

**DRAFT MINUTES OF THE SECRETARY OF STATE'S HONORARY  
MEDICAL ADVISORY PANEL ON DRIVING AND DIABETES MELLITUS  
HELD ON TUESDAY, 1<sup>ST</sup> OCTOBER 2013**

<b>Present:</b>	Dr A E Gold	Chair
	Dr M D Feher	
	Dr D Flanagan	
	Dr P Mansell	
	Dr M Evans	
	Dr D J C Flower	
	Professor K M Shaw	
<b>Lay Members:</b>	Dr M L Shaw	
<b>Observers:</b>	Dr C Beattie	Occupational Health Service, Northern Ireland
	Dr G Roberts	Consultant/Specialist Endocrinology, Southern Ireland
	Dr S Mitchell	Civil Aviation Authority
<b>Exofficio:</b>	Dr G Thorpe	
<b>DVLA:</b>	Ms J Chandaman	Drivers Medical Policy, DVLA
	Dr B G R Wiles	Senior Medical Adviser
	Mrs S Charles-Phillips	Medical Business Change, DVLA
	Dr S D R Rees	Panel Secretary/Medical Adviser

**1. Apologies for Absence**

- 1.1. Apologies were received from Ms L Rose, Dr I Gallen and Mr K Clinton.

**2. Minutes of the Last Meeting held on the 19<sup>th</sup> March 2013**

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2.1. The Minutes were accepted as a true account of the proceedings on 19<sup>th</sup> March 2013.

### 3. Matters arising from the Minutes

3.1. Ref Para.3.2. After discussion the Panel advised that DVLA should not distinguish between insulin pumps and insulin injections.

The Panel reviewed the medical enquiry forms which are completed by the driver and the clinician for Group 1 (car/motorcycle) licences. They suggested some amendments to these forms.

The Panel noted that there is a variation in the clinical care that patients are receiving.

### 4. Panel Chairmen's Meeting

4.1. The Panel noted that the Panel Chairmen's meeting had discussed the need for more research into multiple medical conditions and accidents. The Panel endorsed this view. The panel also welcomed the IT development plans which should facilitate better access to statistics on which to base decisions.

### 5. Awareness of Hypoglycaemia

5.1. Group 1 drivers – The Panel considered the questions relating to awareness of hypoglycaemia which are currently included on the DIAB3 form and concluded that the questions should be divided into 3 sections: the first asking about full awareness, the second asking about adequate awareness and the third about total absence of symptoms.

5.2. Group 2 drivers The Panel noted that the EC Directive 2009/113/EC requires Group 2 drivers “*to have full hypoglycaemic awareness when treated with medication which carries a risk of inducing hypoglycaemia*” (that is insulin and some tablets). The Panel noted that symptoms of hypoglycaemia may change with increasing duration of treatment. This does not necessarily mean that they do not have “full” hypoglycaemic awareness.

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## **6. Blood Glucose Meters**

- 6.1. Dr Gary Thorpe, Honorary Senior Lecturer at The University of Birmingham gave a presentation on “Blood Glucose Meter Accuracy, What is it, Measurement and Interpretation”.
- 6.2. The Panel also discussed the following paper: System Accuracy Evaluation of 43 Blood Glucose Monitoring Systems for Self-Monitoring of Blood Glucose according to DIN En ISO 15197 – Journal of Diabetes Science and Technology 2012: 6: 1060-1075.
- 6.3. All meters on the market in the European Union need to meet minimum accuracy standards. These are CE marked and meters which are not CE marked cannot be marketed in the European Union. These meters measure plasma glucose levels. Concerns were raised about the accuracy of some meters particularly at lower blood glucose levels and the Panel will consider this and whether a stricter accuracy standard needs to be set for lower glucose readings on the meters used by Group 2 drivers on insulin. It was also noted that the memory must be sufficient to store at least 3 months worth of blood glucose readings. In addition there are many operator dependent factors which do influence meter accuracy and it is important that this information is clearly available for users.

## **7. Licence Period for Group 1 drivers**

- 7.1. Group 1 drivers with insulin treated diabetes are currently issued with licences of up to a maximum of 3 years duration. Consideration was given to issuing longer period licences of up to 10 years duration and statistics on licence renewals and licence revocations were discussed. This would require management approval and legislative change. The Panel was happy for Medical Policy to explore this.

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- 7.2. The Panel discussed licence duration for drivers with a whole pancreas transplant or a pancreatic islet cell transplant. The Panel Chair provided some statistics on graft failure rate which were discussed. The Panel advised that a driver with a pancreas transplant could be issued with a “Till 70” licence but for islet cell transplants a 3 year medical review licence should still be issued.

## **8. Medical Standards for Group 1 Driving**

- 8.1. Severe hypoglycaemia occurring while asleep

Group 1 drivers with diabetes treated with medication who have suffered 2 or more episodes of severe hypoglycaemia in the previous 12 months are not allowed to hold a Group 1 driving licence. Following representations from a stake holder the Panel discussed whether asleep severe hypoglycaemia could be treated as an exceptional case and not be counted for licensing purposes. Although clarity on this issue has been sought previously the Panel has requested that further clarification from the EC is sought on the medical evidence available which determined this decision to include asleep hypoglycaemia.

- 8.2. Any such change would also require a change in domestic regulations.

## **9. Medical Standards for Group 2 Driving**

- 9.1. The process for drivers with insulin treated diabetes applying for a Group 2 licence is a three stage process:
- (i) The drivers own self declaration on a medical enquiry form which if satisfactory would be followed by.

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- (ii) An assessment by the drivers own doctor which is satisfactory would be followed by.
  - (iii) An independent assessment by a Consultant Diabetologist who was not responsible for the diabetes care of the applicant (an independent assessor).
- 9.2. Following a letter from an independent assessor of Group 2 drivers on insulin regarding the form which is completed by an independent Consultant Diabetologist, the Panel reviewed this form. They have advised an amendment to the question regarding the appropriate treatment of hypoglycaemia.
- 9.3. The Panel will review the medical enquiry forms used to assess these drivers at the next Panel meeting.
- 9.4. Those panel members undertaking independent assessments have observed that there are wide variations in clinical practice.

## 10. Literature Search

- 10.1. The Panel discussed the following paper: Diabetes and Driving. www.the lancet.com: April 18, 2013 [http://dx-doi-org/10-1016/52213-8587\(13\)http://dx-doi-org/10-1016/52213-8587\(13\)70017-2](http://dx-doi-org/10-1016/52213-8587(13)http://dx-doi-org/10-1016/52213-8587(13)70017-2).
- 10.2. The Panel also welcomed the series on driving issues written by Marian Shaw in the Diabetes UK Balance magazine as a means of better informing patients and health professionals.
- 10.3. The paper: Implications of new European Union driving regulations on patients with Type 1 diabetes who participated in the Diabetes Control and Complications Trial. Diabetic Medicine, 2013; 30: 616-619 was briefly discussed and circulated to panel members after the meeting.

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## **11. Any Other Business**

- 11.1. Definition of an independent assessor for Group 2 drivers on insulin.

Following an enquiry from a Consultant Diabetologist, the Panel decided that if an independent assessor decides to review an applicant in clinic as a patient to modify his/her diabetes management they can no longer be regarded as an independent assessor

- 11.2. Following an enquiry from an independent assessor of Group 2 drivers on insulin the Panel decided that at the second stage of the process the driver's clinician should still be asked to review the blood glucose readings for the previous 3 months in particular to ensure there are at least 3 months of blood glucose readings available before the driver proceeds to the final stage with the independent assessor. The purpose of this is primarily to ensure that appropriate testing has been undertaken.

## **12. Date and Time of Next Meeting**

- 12.1. Tuesday, 18<sup>th</sup> March 2014.

**DR S REES BSc MBBS**

**Medical Adviser and Secretary to the Diabetes Mellitus Panel**

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