

DRAFT

MINUTES OF THE MEETING OF THE SECRETARY OF STATE FOR TRANSPORT'S HONORARY MEDICAL ADVISORY PANEL ON DRIVING AND VISUAL DISORDERS HELD ON THURSDAY, 11th OCTOBER 2012

Present:	Mr M H Miller	Chairman
	Mr A C Viswanathan	
	Dr C W Fowler	
	Mr A Elliott	
	Professor C Dickinson	
	Dr G Plant	
	Mr W D Newman	
	Ms I Coe	
Lay Members:	Mr D Edmunds	
	Mr T E H Smart	
Ex Officio:	Dr J McCaughan	Driver and Vehicle Agency NI
	Mr A Chorley	Civil Aviation Authority
	Dr J Morgan	Senior Medical Adviser, DVLA
	Ms J Chandaman	Specialist Casework Advice, DVLA
	Mr B Jones	Business Change and Support Manager, DVLA
	Miss L Roberts	MA Manager, Drivers' Medical Group, DVLA
	Professor D O'Neill	Director of the National Programme for Traffic Medicine, Ireland
	Dr G B Rees	Panel Secretary/Medical Adviser, DVLA

1. Apologies for Absence

1.1 Apologies were received from Mr Derek Bastin, Head of Driver Policy, DVLA and Mr Kevin Rees, Head of Drivers' Medical Group, DVLA.

2. Chairman's Remarks

2.1 The departing Chairman congratulated Mr Viswanathan on his appointment as the new Chairman of the Secretary of State for Transport's Honorary Medical Advisory Panel on Visual Disorders and Driving. The appointment is scheduled to commence following the conclusion of today's meeting. The Chairman welcomed Mr Timothy Smart, new Panel Lay Member, Miss Lisa Roberts, Medical Adviser Manager at DVLA and Professor Desmond O'Neill, Director of the National Programme for Traffic Medicine in Ireland.

2.2 The Chairman also welcomed The Rt Hon Patrick McLoughlin, MP, Secretary of State for Transport who had made an unplanned visit to the meeting for a short period. The Chairman also provided impromptu background as to the purpose and scope of the Vision Panel.

2.3 On the occasion of his last Panel meeting Mr Miller thanked DVLA and members of Panel for their assistance and contribution during his tenure as Panel Chairman.

3. Draft Minutes of Panel Meeting of 8th March 2012

3.1 The draft minutes were agreed by Panel without amendment.

4. Minutes of Chairmen's Meeting

4.1 There was discussion about the minutes of the Chairmen's meeting of 21st June 2012 and about the European Older Driver Survey Report published in June 2012.

5. Update on Six Cases Previously Discussed

5.1 Panel was provided with an update on each of the six cases discussed at its previous meeting.

6. New European Standards for Vision and Driving – Implementation

6.1 Panel considered:

- a. Commission Directive 2009/113/EC of 25 August 2009 (new Annex III).
- b. Summary Document outlining Panel's response to new European Minimum Standards on Vision and Driving.
- c. The current Vision Standards as described in "At a Glance Guide to the Current Medical Standards of Fitness to Drive".
- d. Statement from Royal College of Ophthalmologists about changes to vision standards for driving.
- e. Correspondence to and from Mike Penning, MP, Parliamentary Under Secretary of State for Transport.

7. Visual Field Standard for Group 2 driving entitlement – what points in the visual field chart fall within the new European Group 2 visual field standards?

7.1 Panel considered the statement in Commission Directive 2009/113/EC that for Group 2 driving: "...the horizontal visual field with both eyes should be at least 160 degrees, the extension should be at least 70 degrees left and right and 30 degrees up and down. No defects should be present within a radius of the central 30 degrees".

7.2 Panel agreed that this should be interpreted as a 'letter box' and that there should be no defect (i.e. no missed point due to pathology) in the area described. Panel agreed that manual Goldmann perimetry would only be required if there was reason to suppose there to be a defect more laterally than is tested by the Humphrey Field Analyser (HFA). Panel confirmed that the HFA is the perimeter of choice for Group 2 driving entitlement.

8. Working Group to clarify full functional adaptation to ordinarily debarring binocular visual field defect (Group 1 entitlement)

8.1 Panel agreed that a working group should be set up to clarify how to determine full functional adaptation to an ordinarily debarring binocular visual field defect. Full functional adaptation is a legal requirement for a Group 1 (ordinary) driver, whose previous entitlement has been removed because of a debarring defect, to be considered as an 'exceptional case' on an individual basis. The criteria for exceptionality also require that:

1. the visual field defect must have been present for at least 1 year;
2. the visual field defect must have been caused by an isolated event or a non-progressive condition and;
3. there must be no other condition or pathology present which is regarded as progressive and likely to be affecting the visual fields.

8.2 If an applicant meets the above criteria, and if there is evidence of full functional adaptation, a satisfactory practical driving assessment, carried out at an Approved Assessment Centre must subsequently be completed.

8.3 However, DVLA requires guidance to allow clinicians to determine as accurately as possible whether or not full functional adaptation has occurred before making a decision on whether or not to refer an applicant for a formal driving assessment.

8.4 Dr Gordon Plant, Mr Bill Newman, Mr Ananth Viswanathan and Ms Isabel Coe will participate in the working group. It was also suggested that a neuropsychologist (to be nominated) and a DVLA representative, join the working group.

9. Anti-VEGF treatment for macular degeneration and diabetic maculopathy. Need to inform DVLA?

9.1 DVLA must be notified of anti-VEGF treatment in anyone with previously stable diabetic retinopathy who has been considered as an exceptional case for Group 1 driving entitlement because its use, like that of further laser treatment, would imply that the condition is no longer stable.

9.2 However, Panel was asked whether or not DVLA needs to be notified routinely of anti-VEGF treatment in other circumstances.

9.3. Panel confirmed that all individuals who have had retinal laser treatment (peripheral or central) must notify DVLA. However, with the exception of the circumstances described in 9.1 above, Panel stated there is no need to notify DVLA of anti-VEGF treatment if the visual acuity standards are still achieved.

9.4 Panel recommended that Group 1 drivers need not report macular degeneration, cataract or diabetic maculopathy to DVLA until they fall below the minimum visual acuity standards for driving (i.e. until they cannot meet the number plate standard or cannot achieve visual acuity $\geq 6/12$).

10. Cases for Discussion

10.1 Panel discussed a total of seven cases. Of these cases, two were of retinitis pigmentosa, two of glaucoma, one of retinal detachment, one of retinal tears treated by cryotherapy and one of a visual field defect associated with a previous subarachnoid haemorrhage.

11. Updates

11.1 Panel was informed that since the last meeting, DVLA has received 67 summonses in connection with unfavourable licensing decisions, and ten of these were vision-related appeals. Since the last Panel meeting, seven cases had been referred to individual Panel members for consideration.

12. Any Other Business

12.1 Correspondence from a customer was discussed.

12.2 There was discussion about the possibility of issuing longer duration medical review licences for some of those with certain progressive eye conditions.

12.3 Panel Secretary thanked the outgoing Panel Chairman, on behalf of DVLA, for his contribution to Panel during his 11 years as Chairman.

13. Date of Next Panel Meeting

13.1 Thursday, 14th March 2013.

Dr Gareth B Rees
Secretary to the Vision Panel