DRAFT

MINUTES OF THE SECRETARY OF STATE FOR TRANSPORT'S HONORARY MEDICAL ADVISORY PANEL ON DRIVING AND PSYCHIATRIC DISORDERS

Held on Monday 14th November 2011

Present:	Professor D G Cunningham Owens	Chairman
	Professor S Banerjee	
	Professor G Lewis	
	Dr P Divall	
Lay Members:	Miss P Steel	
Ex Officio:	Dr P Collins Howgill	CAA
	Surg Cdr G Nicholson	Royal Navy
DfT:	Mr D Bastin	Head of Medical Policy, DVLA
	Dr J E Morgan	Senior Medical Adviser, DVLA
	Dr A M White	Medical Adviser, Panel Secretary, DVLA
	Dr P M Rizzi	Medical Adviser, DVLA
	Dr N Lewis	Medical Adviser, DVLA

SECTION A: Introduction

Item 1. Apologies for Absence

Apologies were received from Dr D Olajide, Professor P Howlin, Mrs J Gall and the representative from DVLNI.

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Clarification was provided to the Panel that Northern Ireland alone amongst the devolved nations has retained responsibility for driver licensing via DVLNI. DVLA has responsibility for licensing in England, Wales and Scotland.

Item 2. Matters Arising from the Minutes of the Chairmen's Meeting held on 2nd June 2011

2.1. The effect of prescribed medication on driving.

The Panel discussed the potential adverse effects on driving of prescribed medication, it was noted that advice was already provided in the Patient Information Leaflets (PILS) supplied with prescribed medication. It was noted by the Panel that research in this area has been limited particularly in recent years.

It was decided that a joint meeting between representatives of the Psychiatry Panel and Drugs and Alcohol Panel would take place in the forthcoming year.

2.2. The cumulative effect of multiple medical conditions on driving.

The Panel considered the scenario whereby a number of medical conditions were present in a driver, none of them in themselves individually disbarring but where the cumulative effects of the impairments could lead to an unacceptable risk to road safety. It was felt that this would be difficult to formally quantify; reassurance was provided to Panel that this scenario was considered on an individual basis by DVLA and where there was an unacceptable road safety risk, a licence would be revoked.

2.3. The Panel received information on the number of road fatalities in the European Union. It was noted that the UK had the lowest number of fatalities per population across Europe, this provided reassurance to the Panel. The 50% or more reduction in fatalities in the 10 year period since 2001 was also noted.

2.4. The Panel welcomed Surgeon Commander G Nicholson RN who attended on behalf of the Armed Forces in an ex-officio basis.

2.5. The Panel was apprised of the current status of recruitment of replacement lay members for the Panel.

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Item 3. Minutes of the last meeting held on 15th November 2010

The Minutes were accepted as a true record of the proceedings and signed by the Chairman.

Item 4. Matters Arising from the Minutes

Clarification was provided to the Panel that the 'A to Z Guide' accessed via the DirectGov website and 'At a Glance Guide' had been modified to indicate that eating disorders did not need to be routinely referred to DVLA.

The Panel sought clarification regarding the latest COPSAC guidelines. It was confirmed that these are still in draft form and that the final version will be circulated to all Panel members.

SECTION B: Ongoing Discussion Topics

Item 5. Panel member recruitment

It was noted that the Psychiatry Panel was one of the smaller Advisory Panels and that retirement from the Panel and the consequent further reduction in numbers able to attend could possibly result in meetings being non quorate. Discussion took place regarding the potential number and areas of expertise of future Panel members.

It was recognised that although the numbers in the population of drivers suffering from dementia will increase, the potential difficulties would be around resources and scale rather than the current levels of expertise on the Panel and so it was felt that this was currently adequately represented. Panel considered that expertise in clinical psycho-pharmacology, forensic psychiatry, the psychiatry of learning disability and general adult psychiatry would be of most benefit.

It was clarified that members of the Panel should be within five years of clinical practice and could be registered but not necessarily licensed to practice clinically.

SECTION C: New/Ongoing Discussion Topics for Decision or Needing Further Information/Research

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Item 6. Advice regarding driving and prescribed medication

Some aspects of this were previously discussed at point 2.1 above. Further discussion took place around the advice present in the 'At A Glance Guide'; this was felt to be appropriate. The prime responsibility for providing advice lies with the prescribing physician in line with current GMC recommendations.

The potential implications of failing to disclose a relevant medical condition or medication liable to affect driving to an insurance company was raised and discussed. It was noted that the potential financial liability of failing to disclose a condition could provide a significant motivational drive to contact both DVLA and the insurance company and provided a useful reminder during consultation to aid notification

The Panel was reminded that the current legislation would only require notification to DVLA if a condition was likely to last more than three months.

Item 7. Minimal Cognitive Impairment

The Panel received a set of clinical algorithms from the Newcastle Driving and Dementia Development Group; these were intended for use in the clinical setting where there was a diagnosis of mild cognitive impairment (MCI) or dementia. These were received with thanks and promoted a wide-ranging discussion around the nature of MCI, dementia and static cognitive impairments secondary to trauma. It was reported that notifications from drivers with MCI had increased at DVLA and would continue to increase in the future.

During the discussion, the importance of an accurate diagnosis was emphasised. It was strongly felt that where there was no objective impairment of cognition or function then no notification was required to DVLA. Conversely if impairment was present or treatment was required, then DVLA should be notified.

A modification to the 'At a Glance Guide' was requested to reflect this decision.

SECTION D:

Item 8. Research update & papers for consideration

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The Panel received a paper – Hearing Impairment Affects Older People's Ability to Drive in the Presence of Distracters - Hickson et al, J Am Geriatr Soc. 2010;58(6):1097-1103.

This paper discussed the effect of hearing impairment on older people's ability to drive; it indicated that moderate to severe hearing impairment in older drivers was associated with worse driving performance in the presence of distracters. This was felt to be relevant in view of the increasing complexity of modern vehicles. It advised that older people with hearing impairment should reduce in-vehicle distractions e.g. radio, conversation, navigation systems, mobile phone use.

The paper was well received and stimulated discussion around the subject.

Item 9. Any Other Business

Dr White informed the Panel that he had been invited and accepted an invitation to join the Alzheimer's Society Specialist Review Panel. The Panel complimented the Alzheimer's Society on the quality of their publications and noted they were widely used and informative.

Item 10. Dates and Times of Next Meetings

Dates of next meeting were confirmed, there would be a meeting in the autumn on the 1st October 2012. It was the feeling of the Panel that if possible, meetings should be held on a twice-yearly basis; this would be dependent on the proposed agenda. The Panel felt that this would be helpful and would allow the examination of contentious cases.

DR A M WHITE
Panel Secretary

17th November 2011

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