

DRAFT
MINUTES OF THE MEETING OF THE SECRETARY OF STATE FOR
TRANSPORT'S HONORARY MEDICAL ADVISORY PANEL ON
DRIVING AND VISUAL DISORDERS

THURSDAY, 27 MARCH 2014

Present:

Mr A Viswanathan	Chairman
Ms I Coe	
Dr G Plant	
Dr T Eke	
Professor A Lotery	
Mr J Clarke	

Lay Members:

Mr D Edmunds
Mr T Smart

Ex-officio:

Mr A Chorley	Civil Aviation Authority
Mr S Fraser	Consultant Ophthalmologist, Sunderland
Dr B Wiles	Senior Medical Adviser, DVLA
Dr G Rees	Panel Secretary/Medical Adviser, DVLA
Dr K Harrison	Medical Adviser, DVLA
Dr J Lever	Medical Adviser, DVLA
Ms J Chandaman	Medical Licensing Policy, DVLA
Mr A Griffiths	Senior Contracts Manager
Mr D Hannify	Business change and Support, DVLA
Mr M Phillips	Commercial Services Group, DVLA
Ms P Logan	Consultant Ophthalmologist, Dublin

1. Apologies for absence

Apologies for absence were received from Professor Christine Dickinson, Mr William Newman and from the representative of DVA Northern Ireland.

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2. Chairman's remarks

The Chairman sent his best wishes to the representative of DVA Northern Ireland who had attended Panel meetings for some years but who had been unable to attend on this occasion.

3. Minutes of Panel meeting of 10 October 2013

Panel agreed the draft minutes of its previous meeting of 10 October 2013.

4. Update on six cases previous discussed

Panel was provided with an update on the six cases discussed at its previous meeting of 10 October 2013.

Panel re-affirmed that those with an ordinarily debarring binocular visual field defect due to an isolated event or a non-progressive condition and who are applying to be considered as an exceptional case for Group 1 driving entitlement, must have no progressive condition present that affects the binocular visual field. However, if a progressive condition such as glaucoma is also present, but in one eye only, then such a case could still be considered within the criteria required for exceptionality. Similarly, if a progressive condition such as glaucoma is present in both eyes, consideration can be given as an exceptional case if no part of the binocular visual field defect is as a result of this condition.

Note. Subsequent to the panel meeting, some of panel's views as recorded in the paragraph above have been found to be incompatible with the driving regulations. To be considered as an exceptional case there must be no condition or pathology present which is regarded as progressive and likely to affect the visual field. Legally, this implies that any potentially progressive condition such as glaucoma would exclude an individual from being considered as an exceptional case even if present in one eye only or even if present in both eyes but not yet affecting the binocular visual field.

5. Update on Working Group considering functional adaptation to ordinarily debarring visual field defects

Panel reviewed some preliminary data from the Forum of Mobility Centres with regard to those individuals with a stable but debarring visual field defect who had been referred by DVLA for a formal driving assessment as part of the evaluation procedure for those applying to be an exceptional case.

It was pointed out that co-morbidities may influence whether or not a customer succeeds in passing all of the criteria to be an exceptional case.

Panel considered it would be helpful to prospectively monitor the risk of accident in those licensed as exceptional cases for Group 1 driving. There was discussion as to whether such drivers would voluntarily agree to notify DVLA of any accident or if they would voluntarily agree to police supplying such data to DVLA when applicable. There was discussion as to whether the driving licences of those licensed as exceptional cases could be coded in some way for future reference.

6. DVLA Vision Testing Contract

In 2013, DVLA proceeded with a plan to award a contract to a single service provider to undertake our visual field and acuity testing services. This contract was advertised in June 2013.

An Evaluation Panel carefully evaluated all bids and subsequently identified a preferred supplier. Following the conclusion of the evaluation we obtained the necessary Departmental approvals to proceed with awarding the contract, and following a standstill period which ended at 11:59pm on 4th March 2014, DVLA can confirm that the contract has been awarded to Specsavers Optical Superstores Limited.

Panel was informed that in awarding a new contract to a single managed service provider, it will be easier to cascade messages, providing an improved opportunity for consistent messaging and more consistent application of standards.

Panel was shown two specimen modified Esterman visual field charts, and expressed a preference for one over the other with regard to driver licensing.

7. Research – Update

Panel was provided with an update on research proposals considering (a) multiple medical conditions and (b) links between road accidents and medical conditions.

8. Duration of licences issued to those with glaucoma who meet the driving standards (Group 1 entitlement)

Panel discussed the consultation document on extending the validity period of medically restricted driving licences.

Panel was presented with statistics on the licensing patterns for Group 1 drivers with glaucoma. Panel were happy to support those who met the Group 2 standard for glaucoma being given a 5 year Group 1 licence **provided that** past cases were looked into and there was no evidence of any of these applicants falling below this standard within five years of being given the licence.

There was discussion about other visual conditions that might be considered for extended period medical review licences.

9. When to notify DVLA about glaucoma

Panel re-affirmed the importance of the functional impact of a medical condition with regard to the ability to drive safely.

Panel discussed the diagnosis of glaucoma and noted that this condition is now sometimes diagnosed in the absence of visual field loss because of improved diagnostic techniques.

Group 1 drivers with glaucoma should notify DVLA if, in the clinical judgement of a clinician, the driver has a glaucomatous visual field defect in both eyes. Group 2 drivers should notify DVLA if they have a diagnosis of glaucoma in one or both eyes.

10. Visit to DVLA by members of the International Glaucoma Association – update

Panel was provided with an update on the visit to DVLA by members of the IGA in February 2014 and on a subsequent meeting.

11. Monocularity

Those with an ordinarily debarring stable (static) visual field defect who wish to be considered as exceptional cases for Group 1 driving entitlement must have sight in both eyes. Panel considered that providing there is perception of light or better in the poorer eye such individuals would meet this particular minimum requirement.

There was discussion about how to assess full functional adaptation to monocularity, but it was judged that this matter requires further research and discussion. Panel viewed the opinion of the clinician concerned as being particularly important.

For Group 2 driving, after a substantial loss of vision in one eye, the European Directive of August 2009 states that there should be an appropriate period of adaptation before the subject is allowed to resume driving (providing they meet the medical standards to do so).

Panel discussed what constitutes a substantial loss of vision in one eye and the period of time that may be required to adapt to this. Panel judged that a substantive loss of vision in one eye may be difficult to define and that this may be a matter for the clinician concerned.

12. Registration as partially sighted

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Panel stated that registration as sight impaired (partially sighted) is not compatible with holding a driving licence.

13. When to notify DVLA of cataract and/or AMD for Group 2 driving entitlement

Panel stated that DVLA should be notified of these conditions if the visual acuity standards for Group 2 driving can no longer be achieved. In addition, DVLA should also be notified if the driver reports symptoms suggestive of intolerance to glare or impaired contrast sensitivity.

14. Cases for discussion

Panel discussed four cases. One case was of a driver with retinal detachment who wishes to have his Group 2 licence restored. The other three cases were of individuals with cerebral pathology who wished to have Group 1 driving entitlement re-instated as exceptional cases.

15. Appeal cases since last Panel meeting

Panel was informed that since its last meeting DVLA had received 77 summonses against unfavourable licensing decisions, and of these 9 were related to visual disorders.

16. Any other business

Correspondence received by DVLA was made available to Panel.

17. Date of next meeting

Thursday, 9 October 2014.

DR Gareth B Rees
Panel Secretary

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28 March 2014

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