

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

Thursday, 18th October 2018

Attendees

Mr A Viswanathan Chairman
Dr T Eke
Dr G Plant
Professor Lotery
Mr W Newman

Lay Members

Mr T Smart

Observers

Dr P Logan National Programme Office for Traffic Medicine, Dublin 2

Ex-Officio

Dr Nick Jenkins	Acting Senior Doctor, DVLA
Dr Gareth Rees	Panel Secretary/DVLA Doctor, DVLA
Dr Cathy Armstrong	Joint Panel Secretary/DVLA Doctor, DVLA
Mrs Rachael Toft	Driver Licensing Policy, DVLA
Mr David P Thomas	Senior Contracts Manager, DVLA
Ms Lorraine Jones	Panel Coordinator, DVLA
Mr Alun Vaughan	Service Management, DVLA
Ms Sue Charles	Business Change, DVLA

SECTION A

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

Apologies were received from Mr J Clarke and Professor R Anderson (Panel Members). Apologies were also received from Dr Sally Bell, Dr Colin Graham, Mr Kevin Rees and Mr Ian Pearce

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2. Panel Chairman's remarks

The Panel Chairman mentioned that the meeting of Panel Chairs had been held in July 2018.

3. Minutes and Actions from Last meeting held on 22 March 2018

Panel discussed the minutes of its last meeting and noted that 'Assessing fitness to drive – a guide for medical professionals' had been amended according to Panel advice.

In agenda item 8, Panel noted that the mentioned replacement for manual kinetic Goldmann perimetry had been misspelt and that it should read Takagi.

Professor Roger Anderson's professorial title has been omitted in item 10 of the previous minutes of March 2018

The Panel Chairman's name had been misspelt at the foot of the minutes.

SECTION B

4. Interpreting Group 2 visual field charts

Panel discussed this topic and decided that the matter required further consideration. Panel requested that the topic be listed as an agenda item for the forthcoming meeting of Panel in Spring 2019.

Panel stated that for Group 2 driving visual field testing should be to at least 80 degrees on either side of fixation. This, for example, could be achieved with either a 124-point Esterman test (known as the Esterman 4) or with a 124-point Henson test. Panel also advised that when carrying out binocular testing attention should be paid to the position of the chin and head; the chin should be on the chin-rest and the forehead on the forehead-rest so that the head is centrally positioned.

5. Alternatives to Goldman Perimetry

Manual kinetic Goldmann perimetry is limited in availability but Panel considered that it was helpful in certain circumstances, such as for those who have difficulties with automated visual field tests. Panel discussed suitable alternatives and these included a modern perimeter marketed by Takagi that may closely resemble manual kinetic Goldmann perimetry.

If using Octopus perimetry, then the result should be supplied to DVLA in a similar form to that supplied following manual kinetic Goldmann perimetry in accordance with the agreed

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DVLA protocol. However, Octopus perimetry is fully automated and therefore it is not a replacement for manual kinetic perimetry in those who struggle with automated testing.

6. Diplopia

Panel was provided with an up-date on diplopia following consultation with stakeholders. New-onset diplopia of presumed vascular aetiology and new onset diplopia of presumed non-vascular aetiology were discussed, as well as long-standing diplopia of congenital aetiology. Uncontrolled variable diplopia (related to myasthenia gravis or to botulinum toxin treatment) was also discussed. It was pointed out that a proportion of those with diplopia see an orthoptist only and have not seen a consultant ophthalmologist.

It was noted that diplopia only at extremes of gaze is unlikely to be of functional significance and that orthoptists are the best-placed professionals to judge adaption to diplopia.

SECTION C

7. Interpreting visual field charts for Group 1 driving

Panel discussed future methods of assessing visual fields electronically by reference to the co-ordinates of missed points.

Panel provided advice on interpretation of binocular visual field charts for Group 1 licensing. Panel confirmed that scattered single (solitary) or double (twin) missed points within the central 20 degrees of fixation are acceptable providing such points are not attached to any other larger defect. Panel re-affirmed that a cluster of three adjacent missed points is permissible within the central 20 degrees providing such a defect is not attached to a larger defect outside the central area and providing there is no other missed point within the central visual field.

Panel indicated that if a binocular visual field chart meets the driving standards but the number of points missed raises concerns about whether the individual can drive safely, then a formal driving assessment should be arranged.

8. Nystagmus

DVLA was provided with an update on nystagmus. This may be defined as involuntary rhythmic eye movements and the condition may be physiological or pathological and due to cerebellar or vestibular malfunction. It may be classified as congenital or acquired. Nystagmus may have no effect on vision or may be associated with oscillopsia and reduced visual acuity. Those with nystagmus may have a 'null point', a direction of gaze in which there is no nystagmus. The condition may cause an exaggerated 'crowding effect' making it difficult to pass the 'number-plate test'.

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Congenital nystagmus may be associated with ocular albinism, retinal dystrophy or foveal aplasia. Acquired nystagmus may be due to cerebellar dysfunction, vestibular dysfunction, poor vision (for example in multiple sclerosis) or drugs (for example lithium, anticonvulsants, alcohol).

The incidence of nystagmus is between 15 and 24 per 10,000 people.

Panel considered that DVLA need not be notified of nystagmus providing the vision standards are achieved and providing any associated medical condition is declared.

9. Visual field defect (post stroke assessment)

A proposed research study regarding full functional adaptation to hemianopia was discussed.

Panel had been approached about a 3-D virtual-reality simulation research project to assess full functional adaptation to hemianopia following stroke. Panel considered such a study would be helpful when considering eligibility in assessing whether someone can meet the exceptional case criteria.

10. Research and literature

Professor Lotery reminded panel that genetic testing is becoming more available in the National Health Service. This would allow a molecular diagnosis in many cases, so reducing diagnostic uncertainty.

11. Review of AFTD

Panel reviewed the vision chapter in 'Assessing fitness to drive – a guide for medical professionals' - no amendments were proposed at the current time other than the one discussed in item 8.

12. Horizon Scanning

No specific developments were envisaged within the next 6 to 12 months with regard to vision and driving.

13. Appeals Data

Panel received an update on the current number of appeals.

Panel was informed that no appeal has been upheld against a licensing decision made by DVLA on the basis of an individual failing to meet the vision standards since February 2016.

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14. New cases for discussion

Panel discussed two cases.

15. Declaration of Members' Interests

Panel noted the requirements for declaration of interests and the process for undertaking this.

16. Any Other Business

Panel re-affirmed 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. This applies to both Group 1 and Group 2 drivers.

On the occasion of his last attendance at a meeting of Panel, Mr Tim Smart (Lay Member) gave a short statement of thanks to panel for its work. The Panel Chairman thanked Mr Smart for his contribution to Panel over the years.

17. Date of next meeting

To be arranged

Minutes prepared by

Dr Gareth B. Rees and Dr Cathy Armstrong
Panel Secretary Joint Panel Secretary

Date: October 2018

Signed off by

Mr A Viswanathan
Panel Chair

Date:

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