

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

**Held on Tuesday, 21 March 2017 at 12.30 p.m.
Great Minster House, 33 Horseferry Road, London SW1P 4DR.**

Present

Dr A E Gold	Chair
Dr M D Feher	
Dr I Gallen	
Dr D Flanagan	
Dr P Mansell	

Lay Members

Dr M L Shaw
Mr K J Clinton

Observers

Dr C Beattie	Northern Ireland DVA, Belfast
Dr G Roberts	National Programme Office for Traffic Medicine, Dublin

Ex officio

Dr W Parry	Senior Medical Adviser DVLA/Panel Secretary in Dr Rees' absence
Dr K Harrison	Medical Adviser DVLA
Dr A Hemington-Gorse	Medical Adviser DVLA
Mrs S Charles-Phillips	Business Change and Support DVLA
Mr D Warren	Drivers Medical Policy DVLA
Mrs R Toft	Drivers Medical Policy DVLA
Mr A Vaughan	Continuous improvement DVLA
Mr C Williams	Continuous improvement DVLA
Mrs S Taylor	Communications and Engagement DVLA

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1. Apologies for absence

Dr D J C Flower
Dr S Mitchell
Dr S Bell

2. Minutes of the last meeting held on 1 November 2016

The minutes of the last meeting were accepted as an accurate record.

3. Matters arising from the minutes

The INF 188 4/2 leaflet was assessed by Panel and considered to require revision and review to ensure that it remained both accurate and relevant to drivers.

Reviewing this was felt to be a task best approached by copies being sent to Panel members by e-mail with each member offering their comments and potential amendments. DVLA will then collate the responses prior to review at the Autumn Panel meeting with the intention of providing a revised INF 188 4/2 following that.

[Action: Business support to email editable (writable pdf or Word format) version of leaflet to Panel members]

The issue of adding the DIABINF to DVLA's on line service was also discussed. The present DIABINF would require re-formatting to facilitate this and the topic was deferred to the Autumn Panel.

4. Update on changes to the EU Directive which will take effect from 1 January 2018

DVLA's policy representative presented a letter to Panel (dated 20/3/2017) which summarised the background to the amendments outlined in Directive 2016/1106/EC which amends Directive 2006/126/EC. This letter also sought Panel's views on a number of points.

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Panel commented as follows:

- Hypoglycaemia. The phrase ‘whilst asleep’ should be amended to ‘during waking hours’
- Three month period. No changes
- Exceptional cases. Amend ‘normal’ to ‘adequate.’

The Panel has also given its view that "exceptional cases" might be those where:

"An identifiable event has been rectified, and adequate awareness of hypoglycaemia is present. Examples may include severe hypoglycaemia and altered awareness during pregnancy where the risks have resolved post-partum or in-patient hypoglycaemia where and inappropriate dose of insulin has been administered. By definition most cases are not exceptional."

Subject to these changes, Panel were content to approve all remaining wording. The Panel welcomes the changes in the new directive.

5. Group 2 drivers and continuous glucose monitoring systems (CGMS)

The reliability and appropriateness of CGMS in monitoring glucose levels in relation to driving were discussed. Panel’s view is that currently CGMS are not appropriate as an exclusive method of glucose monitoring for Group 2 drivers.

6. Definition of blood glucose

EU legislation refers to ‘blood glucose’ in relation to Group 2 drivers but UK legislation refers to blood glucose for both Group 1 and Group 2 drivers.

DVLA had sought legal advice on whether the legislation was wide enough to incorporate the use of CGMS. Wyn Parry advised that beyond considering that blood itself is a tissue as defined, no further clarification was available on the definition of blood glucose.

DVLA policy advised that the legal position was that CGMS could not be accepted because of the wording in the legislation. It would not be possible to amend regulations for group 2 drivers because this would be in contravention of the directive. They asked whether the panel would support such an amendment in view of the fact that it would apply to group 1 only.

Panel discussed the continuing issues around the precise relationship between blood and CGMS (i.e., tissue) glucose levels, particularly the relative inability of CGMS to detect rapidly changing glucose levels a factor of considerable significance to the driving task.

Acknowledging this, Panel agreed that so far as is possible and reflecting changes in clinical practise, they would support CGMS as an acceptable means of monitoring glucose levels for Group 1 drivers.”

[Action: DVLA policy to consider the feasibility of amending regulations]

7. Forms used for assessing Group 2 drivers

Attention was directed to question 8 on the questionnaire. DVLA business support indicated that this question is left unanswered in approximately 30% of questionnaires.

After discussion at the Panel, Dr Gold agreed to review the current wording of the question in comparison to the original use of the scale and further discussion on this would take place at the next meeting along with how best the question might be re-worded. The possibility of moving question 8 to the DIAB3 independent diabetologist review was raised but it was agreed that further discussion on this would take place after Dr Gold’s review.

[Action: DVLA business support to obtain data for Autumn Panel meeting on numbers of patients whose license has been revoked/refused in response to question 8]

8. Panel membership and appointment of new Panel Chair

This was Dr Gold’s final Panel meeting and both Panel and DVLA expressed their gratitude for all of Dr Gold’s hard work over her time on Panel as well as her excellent leadership as Chair.

Due to DVLA’s current consideration post review of Panels’ function and composition it is currently not possible to initiate steps to appoint Dr Gold’s successor as Chair. Dr Parry did however ask for expressions of interest in the Chair role and that these be made known to him by email, stressing that no further action could be taken until the outcome of DVLA’s review of the review of all Panels.

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9. Information available to drivers with insulin treated diabetes

a) The Panel considered as at previous Panel meetings, the definition of ‘adequate’ in relation to awareness of hypoglycaemia. Panel considered that

- this was fundamentally a matter of clinical professional judgement and
- ‘adequate’ might reasonably be considered as ‘is the licence holder/ applicant capable of bringing their vehicle to a safe controlled stop’

b) Attention was then directed to the DIAB3 and the topic of ‘adequate awareness’ as outlined in this. It was considered feasible to combine the content of questions 6, 7 and 8 into a single question as ‘In your professional opinion does the driver have/is there evidence of adequate awareness of hypoglycaemia?’

[Action: DVLA business support to review DIAB 3 and consider amendments as outlined]

10. Literature search

Two papers and one editorial were reviewed:

- The GOLD randomised clinical trial (*JAMA 2017; 317(4):379-387*)
- The DIAMOND randomised clinical trial (*ibid: 371-378*)
- Editorial (*ibid: 363-364*)

No other literature was highlighted by Panel in relation to driving and diabetes mellitus.

11. Any other business

12. Review of medical standards

No amendments to the current standards were proposed.

13. Date and time of next meeting

Tuesday, 10 October at 12.30 p.m.

Dr G W Parry

Senior Medical Adviser/acting Panel Secretary to the Honorary Advisory Panel on Driving and Diabetes Mellitus

16 May 2017

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