

**Meeting of the Secretary of State for Transport's Honorary Medical Advisory  
Panel on Driving and Visual Disorders**

**Thursday, 22 March 2018**

**Attendees**

Mr A Viswanathan                      Chairman  
Mr J Clarke  
Dr T Eke  
Dr G Plant

**Lay Members**

Mr T Smart  
Mr D Edmunds

**Observers**

Dr P Logan                              National Programme Office for Traffic Medicine, Dublin 2  
Mr I A Pearce                          Director of Clinical Eye Research Centre, Liverpool

**Ex-Officio**

Dr N Jenkins                          Acting Senior Doctor, DVLA  
Dr G Rees                              Panel Secretary/DVLA Doctor, DVLA  
Dr J Lynch                              DVLA Doctor  
Dr J Evans                              DVLA Doctor  
Mr J Donovan                          Driver Licensing Policy, DVLA  
Mr D P Thomas                        Senior Contracts Manager, DVLA  
Kay Bevan                              Personal Assistant to Emma Melrose, DVLA  
Lorraine Jones                        Panel Coordinator, DVLA  
Alun Vaughan                         Service Management, DVLA  
Cathryn L Richards                    External Communications, DVLA

**SECTION A**

**1. Introduction, Chairman's Remarks and Apologies for Absence**

Apologies were received from Mr W. D. Newman and from Professor A. Lotery (Panel Members). Apologies were also received from Dr Sally Bell and from Dr Colin Graham.

The Panel Chairman mentioned ways of improving access of Panel Members to the panel agenda papers, these having been distributed electronically to those attending the meeting.

*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.*

## 2. Minutes and Actions from Last meeting held on 12 October 2017

Panel discussed the minutes of its last meeting, and clarified some points on ‘Item 6 – how to interpret Group 2 visual field charts’.

In relation to paragraph 6.1, This matter will be revisited by Panel at its next meeting in October 2018.

On paragraph 6.2, Panel considered that if visual field charts are borderline with some being a just a pass and others just a fail with regard to the driving standards then it would be appropriate to accept the chart most favourable to the customer. However, if visual field charts demonstrate a very clear debarring defect while one aberrant chart inexplicably meets the standards it would be reasonable to view the latter as an anomalous result and make a licensing decision on the balance of probability.

Panel provided further clarification on paragraph 6.3 on if a person needs to wear glasses to conduct a visual test. It stated that visual field testing could be carried out with or without glasses being worn, and DVLA would generally accept the chart most favourable to the customer. However, where there may be difficulties with the test due to the glasses worn the customer would be advised to seek advice from their optometrist.

## **SECTION B**

### 3. Do Guidelines in ‘Assessing fitness to drive – a guide for medical professionals’(AFTD) need amendment?

Panel considered correspondence from the Association of Optometrists (AOP) with regard to clarification on some conditions in the vision section of AFTD. Panel stated that one of its members is in the process of considering the guidance on diplopia and is doing so in consultation with stakeholders. It was agreed to await the outcome of this work before amending guidance.

Panel acknowledged that drivers may believe that they have night blindness because they struggle to see at night. Panel agreed that the section ‘Night Blindness’ be renamed ‘Nyctalopia’ as this would refer to the specific diagnosed condition

Panel considered that the section on Blepharospasm is appropriately worded.

With regard to monocular vision, Panel considered that AOP’s proposal was sensible. Adaptation could be assessed by an appropriate clinician using their clinical acumen, but that adaptation to abrupt sight loss in one eye would likely take longer than if the sight were lost only very slowly in that eye. Panel confirmed that following total loss of sight in one eye the person should cease driving until there is clinical confirmation of full functional adaptation, and that driving may then resume providing the vision standards for driving can be achieved in the only functioning eye.

#### 4. Mandatory Vision Testing Update

The Association of Optometrists has recommended regular vision tests for all drivers. However, Panel did not support mandatory vision testing for drivers. It was considered that visual disorders should not be treated differently from other medical disorders and that self declaration is the basis of driver licensing in Great Britain

#### 5. Nystagmus

Due to time constraints discussion was deferred until a later date.

#### 6. Vigabatrin and Visual Field Defects

Panel considered that visual field defects as a result of treatment for epilepsy with vigabatrin generally affected peripheral vision rather than central vision. It was mentioned that progression of a visual field defect only rarely occurred after cessation of treatment. Providing vigabatrin treatment has been discontinued, the visual field defect could generally be considered stable if unchanged for at least one year. All cases should be considered individually, but stable debarring visual field defects present more than 12 months after discontinuing vigabatrin could be considered under exceptional case criteria for Group 1 driving.

#### 7. Intolerance to Glare, difficulty with Contrast Sensitivity and Twilight Vision- Group 2

Intolerance to glare, impaired contrast sensitivity and impaired twilight vision are prescribed disabilities for Group 2 driving entitlement. However, Panel stated that there are no readily available and validated testing procedures for these visual functions.

#### 8. Is Goldman Perimetry Still Necessary? Is a suitable alternative test available?

Manual kinetic Goldmann perimetry is limited in availability but Panel considered that Goldmann perimetry was helpful in certain circumstances (such as for those who have difficulties with automated visual field tests). Panel discussed a modern perimeter marketed by Takagie that may closely resemble manual kinetic Goldmann perimetry.

Panel was asked about the place of micro-perimetry but stated that it is not widely available and that it would not be an alternative to Goldmann perimetry.

## 9. Panel cases

Panel discussed a total of seven cases.

## 10. Recruitment Update

Panel was informed that Dr Roger Anderson, an Optometrist, had been recruited as a new Member of the Vision Panel.

## 11. Any other business

No other business was discussed

## 12. Date of next meeting

The next meeting will held on Thursday 18 October 2018.

## **Minutes prepared by**

**Dr Gareth B. Rees**

Panel Secretary

Date: 22 March 2018

Signed off by

**Mr A Viswanthan**

Panel Chair

Date: 19<sup>TH</sup> September 2018