

DRAFT

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

THURSDAY, 26 MARCH 2015

Present:

Mr A Viswanathan	Chairman
Ms I Coe	
Dr G Plant	
Mr W D Newman	
Dr T Eke	
Mr J Clarke	

Lay Members

Mr D Edmunds
Mr T Smart

Observers

Dr B McCarthy	Occupational Health Service, Belfast
Dr P Logan	National Programme Office for Traffic Medicine, Dublin 2
Mr A Chorley	Civil Aviation Authority
Mr S Fraser	Consultant Ophthalmologist, Sunderland Eye Hospital

Ex-Officio

Dr W Parry	Senior Medical Adviser, DVLA
Dr G Rees	Panel Secretary/Medical Adviser, DVLA
Dr I Perez	Medical Adviser, DVLA
Dr P M Rizzi	Medical Adviser, DVLA
Mrs J Leach	Medical Licensing Policy, DVLA
Mrs S Charles-Phillips	HEO Business Change/Support Medical, DVLA
Mr A Griffiths	Senior Contract Manager, DVLA

1. Apologies for Absence

Apologies were received from Professor Andrew Lotery.

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2. Minutes of Panel Meeting of 9 October 2014

Panel agreed the draft minutes of its meeting of 9th October 2014 without amendment.

3. Chairman's Remarks

No specific matters were mentioned in this agenda item.

4. Update on cases discussed at previous meeting

Panel was provided with an up-date on the cases discussed at the previous meeting.

5. Extended Period Licensing

Panel agreed that a Group 1 licence valid for 5 years may be issued to those with glaucoma who are currently eligible for a licence limited to 3 years only, providing they meet Group 2 visual field standards.

6. Exceptional Cases – adaptation to hemianopia – progress of ‘Working Group’

Panel was provided with an up-date on the progress made by the ‘working group’ that is considering adaptation to homonymous hemianopia.

Panel confirmed that for ‘exceptionality’ there must be no other condition or pathology present which is regarded as progressive and likely to affect the visual field. If there is a binocular visual field defect due to a static cause (e.g. stroke) together with an unrelated progressive condition (e.g. glaucoma) the individual cannot be considered as an exceptional case. This applies to those with a progressive condition (e.g. glaucoma) in one or both eyes. It does not apply if a progressive condition has not yet been diagnosed (e.g. it does not apply if an individual has a diagnosis of being a ‘glaucoma suspect’ because in these circumstances a diagnosis of glaucoma has not been made).

Various possible methods of determining full functional adaptation to homonymous hemianopia were discussed, including use of the hazard perception test, visual field testing without fixation etc. There was discussion about the value of a questionnaire being completed by the applicant for a driving licence when being considered as an ‘exceptional case’. Panel was reminded that when such cases are referred for an on-road driving assessment the occupational therapist carries out a pre-drive evaluation which includes gauging the degree of functional adaptation, and if this is considered not to have occurred then no on-road driving assessment is carried out. Panel judged that further information is needed.

Panel considered the application of ‘exceptionality’ in other European countries.

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7. European Vision Standards

Panel discussed a report on driver vision screening in Europe. The report, dated June 2011, was jointly written by a number of optical organisations including ECOO and EUROMCONTACT. Panel considered that there is no indication to alter its current position with regard to vision testing for the purposes of driver licensing in Great Britain

8. DVSA Eyesight Test

The Law requires that all drivers must be able to meet prescribed eyesight requirements. They must be able to read in good day-light (with the aid of glasses or contact lenses if worn) a registration mark fixed to a motor vehicle and containing letters and figures 79 millimetres high and 50 millimetres wide (i.e. post 01/09/2001 font) at a distance of 20 metres. DVSA has approached DVLA for advice about how the number plate test could be administered when a candidate attends for a driving test in poor day-light.

Panel re-affirmed that there is no alternative to the number plate test as described above. It was suggested that, when appropriate, candidates could take the number plate test on a day or at a time prior to the on-road driving test e.g. the number plate test could be taken in conjunction with the DVSA theory test. Alternatively, a portable source of luminance to mimic good day-light could be considered to illuminate the number plate if needed.

9. Vision Testing – update

Panel was provided with an up-date of vision-testing commissioned by DVLA following the award of the vision-testing contract last year. There has been a significant improvement in ‘turnaround times’ i.e. in the time between requesting a test and receiving the result. There has also been a significant financial saving.

10. Cases for Discussion

Panel discussed a total of five cases. These comprised two cases of visual field defect due to optic disc drusen, one case of visual field defect due to cerebrovascular accident, one case of visual field defect due to meningioma and one case of visual field defect of uncertain aetiology.

11. Other updates

11.1 Appeal cases since last Panel meeting.

Panel was informed that since its last meeting on 9th October 2014 DVLA has received notice of a total of ten appeals against unfavourable licensing decisions made on the basis of vision.

12. Any Other Business

Panel considered a report from the Independent Complaints Assessor, ICA, following referral of a complaint against DVLA by the customer concerned.

13. Date of next Panel meeting

The forthcoming autumn meeting of the Vision Panel will be held on 15 October 2015.

Dr Gareth B. Rees
Panel Secretary

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