

**DRAFT**  
**MINUTES OF THE MEETING OF THE SECRETARY OF STATE FOR**  
**TRANSPORT'S HONORARY MEDICAL ADVISORY PANEL**  
**ON DRIVING AND DIABETES MELLITUS**

**HELD ON TUESDAY, 18 MARCH 2014**

**Present:**

|                    |       |
|--------------------|-------|
| Dr A E Gold        | Chair |
| Professor K M Shaw |       |
| Dr M D Feher       |       |
| Dr I Gallen        |       |
| Dr D Flanagan      |       |
| Dr P Mansell       |       |
| Dr M Evans         |       |

**Lay Members:**

Dr M L Shaw  
Mr K J Clinton

**Observers:**

|              |   |
|--------------|---|
| Dr C Beattie | DVLNI   |
| Dr G Roberts | Consultant/Specialist Endocrinology, Southern Ireland |

**Ex-officio:**

|                        |                                       |
|------------------------|---------------------------------------|
| Dr B G R Wiles         | Senior Medical Adviser, DVLA          |
| Dr S D R Rees          | Panel Secretary/Medical Adviser, DVLA |
| Mr S Thomas            | Head of Drivers' Medical Group, DVLA  |
| Dr K Davies            | Medical Adviser, DVLA                 |
| Ms J Chandaman         | Medical Licensing Policy, DVLA        |
| Mrs S Charles-Phillips | Business Change and Support, DVLA     |

**1. Apologies for Absence**

1.1 Apologies were received from Dr D J C Flower and Dr S Mitchell.

**2. Minutes of the last meeting held on the 1 October 2013**

2.1 It was noted that Professor K M Shaw attended this meeting and that Dr Feher's initials are Dr M D Feher. Other than this the minutes were accepted as a true account of the proceedings on 1 October 2013.

*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.*

### **3. Matters arising from the Minutes**

#### **3.1 Reference Paragraph 3.1 and 5.1.**

The Panel reviewed the amended Group 1 medical enquiry forms and guidance notes and endorsed them.

- #### **3.2**
- The Panel discussed DVLA advice regarding an episode of hypoglycaemia which occurs whilst driving. The advice is “Stop the vehicle as soon as possible, switch off the engine, remove the keys from the ignition and move from the driver’s seat. You should not start driving until 45 minutes after blood glucose has returned to normal as it takes up to 45 minutes for the brain to recover fully”. It was felt that this does not make it clear that it would be advisable for the driver to measure the blood glucose level after treating the episode of hypoglycaemia to confirm that it has returned to normal. The “At a Glance Guide to the Current Medical Standards of Fitness to Drive” will be updated with this advice.

### **4. Licence period for Group 1 drivers (car/motorcycle)**

- #### **4.1**
- The Panel discussed the consultation document which seeks views on increasing the validity period for Group 1 licences from one, two or three years to up to ten years in the context of insulin treated diabetes. The Panel expressed some concerns and requested further information so that the issue could be considered at the next Panel meeting.

- #### **4.2**
- The Panel noted that the risk of hypoglycaemia increases with duration of insulin treatment.

### **5. E.C reply to enquiry regarding episodes of severe hypoglycaemia occurring while asleep for Group 1 drivers**

- #### **5.1**
- Drivers with diabetes treated with medication who suffer two or more episodes of severe hypoglycaemia in the previous twelve months are not allowed to hold a Group 1 driving licence. Clarification had previously been sought from the E.C. who advised that both awake and asleep severe hypoglycaemia should be counted for licensing purposes. At the request of the Panel clarification was sought from the E.C. on the medical evidence available to support this decision. The E.C. response confirmed that no distinction could be made between awake and asleep hypoglycaemia for licensing purposes. This was the decision of the Driving Licence Committee in 2009 on the basis of the final report to that committee. However, further detailed information on the matter was not available and no information was provided as to how this decision was taken initially.

- 5.2 The Panel had some concerns about this decision and the response received. DfT have been approached to see whether this could be considered under the European Commission's Regulatory Fitness and Performance Programme (REFIT).

## **6. Blood glucose meters for Group 2 drivers on insulin**

- 6.1 At the previous meeting following a presentation by Dr Gary Thorpe (item 6) the Panel decided that they would consider whether stricter accuracy standards needed to be set for lower blood glucose readings on the meters used by Group 2 drivers on insulin. Following detailed discussion the Panel advised using a modern meter with a memory chip.
- 6.2 The Panel discussed some issues raised with regard to the assessment of blood glucose readings on the memory meter. The Panel advised that the date and time on the meter must be set correctly and there must be sufficient memory to store three months of readings. If the driver was using more than one meter all meters must be brought to the assessment. A written log of blood glucose readings without the memory meter would not be acceptable. The Panel also advised that it would be useful if the driver kept a log of the cause and treatment of low blood glucose readings for the three months of readings provided. These points will be clarified on the application forms and guidance notes. The Panel noted that sometimes the driver had not been prescribed enough blood glucose testing strips.

## **7. Review of the process of assessing Group 2 drivers on insulin**

- 7.1 The process for drivers with insulin treated diabetes applying for a Group 2 licence is a three stage process:
- (i) The drivers own self-declaration on a medical enquiry form which if satisfactory would be followed by.
  - (ii) An assessment by the driver's own doctor responsible for diabetes management which if satisfactory would be followed by.
  - (iii) An independent assessment by a Consultant Diabetologist who was not responsible for the diabetes care of the applicant (an independent assessor).

The Panel reviewed this process and the medical assessment forms and guidance notes and suggested some amendments to the forms and guidance notes. The Panel recommended continuing with this three stage process which will be reviewed in the future.

## **8. Feedback from independent assessors of Group 2 drivers on insulin**

8.1 There are currently 55 independent assessors of Group 2 drivers on insulin throughout Great Britain. The Panel noted that the vast majority of assessors felt they could assess the risk of a future severe hypoglycaemic episode most or all of the time. The main problems noted were that applicants often failed to bring 90 days of readings taken twice daily and at times relevant to driving. It was also felt that at the second stage of this three stage process (the assessment by the drivers own clinician) the report was sometimes inaccurate. DVLA had analysed a sample of 100 applications for a Group 2 licence by a driver with insulin treated diabetes and the overall failure rate was 34% with 15% being refused at the final stage with the independent assessor.

## **9. Assessing Peripheral Neuropathy**

9.1 The Panel discussed this issue and decided to ask for advice from the Neurology Panel on assessing this condition.

## **10. Any Other Business**

10.1 The Panel received an enquiry from an assessor of Group 2 drivers on insulin regarding continuing to be an assessor after retiring from NHS practice. The Panel advised that as long as subject to annual appraisal and being revalidated they could continue as an assessor.

## **11. Date and time of next meeting**

Tuesday, 14 October 2014.

**DR S REES BSc MBBS**

Medical Adviser and Panel Secretary to the  
Honorary Medical Advisory Panel on Driving and Diabetes Mellitus