

**DRAFT MINUTES OF THE SECRETARY OF STATE'S HONORARY
MEDICAL ADVISORY PANEL ON DRIVING AND DIABETES MELLITUS
HELD ON TUESDAY, 19th MARCH 2013**

Present:	Dr A E Gold Professor K Shaw Dr M D Feher Dr I Gallen Dr D Flanagan Dr D J C Flower Dr P Mansell Dr M Evans	Chairperson
Lay Members:	Dr M L Shaw Mr K J Clinton	
Ex Officio:	Dr C D Beattie Dr S J Mitchell Ms J Chandaman Dr B G R Wiles Mrs S Charles-Phillips Dr S D R Rees	Occupational Health Service, N. Ireland Civil Aviation Authority Drivers Medical Policy, DVLA Senior Medical Adviser Medical Business Change, DVLA Panel Secretary/Medical Adviser

1. Apologies for Absence

- 1.1. Apologies were received from Dr G Roberts. The Panel welcomed Dr Peter Mansell (Nottingham) and Dr Mark Evans (Cambridge) as new Panel Members.

2. Minutes of the Last Meeting

- 2.1. At Section 8.1. in the first sentence “trail” should read “trial”. The Minutes were otherwise accepted as a true account of the proceedings on 18th September 2012.

3. Matters Arising from the Minutes

- 3.1. Ref para 4.3. DVLA were not able to provide this information but it may be available at the next Panel meeting.
- 3.2. Ref para 5.1. These forms had been tested on a group of volunteers and discussed with Diabetes UK. Guidance notes for those completing the forms had been drafted at the request of Diabetes UK. The Panel asked that the issue of distinguishing between insulin injections and an insulin pump be discussed at the next meeting. In

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addition there needs to be some clarification in the guidance notes that whilst hypoglycaemia is considered to be present if the blood glucose is less than 4mmol/l and appropriate treatment should be taken at this level, symptoms would often not occur until the blood glucose reaches 3mmol/l. The forms will be discussed again at the next panel meeting.

- 3.3. Ref para 5.2. Due to resource issues DVLA was not able to provide this information.
- 3.4. Ref para 5.3. The At a Glance Guide to the Current Medical Standards of Fitness to Drive has been modified to include a facility to search for a medical condition by name.
- 3.5. Ref para 6.3. The requirement for Group 2 drivers on insulin to test at least twice daily and at times relevant to driving is in regulation. However the requirement for 3 months of blood glucose readings is Panel advice. DVLA therefore has discretion where 3 complete months of blood glucose readings are not available and there is a reasonable explanation, for example if a day or more of data is missing because the applicant had been in hospital.

The Panel discussed concerns over the accuracy of some blood glucose meters with regard to Group 2 drivers on insulin. The Panel will consider the literature surrounding this issue and review at the next Panel meeting

4. Medical Standards for Group 1 Driving

- 4.1. At the last meeting the Panel defined appropriate blood glucose testing for Group 1 and Group 2 drivers with insulin treated diabetes as *“no more than 30 minutes before the start of the first journey and every 2 hours while driving”*. Following a request for clarification the Panel considered this issue again.

After detailed discussion the Panel redefined this as *“no more than 2 hours before the start of the first journey and every 2 hours while driving. More frequent testing may be required if for any reason there is a greater risk of hypoglycaemia for example after physical activity or altered meal routine.”* The intention is to ensure that blood glucose is always above 5 mmol/l while driving.

- 4.2. For Group 1 licences DVLA normally accepts self-declaration for most medical conditions. The Panel considered the criteria for requesting a report from the driver’s clinician based on the number of times they had been reviewed within the previous 12 months.

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The Panel advised that if they had not been reviewed at all in the last 12 months a report from the clinician would be required. However the current practice of requesting a report from the driver's clinician if they had been reviewed 5 times or more in the previous 12 months was not appropriate and should be discontinued.

- 4.3. From September 2010 after the new EC Annex had been enforced in the UK, a Group 1 driver who had experienced 2 or more severe hypoglycaemic episodes in the previous 12 months was not allowed to hold a Group 1 licence. This had not previously been the case and statistics on refusals and revocations are reproduced below.

DIABETES CASES (Group 1 and 2) – DATA 2009 - 2012

Year	Total Cases Processed Per Annum	Total Licences issued Per Annum	Total Cases Revoked/Refused Per Annum	Of Which Refusal - Severe Hypoglycaemia	Percentage of Refusal	Percentage of Total Cases
2009	161,841	158,788	3,053	44	1.44%	0.03%
2010	165,670	162,122	3,548	114	3.21%	0.07%
2011	160,468	155,737	4,731	557	11.77%	0.35%
2012	171,423	166,548	4,875	1,354	27.77%	0.79%
2013						

Group 1 Refusal - Severe Hypoglycaemic Episodes					
	2009	2010	2011	2012	2013
Jan	3	1	28	104	83
Feb	1	5	30	134	
Mar	3	8	38	136	
Apr	4	3	24	92	
May	4	4	27	114	
Jun	3	6	23	84	
Jul	8	4	31	102	
Aug	1	5	28	98	
Sep	5	2	53	98	
Oct	2	23	77	111	
Nov	2	29	84	73	
Dec	4	21	83	71	
Total	40	111	526	1217	83

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5. Medical Standards for Group 2 Driving

- 5.1. DVLA currently has a network of 44 independent Consultant Diabetologists around Great Britain who are assessing Group 2 drivers on insulin.
- 5.2. Since November 2011 drivers on insulin have been able to apply for any Group 2 licence. The number of applications that have progressed to the final stage of the assessment process can be found below.

NUMBER OF GROUP 2 DRIVERS ON INSULIN WHO HAD REACHED THE FINAL STAGE OF THE ASSESSMENT PROCESS			
Month	2011	2012	2013
January	0	39	58
February	0	122	
March	0	202	
April	0	180	
May	0	199	
June	0	141	
July	0	195	
August	0	201	
September	0	181	
October	0	208	
November	0	196	
December	7	140	
Total	7	2,004	58

- 5.3. The Panel considered the Forms which are used to assess applications from Group 2 drivers on insulin. No amendments were suggested and the forms will be reviewed again in 1 year.
- 5.4. The Panel considered an enquiry about the guidance given in The At a Glance Guide to the Current Medical Standards of Fitness to Drive with regard to Group 2 drivers on tablets other than Sulphonylureas or Glinides or on non-insulin injectable medication. Current advice is that “Drivers are advised to monitor their blood glucose regularly and at times relevant to driving”.

The Panel asked that this advice be removed as it was not felt to be appropriate.

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6. Literature Search

6.1. The Panel considered the following papers.

1) Diabetes and Driving: American Diabetes Association.

Diabetes Care 2013; 36: S580-S585

2) Does occupational driving increase the risk of cardiovascular disease in people with diabetes?

Diabetes Research and Clinical Practice 2013; 99: e9-e11

3) Hypoglycaemia and accident risk in people with type 2 diabetes mellitus treated with non-insulin antidiabetes drugs.

Diabetes, Obesity and Metabolism 2013; 15: 335-341.

7. Any Other Business

7.1. Continuous Glucose Monitoring Systems (CGMS)

The Panel discussed CGMS in detail and decided not to advocate its use currently. This will be reviewed in future meetings. It was noted that CGMS measures interstitial glucose levels, not blood glucose levels.

8. Date and Time of Next Meeting

8.1. Tuesday 1st October 2013.

Dr S D R Rees BSc MBBS
Panel Secretary

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