

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

HELD ON TUESDAY 10 OCTOBER 2017

Present:

Dr I Gallen	Acting Chair
Dr M D Feher	
Dr D Flanagan	
Dr D J C Flower	
Dr M Evans	

Lay Members:

Dr M L Shaw

Observers:

Dr C Graham	Northern Ireland DVLA, Belfast
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Ex-officio:

Dr S Rees	Panel Secretary/Doctor, DVLA
Dr W Parry	Senior Medical Doctor, DVLA
Dr M Debritto	Medical Doctor, DVLA
Nadine Davies	Drivers Medical Group, DVLA
Rachael Toft	Drivers Medical Policy, DVLA
Sue Charles-Phillips	Business Change & Support, DVLA
Kay Bevan	PA to Nadine Davies and Dr Wyn Parry
Sian Taylor	Communication and Engagement, DVLA
David Thomas	DM Contracts, DVLA
Alun Vaughan	Continuous Improvement, DVLA
Ian McTaggart	Continuous Improvement, DVLA
Helen B Davies	HR, DVLA
Andrew Matthews	Fitness to Drive, DVLA

Important: These advisory notes represent the balanced judgement of the Secretary of State's Honorary Medical Advisory Panel as a whole. If they are quoted, they should be reproduced as such and not as the views of individual Panel members.

1. Apologies for absence

Apologies were received from Dr S Mitchell, Mr K Clinton, Dr S Bell and Dr S Williams.

2. Minutes of the last meeting held on 22 March 2016

The minutes were accepted as a true account of the proceedings on 21 March 2017.

3. Matters arising from the minutes

Some panel members expressed a preference for paper copies of the Panel Agenda and associated paperwork rather than the detail being provided electronically. DVLA agreed that in future they would also consider the option of paper copies being made available.

The panel also voiced concerns that no new panel members had been appointed despite a recommendation in 2015 and that there was no panel chair. DVLA advised that these issues were being addressed and a full update on panel membership later in the meeting. Agenda Item 10.

4. Commercial options

As part of the medical investigations for vocational driving licence holders DVLA commission examinations for their customers with Consultant Diabetologists and explained the proposed process for Consultant Diabetologists going forward. Panel agreed that this was a suitable approach and that to increase the period of renewal from a statutory 1 year period to a longer term arrangement may lead to an increase in interest from Consultants. Subject to commercial approval these changes will be implemented.

DVLA also raised the issue of coverage across Great Britain and the panel were happy to assist in increasing numbers through individual stakeholder engagement and through the Association of British Clinical Diabetologists.

5. Hypoglycaemic awareness

The panel agreed that we will no longer use the Gold Scale of 1-7, designed to establish how aware a driver is of hypoglycemia for Group 2 Series One Questionnaires. This will be replaced by wording similar to the Group 1 questionnaires simply asking if the driver is

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aware. The Gold scale will instead be used at the Series three stage, where the Diabetologist will be able to assess the answer given in the context of the overall report.

It was also agreed that we will further reduce the need for Group 2 drivers with insulin treated diabetes to visit their GP as part of the renewal process. The current process requires to drivers alternate between a two and three stage process described as follows:

- Year One - On notification: self declaration, report completed by GP, report completed by independent Diabetologist (three stage)
- Year Two - On first renewal: self declaration, report completed by independent Diabetologist (two stage)
- Year Three – On Renewal: three stage
- Year Four – Two stage
- Year Five – three stage

Evidence presented by DVLA shows that there is very little difference between the reports completed at the second and third stages, questioning the need for both. Panel discussed the validity of the GP report and whether they may have more up to date information, but the evidence suggests little or no difference in the licencing decisions made from the GP or diabetologist information. They concluded that the evidence demonstrated that there was little difference between the completed second and third stages, and agreed to extend the time between GP reports to every three years. The new process will be:

- Year One on notification – three stage
- Year Two – two stage
- Year Three – two stage
- Year Four – three stage
- Year Five – two stage

This will mean a reduction in time and inconvenience for the driver whilst maintaining road safety.

6. Hypoglycaemia while asleep for Group 1 drivers

The panel agreed that after Directive 2016/1106/EC is implemented on 1 January 2018 there will be no need to ask drivers about hypoglycaemic episodes while asleep. However, there will be advice on the diabetes information leaflet provided by the DVLA that if there are repeated episodes while asleep, drivers should take advice from their clinician.

7. Exceptional cases

The panel agreed that there should be no provision for exceptional cases for recurrent severe hypoglycaemia from January 2018. This is because there is no general definition of exceptionality.

8. Blood glucose testing for Group 1 drivers treated with insulin or another medication which carries the risk of inducing hypoglycaemia

The Panel had been issued with various literatures on the Continuous Glucose Monitoring Systems (CGMS) prior to the meeting. These included a News release from Abbott on Freestyle Libra, correspondence from Abbott to the Department for Transport seeking support for the use of CGMS devices relating to driving. Material was also reviewed from Diabetes UK, Ascensia Diabetes Care and a letter to Jesse Norman from the Association of British Healthcare.

The panel discussed the use of CGMS and heard the first hand experience of someone who has used a device for some time. They provided positive reports on the use of the monitoring device. Panel discussed concerns about the time taken for users to become accustomed to the device and recognised there had been significant improvements since the devices were first introduced. All agreed that developments in the technology were moving at pace. Therefore, support was given to the Department's recommendation to remove the specific reference to "blood glucose monitoring" in legislation. The legislation would not prescribe any particular method of monitoring so that any new method of monitoring

glucose would be allowed subject to be suitably assessed by panel as fit for purpose and could be used instead of the finger prick test.

Panel did not support replacing blood glucose monitoring with interstitial glucose monitoring at this time. Panel agreed that they would continue to monitor developments in this field prior to approving their use in relation to driving.

9. Appeal data

DVLA presented appeal statistics from April to June 2017 which was broken down to different Panel categories. This showed that the number of appeals in Drivers Medical at DVLA has increased over the last two year period. Nadine Davies also explained that the volume of decisions made by DVLA had also increased over the same period.

Over the past year, there were four cases where the court decided against DVLA. Out of these, two were related to medical standards. These cases will be reviewed by the relevant panel.

The panel discussed this and no issues were apparent for the diabetes panel.

10. Panel membership

Dr Mansell will be stepping down and the panel thanked him for his services. The panel emphasised that three new panel members were required including a new panel chair.

Nadine Davies provided an update on the chair panel meeting that was held in July at DVLA, Swansea. She explained that there will shortly be a recruitment exercise launched for panel members and some panel chairs. The recruitment exercise for panel members and chairs will be based on a new 'Terms of Reference' which have been submitted to the minister for approval (secretary note: these were approved by the Minister shortly after this meeting).

12. Group 1 Drivers on insulin for up to 15 years

The panel discussed the potential to increase the duration of a short period licence for Group 1 drivers from 3 years to 5 years. DVLA agreed to analyse data from medical casework records with a view to providing an overview of results at the next panel meeting to further the discussion.

13. Blue Light Drivers

The panel discussed blue light driving and agreed to amend the blue light driving to come in line with the taxi licensing advice. New wording outlined below:

Police, fire, ambulance and health service driver licensing

The same medical standards apply for drivers of police, fire, coastguard, ambulance and health service vehicles as they do for all drivers holding Group 1 and 2 licences. Any responsibility for determining higher medical standards, over and above these licensing requirements, rests with the individual force, service or other relevant body.

Taxi licensing

Responsibility for determining any higher standards and medical requirements for taxi drivers, over and above the driver licensing requirements, rests with Transport for London in the Metropolitan area, or the Local Authority in all other areas.

Decisions taken by employers on the use and application of the UK standards on fitness to drive in particular circumstances and as they relate to employees are for the employer to make. Any responsibility for determining higher medical standards, over and above these licensing requirements, rests with the individual force, service or other relevant body.

14. Date of next meeting

20th March 2018

DR S REES BSc MBBS

Panel Secretary