or more. With regard to ventricular arrhythmia, panel advised that a successful test requires no ventricular arrhythmia resulting in either termination of the test and/or treatment of the arrhythmia.

SECTION B: TOPICS FOR DISCUSSION

4. Review Role of Fractional Flow Reserve (FFR)

Case discussion. The limitations of FFR regarding driver licensing were noted, in particular that this measurement assesses focal stenoses in individual arteries and does not assess the micro-circulation. Moreover, evidence that FFR is an independent determinant of relevant clinical outcomes is limited but there is increasing evidence that non-obstructive disease may be associated with worse clinical outcome. Panel advised that CT Coronary Angiography is likely to assume an increasingly important role in future driver licensing.

5. Loeys-Dietz Syndrome (LDS)

LDS was previously discussed and the current AFTD standard requires individual specialist assessment for both cars and motorcycles (Group 1) and lorries and bus (Group 2) licensing. In view of the rarity of the condition and lack of panel member experience in treating the condition, Professor Maria Teresa Tome Esteban, Consultant Cardiologist, was invited to address panel.

Professor Esteban discussed the various inherited aortopathies and the risk of a disabling event while driving. Professor Esteban discussed that the spectrum of risk between the various conditions. She emphasised that the best treatment is prevention. There is a need to recognise individuals at risk and individualise driving licensing decisions beyond the aortic size. Professor Esteban advised that close clinical surveillance has resulted in such cases being addressed clinically before a situation that may pose a risk to Group 1 driving would arise.

Panel thanked Professor Esteban for her presentation. Panel also considered the letter received from Dr Fleur van Dijk, which raised similar concerns about vascular Ehlers Danlos syndrome (EDS). Panel agreed to revise the Group 1 standards for these medical conditions.

6. Transient Loss of Consciousness (TLoC) – new standards

The panel Chair provided an update regarding the development of the new TLOC standards.

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The panel Chair had met with the neurology panel on the 9th February 2023 to discuss the proposed changes. It was suggested that the standards for unexplained TLoC should occupy a standalone chapter in AFTD with standards for TLoC with a syncopal cause residing in the cardiovascular chapter. The standards for epilepsy would remain in the neurology chapter. It was noted that the medical conditions of cough syncope and loss of consciousness with seizure markers are not covered by the proposed new standards.

The proposed changes were discussed. A further subgroup meeting will be required to finalise the new standards.

7. Brugada Syndrome

To determine how to distinguish between syncope due to brugada and vasovagal syncope.

The update from Dr Rajappan was postponed until the next panel meeting due to time restraints.

8. Use of Functional Testing

Panel discussed the frequency of Exercise Tolerance Testing (ETT), or its alternatives required by current Group 2 standards.

The panel Chair provided an update regarding a review of DVLA processes for commissioning functional cardiac testing. This had followed a consideration of the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R and referrals for myocardial perfusion scans.

DVLA advised that the functional testing procedures have now been updated.

DVLA asked panel to consider whether the current practice of three yearly functional testing in coronary artery disease/angina should apply to all relevant Group 2 licence holders/applicants and whether there are alternative means of assessment for these medical conditions for driving purposes.

The panel Chair referred to other countries standards and the requirements of testing standards. Panel discussed the frequency and volumes of cardiac function testing and the quality of data that would be required to support changes to the medical standards. Panel advised that to identify a sub-population of group 2 drivers requiring less frequent or alternative testing would be challenging. Computed Tomography Coronary Angiography (CTCA) might have an increasing role in such decision making in the future.

DVLA advised of a meeting on the 17 March 2023 with Department of Transport's researchers with the aim of identifying the possibility of research being undertaken on behalf of the medical panels. Panel advised they looked forward to hearing the outcome of the meeting.

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SECTION C: ONGOING AGENDA ITEMS

9. Tests, horizon scanning, research, and literature

DVLA reminded all panel members that as part of the Terms and Conditions they have an obligation to update panel about any information/tests/research that could impact on the medical standards or existing processes.

The panel Chair discussed the relationship of obesity to sudden cardiac death rate which may be relevant to group 2 licensing.

10. AOB

Membership update

DVLA provided a membership update on the panel composition, and informed panel that expert member recommendations had been submitted to the Minister. Panel thanked DVLA for the update and discussed induction days for new and existing panel members who have not yet had the opportunity to visit the DVLA. DVLA confirmed that an induction day would be planned in the coming months.

11. Date and time of next meeting

Thursday 5th October 2023

Original draft minutes prepared by:

**Sian Taylor
Note Taker
Date: 21st March 2023**

Final minutes signed off by:

**Dr R Henderson
Chairperson
Date: 2nd May 2023**

**THE DVLA WILL CONSIDER THE ADVICE PROVIDED BY THE PANEL
AND NO CHANGES TO STANDARDS WILL TAKE EFFECT UNTIL THE
IMPACT ON INDIVIDUALS AND ROAD SAFETY IS FULLY ASSESSED.**

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