

DRAFT

MINUTES OF THE MEETING OF THE SECRETARY OF STATE FOR TRANSPORT'S HONORARY MEDICAL ADVISORY PANEL ON DRIVING AND VISUAL DISORDERS HELD ON THURSDAY, 14TH MARCH 2013

Present:	Mr A C Viswanathan	Chairman
	Dr C W Fowler	
	Mr A Elliott	
	Professor C Dickinson	
	Dr G Plant	
	Ms I Coe	
	Mr T Eke	
	Mr J Clarke	
Lay Members:	Mr D Edmunds	
	Mr T E H Smart	
Ex Officio:	Dr J McCaughan	Driver and Vehicle Agency NI
	Mr A Chorley	Civil Aviation Authority
	Ms J Chandaman	Specialist Casework Advice, DVLA
	Mr B Jones	Business Change and Support Manager, DVLA
	Ms Pat Logan	Consultant Ophthalmic Surgeon, Ireland
	Dr B Wiles	Senior Medical Adviser, DVLA (attended meeting from lunchtime)
	Dr G B Rees	Panel Secretary/Medical Adviser, DVLA

1. Apologies for Absence

1.1 Apologies were received from Professor Andrew Lotery, Mr William Newman, and Mrs Chris Green, Head of Medical Licensing Policy, DVLA.

2. Chairman's Remarks

2.1 The Panel Chairman welcomed Mr Jonathan Clarke and Mr Tom Eke, two newly-appointed members attending their first meeting of the Vision Panel.

2.2 The Panel Chairman also thanked Mr Andrew Elliott and Dr Colin Fowler for their contributions to Panel over the past ten years. Both were attending their last Panel meeting on completion of their appointments to Panel.

3. Draft Minutes of Panel Meeting of 11th October 2012

3.1 Panel replaced item 7.2 with the following:

Panel considered that the Group 2 visual field standard will be interpreted as follows:-

- (a) a measurement of at least 160° on the horizontal plane;
- (b) an extension of at least 70° left and an extension of at least 70° right;
- (c) an extension of at least 30° above and an extension of at least 30° below the horizontal plane;
- (d) there should be no significant defect within 70° right and 70° left and between 30° up and 30° down; it would be acceptable to have a total of up to three missed points, which may or may not be contiguous;
- (e) no defect is present within a radius of the central 30°; and
- (f) no other impairment of visual function, including glare sensitivity, contrast sensitivity or impairment of twilight vision.

The view expressed in (d) above describes points tested using a Humphrey Field Analyser, and refers only to the 'letterbox' outside the central radius of 30° from fixation.

For Group 2 driving an upper limit of a total of three missed points (which may be contiguous) within the letterbox but outside the central 30° radius would correspond to the upper acceptable limit for a defect in Group 2 visual field charts. However, a total of more than three missed points, even if not contiguous, would not be acceptable for Group 2 driving because of the higher standards required. No defects of any size should be allowed in the letterbox if they are contiguous with a defect outside it whose size makes the size of the combined defect more than three missed points.

4. Update on Seven Cases Previously Discussed

4.1 Panel was provided with an update on each of the seven cases discussed at its previous meeting.

5. New European Standards for Vision and Driving

5.1 Panel considered:

- (a) Commission Directive 2009/113/EC of August 2009 (new Annex III)
- (b) The Motor Vehicles (Driving Licences) (Amendment) Regulations 2013

as well as the new Chapter 6 from the 'At a Glance Guide to the Current Medical Standards of Fitness to Drive'. At the time of the meeting the Motor Vehicles (Driving Licences) (Amendment) Regulations 2013 had been implemented after having been laid before Parliament.

5.2 Panel indicated that the visual field charts for Group 1 entitlement should be considered in the same way as currently.

5.3 Panel indicated that the new visual field standards for Group 2 entitlement should be interpreted as at point 3.1 above.

5.4 Panel confirmed that for Group 1 entitlement, those with sight in one eye only (i.e. with no perception of light in one eye) need to demonstrate that they have adapted to monocularly.

6. Update on Working Group considering functional adaptation to ordinarily debarring visual field defect

6.1 Panel was informed by Dr Gordon Plant, Chairman of the Working Group, that it had had two meetings since the last Panel meeting in October 2012. The Working Group originally comprised Dr Gordon Plant, Mr Ananth Viswanathan, Mr William Newman, Ms Isabel Coe (all being members of the Vision Panel) as well as the Secretary to the Vision Panel and the Secretary to the Neurology Panel. At the second of its two meetings the Group was joined by the Chairman of the Neurology Panel and by Dr David Shakespeare, a member of the Neurology Panel. Dr Shakespeare agreed to join the Working Group. Dr Plant indicated that, in addition, it is hoped to recruit a Neuropsychologist to the Group.

6.2 Dr Plant advised Panel that the Working Group is initially considering those with a homonymous hemianopia, but that individuals who also have visual neglect are to be excluded from the study. There was discussion about information currently available in the world literature about adaptation to visual field defects, and about setting some limit to a visual field defect beyond which an individual could not be considered as an 'exceptional case'. Both free eye movements and free head movements are generally needed for adaptation. Mechanisms for gaze tracking should be considered as well as tests of divided attention.

6.3 The Working Group agreed to meet again immediately prior to the forthcoming meeting of the Vision Panel on Thursday, 10th October 2013.

7. Longer Duration Medical Review Licences

7.1 DVLA is considering the possibility of issuing Group 1 licences of duration greater than three years to those with certain conditions such as glaucoma, providing they already meet the driving standards.

7.2 Panel was presented with a variety of statistics concerning licensing those with glaucoma. Panel considered that further study is required with regard to what proportion of those who notify DVLA of glaucoma have a clear Esterman visual field chart and the age distribution of those concerned. It was pointed out that there may be difficulty establishing in a hospital clinic whether there has been deterioration in the visual field of an individual with glaucoma. It was also noted that even if only a small proportion of those with glaucoma were not re-licensed after three years, this may be associated with road safety issues if medical review were to be postponed beyond three years.

8. Multifocal Intra-ocular Lens Implants and Driving

8.1 This matter was considered by Panel following receipt of a query. It was pointed out that the National Institute of Clinical Excellence has published guidance on the implantation of multifocal (non-accommodative) intraocular lenses during cataract surgery. Unlike standard intraocular lenses, a multifocal intraocular lens has areas with differing focusing power with the aim of allowing near and distant objects to be seen without the need for spectacles.

8.2 Panel was informed that the current advice of the Civil Aviation Authority is that multifocal intraocular lens implants are not acceptable for commercial flying.

8.3 Panel indicated that any driver or applicant for a driving licence who has a multifocal intraocular lens implant and who has difficulties with vision for driving should notify DVLA. Medical enquiries will then be made to ascertain whether or not they meet the driving standards.

9. Computer Co-ordinates of points tested using a Humphrey Field Analyser

9.1 Panel considered that during automated perimetry the precise location of a stimulus would refer to the radial distance between the centre of the stimulus and the point of fixation. This distance is to be ascertained by reference to the computer co-ordinates of the stimulus rather than to the position of a tested point on the visual field chart concerned.

10. Cases for Discussion

10.1 Panel discussed a total of six cases. Of these, one was of a low grade chondrosarcoma of the skull base with right-sided weakness and visual field defect, one of diplopia, one of a debarring visual field defect due to a stroke, one of glaucoma, one of traumatic achiasmia with secondary bi-temporal hemianopia and one of glaucoma/myopia, bilateral anomalous cupped optic discs.

11. Updates

11.1 Panel was informed that since the last meeting, DVLA has received 56 summonses in connection with unfavourable licensing decisions, and 11 of these were vision-related cases. Since the last Panel meeting, four cases had been referred to individual Panel members for consideration.

12. Any Other Business

12.1 Correspondence from a customer was discussed.

12.2 An article on Google Glass was discussed by Panel. It was considered not to be within the remit of the Vision Panel.

13. Date of Next Panel Meeting

13.1 Thursday, 10th October 2013.

Dr Gareth B Rees
Secretary to the Vision Panel