

DRAFT
MINUTES OF THE MEETING OF THE SECRETARY OF STATE FOR
TRANSPORT'S HONORARY MEDICAL ADVISORY PANEL ON DRIVING AND
DISORDERS OF THE CARDIOVASCULAR SYSTEM

THURSDAY, 20 MARCH 2014

Present:	Dr M J Griffith	Chairman
	Dr A Kelion	
	Dr L Freeman	
	Professor C Garratt	
	Mr A Goodwin	
	Mr M Gannon	
	Dr R Henderson	
	Dr D Northridge	
	Dr D Fraser	
Lay Members	Mr B Nimick	
	Mr D Simpson	
Ex-officio:	Dr B Wiles	Senior Medical Adviser, DVLA
	Dr A Kumar	Panel Secretary/Medical Adviser, DVLA
	Dr C Maginnis	Medical Adviser, DVLA
	Mrs C Green	Head of Medical Licensing Policy, DVLA

1. Apologies for absence

Apologies have been received from Professor M Cowie, Dr S Mitchell, Northern Ireland representative and Mr B Jones.

2. Minutes of meeting of 19 September 2013

Amendments to the wording of Item 8 and Item 9 of the minutes:

Item 8 – Cardiac MRI: Presentation by Dr Mark Westwood, Consultant Cardiologist, London Chest Hospital – main relevant points:

Section on the perfusion image: regarding the last sentence in the second paragraph – “*it was pointed out that the sensitivity and the negative predictive value of CMR is much better than SPECT studies*”, Dr *Kelion* mentioned that this is an area of continuing debate at present

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and hence it would be reasonable to amend the wording to “*Dr Westwood suggested that the sensitivity and negative predictive value of CMR is much better than the SPECT studies*”. Dr Kelion suggested that a SPECT study is more specific than CMR for coronary artery disease.

Minutes to be amended.

Item 9 – Surgery for valvular heart disease: Group 1 and Group 2 licence standards - important relevant points:

The last sentence in the first paragraph “*Germany followed by the UK is doing most of the TAVI procedures, and in Germany most of the aortic stenosis surgery is done by TAVI*”, this should be amended to: “*Germany followed by UK is doing much of the TAVI procedures and in Germany most of the aortic stenosis surgery is done by TAVI*”.

3. Matters arising from the minutes of 19 September 2013

Item 9 – Surgery for valvular heart disease: Group 1 and Group 2 licence standards.

There was discussion whether there should be separate driving licence standards for individuals who have undergone TAVI as compared to those who have undergone open heart valve surgery. Panel felt that currently there is not much evidence to support separate standards and hence the standards for TAVI should be the same as that for the open heart valve surgery and this should be reflected in the ‘At a glance Guide to the current Medical Standards of Fitness to Drive’.

4. European Union Working Group Report on Driving and Cardiovascular Disease

Dr Kumar made the Panel aware that the proposed legal text by the European Union Working Group has been presented to the Driving Licence Committee in January 2014. A copy of this text including the entire report had been included in the Panel papers (circulated to Panel members prior to the meeting). All the EU member states are in receipt of this

document (report plus the legal text) and will have the opportunity to vote on it at the next Driving Licence Committee meeting (expected to be September 2014). Following this, the Driving Licence Committee will decide how to adopt these recommendations/proposed legal text into the Annex III of the EC Directive for driving regulations.

Panel were advised that as the title in the proposed text mentions “minimum standards of physical and mental fitness for driving” member states can adopt a more stringent standard than the minimum EU standard if there is medical evidence to support it.

Panel reviewed the text and the report and agreed that it will put forward its views to the Driving Licence Committee and the Working Group on the sections where it is in disagreement with the proposed legal text.

5. Syncope: Group 1 and Group 2 licence standards

The standards for syncope have always been and are at present under the neurology section of the At a Glance. Over the last few years there has been several changes made to the various categories of loss of consciousness in the Neurology section of the At a Glance. As a significant number of cases of syncope do have an underlying cardiological aetiology, the issue of whether syncope should be included in the cardiology section of At a Glance as well was discussed at length. Panel agreed that it would be reasonable to invite a syncope expert to the next Panel meeting for a presentation before this can be taken forward.

Discussion points:

The Panel were aware of the changes in the syncope standards over the last few years especially the addition of category 6 (2 or more episodes of loss of consciousness/loss of or altered awareness without reliable prodromal symptoms). Dr Wiles (Neurology Panel Secretary) mentioned that at the recent Neurology Panel meeting it was clarified that for category 6 – the time period within which the 2 or more episodes of loss of consciousness or altered awareness have to be considered is 5 years for Group 1 licence standards and 10 years for Group 2 licence standards.

There was discussion regarding individuals with recurrent syncope and their legal responsibility to notify DVLA. The DVLA Medical Policy representative confirmed that in the UK the driver is legally responsible to notify the DVLA of their relevant medical condition. Currently there is no legal responsibility on doctors to notify DVLA, however, under the GMC guidelines for good medical practice, where relevant, doctors should advise the patient to stop driving and notify DVLA, and if they have reason to believe that the individual has not notified the DVLA, or refuses to notify DVLA, then in the interest of public road safety, it is good medical practice for doctors to inform the DVLA. Full guidelines for notification to DVLA are available on the GMC website, and also in the At a Glance (page 3) under the section 'Notification to DVLA'.

6. Cases for discussion

Two cases were included as late enclosures and panel advice was given on both cases.

1. A case of a Group 2 licence renewal with a history of ischaemic heart disease and significant myocardial reversible ischaemia on stress echocardiogram.
2. Recurrent syncope with a diagnosis of cough syncope and vasovagal syncope.

7. Any other business

A new Panel member with expertise in heart failure needs to be appointed as the current expert member is completing his term of membership to the Panel soon.

8. Date and time of next meeting

The proposed date for the Autumn meeting is 18 September 2014. To await correspondence from all the Panel members regarding availability before finalising this date.



DR A KUMAR MBBS MRCGP
Panel Secretary

26 March 2014