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

Held on 13 March 2014

Present:

Professor Garth Cruickshank	(Chairman)
Professor Philip Smith	
Professor Anthony Marson	
Dr Paul Reading	
Mr Robert Macfarlane	
Mr Peter Hutchinson	
Dr David Shakespeare	
Dr Anil Gholkar	
Professor Huw Morris	

Lay Members:

Mr C Jones
Ms R Eade

Observers:

Dr Stuart Mitchell	Civil Aviation Authority
Dr C Beattie	DVLNI
Dr Norman Delanty	National Programme Office for Traffic Medicine, Dublin

Ex-officio:

Dr Ben Wiles	Senior Medical Adviser, DVLA
Dr Aditi Kumar	Medical Adviser, DVLA
Ms Jan Chandaman	Medical Licensing Policy, DVLA
Mrs Julie Thomas	Business Change and Support, DVLA
Mrs Pat Marchant	Business Change and Support, DVLA
Mr Martin Ellis	RULIS DfT

Item 1 - Apologies for Absence

Dr Nerys Lewis	Medical Adviser/Panel Secretary, DVLA
Mr Richard Nelson	
Mrs C Green	Head of Medical Licensing Policy, DVLA
Mrs Sue Charles-Phillips	Business Change and Support, DVLA

Item 2 – Chairman's Remarks.

2.1 The Chairman noted Professor Rothwell's resignation from the Panel and expressed thanks for his work.

2.2 Regarding research funding the two areas outstanding are for head injuries and strokes as based upon the data in the Oxford Study. The Chair has written to the NIHR and the HTA regarding this. There may be some possibility of funding for research regarding the head injuries, however, it is unlikely that funding will be available from these bodies regarding the stroke data. It was noted to be still a relevant area to be studied for the purposes of the Panel. Professor Williamson's interest in being involved with this research despite the fact that she has completed her period on the Panel was noted.

Item 3 – Panel Recruitment

3. DVLA has received a suggested nomination for the post of Medical Statistician. DVLA has written to The Royal College of Physicians in London for any suggested contacts. To date, there has been no reply from The Royal College of Physicians. There has been a suggested name for a Neurologist with a specialist interest in epilepsy. It was suggested that writing to the Association of British Neurologists may be an appropriate next step. It was noted that there is a pressing need to replace the Neuro-Oncologist on the Panel with somebody who is an Oncologist with significant experience in the field of Neuro-Oncology. The Panel Chair will discuss with some potential contacts.

3.2 Another potential area of weakness in Panel expertise was that of individuals who have cerebral infections. It was suggested that for the purposes of this Panel it may only be necessary to have a named individual to whom the Panel can turn to for specific advice rather than necessarily requiring membership of the Panel.

3.3 It has been confirmed by DVLA Policy that it is acceptable to have an additional Member of the Panel who is a General Practitioner. DVLA will therefore approach The Royal College of General Practitioners.

Item 4 – Minutes of the Meeting of 9 October 2013

4.1 Matters arising there from:

4.7. The first sentence will be changed to "The issue of DVLA gold plating in the U.K. standards was commented upon".

Item 14 On the second line of this item the word "isolated" will be removed. On the fourth line the words "who is not on anti-epileptic medication" will be removed.

4.2 There was discussion regarding this issue and if an individual has demonstrated five years freedom from seizures after a period of epilepsy they can be considered to have had an isolated seizure. They can be on anti-epileptic medication for Group 1 licensing. The standards for Group 2 are more stringent and the individual would have to be ten years free from epilepsy and ten years free from anti-epileptic medication before any further seizures could be considered to be isolated.

4.3 The MESS data showed no specific data regarding seizure recurrence in cases such as this, however, the Panel felt that intuitively if somebody was on anti-epileptic medication they will be at a lower risk of further seizures.

4.4 The issue of individuals having an isolated asleep seizure was raised. Given that there are no concessions in law for the isolated seizures regarding those occurring while asleep, if an individual had a previous history of epilepsy falling under one of the sleep concessions and then subsequently, after the appropriate period of time, had an asleep isolated seizure, these could not be considered under the previous epilepsy concession and therefore they would have to observe the appropriate period of time off driving for an isolated seizure. Whilst this may be disadvantaging individuals who have had purely an isolated asleep seizure, given the legislation there is no allowance for any more lenient licensing decision.

4.5 The issue of whether or not a licence should be issued after an appropriate clinical work-up after the isolated seizure was raised. It is not DVLA's position to dictate clinical management. Therefore, it is not appropriate to place this as a requirement for licensing in these cases. Some changes to the "At a Glance Guide to the Current Medical Standards of Fitness to Drive" regarding this issue will be made as "At a Glance Guide to the Current Medical Standards of Fitness to Drive" does not, currently, accurately reflect this advice.

Item 5. Grade III Gliomas

(i) Ongoing Research

(ii) Testing Centres and availability to test to customers

5.1 The current number of cases that DVLA are aware of with the 1p19q codeletion is still a small number.

Addendum: after meeting it was confirmed that the number of cases is 13.

5.2 The research that Dr Jeremy Rees at the National Hospital for Neurology and Neurosurgery and the Panel Chair were performing is still ongoing. When more data is available the standards will be reviewed. It was noted that most if not all neuro-oncology centres have this test available. The issue for DVLA would be if it was not available at all centres and therefore some customers would be disadvantaged because of where they are being treated.

5.3 The intention is, if data supports this, to allow individuals with a Grade III glioma and the 1p19q codeletion to be licensed earlier than the current two year period. The issue of whether or not this should be extended to all favourable sub-groups was raised. The difficulty for DVLA when operationally applying the data and also assessing whether the data is operationally favourable was discussed.

Item 6. Extended period licences

6.1 The consultation regarding extended period licences has been commenced. As there was a previous stakeholder workshop this consultation is a targeted one rather than the more usual public consultation. It is to change the law to allow the issuing of up to ten year licences. There is a provisional clause on the Deregulation Bill and should everything be favourable, it should be in law by the end of the year.

6.2 The Panel were asked for their advice regarding what conditions could be considered for a longer than three year licence where the individual has a prospective disability. Given the fact that the licence period for somebody over 70 will not be altering, the extended period licence would only, in practice, affect individuals younger than 67. Consideration is being given to individuals, in appropriate circumstances, being given a declaration to sign to indicate that if their condition deteriorated during the period the licence was enforced, they would notify DVLA. This currently will only apply to Group 1 licensing.

6.3 It was felt that a ten year licence would be too long for individuals with Parkinson's disease. The evidence regarding the natural history of the disease indicates that between 15-20 years after the start of the disease process around 80% will have problems with cognitive impairment. They will have other issues such as frequent falls. It was felt that a five year licence for the first ten years after diagnosis would be reasonable given the knowledge of the natural history of Parkinson's disease. It was also noted that the risk of progression to dementia and other problems is less in the

younger age group so giving longer than three year licences would be not as concerning given the legislative proposals.

6.4 Other conditions that would be considered for longer period licensing were discussed. Multiple Sclerosis and epilepsy were quoted. The Panel felt that this would need further consideration. DVLA will add a question to the medical questionnaires regarding stability of the condition over the preceding years. This will be in an attempt to assess how stable the condition has been. The suggested guidelines for these conditions will be circulated to the Panel prior to the next meeting.

Item 7. Medical standards for infra-tentorial abscesses

7.1 The question was posed to the Panel as to whether infra-tentorial abscesses should have less stringent medical standards than supra-tentorial abscesses.

7.2 It was noted that abscesses and empyemas cannot always be strictly defined as infra or supra-tentorial. The data available in the public domain has been reviewed regarding this and it was noted that there was very little data regarding seizure risk. Given the following:

- The absence of any hard data regarding seizure risk.
- Difficulty in delineating the supra-tentorial extent of any infection.
- The high morbidity associated with infra-tentorial abscesses.
- The prolonged recovery from an acute event.

The Panel decided not to change the medical standards regarding infra-tentorial abscesses.

7.3 If cases occur then it would be appropriate to bring them to the Panel's attention for a review in order to aid decision making regarding potentially changing any of the standards.

Item 8. New sleep apnoea rules

8.1 The recent E.C. Working Group Report on sleep apnoea has been drafted and this will now be voted on at the Summer meeting. The previous draft has raised two issues that would have had an impact upon DVLA which were:

1. Not allowing the issuing of a long-term licence when the individual was well controlled.
2. The requirement for screening all individuals who applied for a licence for obstructive sleep apnoea.

8.2 Both of these issues had been resolved at the last Driving Licence Committee. A screening questionnaire will be made available on line for individuals and/or their doctors to use. This, although would be on the DVLA's website, would not be part of the medical enquiry screen which is fitness to drive.

8.3 Once the draft legislation has been finalised it will be circulated to the Panel Members.

8.4 It was stressed that DVLA is only concerned with OSAS rather than OSA i.e. with symptoms, especially those with symptoms of relevance to driving.

Item 9. Fatal accident inquiries

9.1 The Panel were informed of two ongoing fatal accident enquiries in Scotland regarding individuals who had episodes of loss of consciousness at the wheel.

Item 10. Points for clarification

10.1 **Page 10, Section 6, 'At a Glance guide to the Current Medical Standards of Fitness to Drive' - (time limit).**

For category 6 of the loss of consciousness or loss of awareness, the medical standards will be altered to mirror the loss of consciousness with seizure marker standards.

10.2 **Possibility of different standard if there are changes in the nature of the blackouts.**

The Panel felt that there was no reason to change the medical standards as the event should be considered on its merits. Essentially, if an individual had episodes with reliable prodrome and then an episode without prodrome the standards should be the same as if they only had one type of blackout. It was noted that involvement from the Cardiology Panel in reviewing the syncope standards will be appropriate.

Item 11. Concessions to Epilepsy Regulations for customers with underlying structural abnormality

11.1 It was noted that individuals who fall into this category would have had to have spent at least a year establishing a pattern of seizures before they could be considered for the concession. The Panel felt that the standards for these cases should remain as they are. As always, there is the option to consider exceptional cases individually.

Item 12. Time Limit after withdrawal of medication to be considered as a physician directed withdrawal seizure

12.1 The Panel considered this issue and feel that a period of six months after the last dose of the medication that has been withdrawn or after the date of the change from one medication to another would be appropriate as the time limit to be considered under this concession. It was clarified that if an individual had a seizure after being changed onto an alternative anti-epileptic medication then they would have to observe a period of one year off driving (unless one of the other concessions applied) unless they return to the previously effective anti-epileptic medication and were controlled and seizure free for six months.

Item 13. Cases for discussion

13.1 The Panel considered eight cases, one regarding a stroke in a Group 2 licence holder and the seven regarding brain tumours and seizures.

13.2 Issues arising from Panel discussions of the cases.

For brain tumours with ongoing chemotherapy for systemic disease, unless there were two interval scans showing an improvement then the individual could not be considered to have completed primary treatment. However this would not be applicable in all cases and must be considered individually.

The issue of a change in the seizure risk with a static brain tumour was discussed.

There is no data available to indicate whether or not this is related to the absence of the tumour or just to a decrease in the size of the tumour.

13.3 For Group 2 licence holders who have had a stroke or TIA, some causes of the TIA such as carotid atheroma embolising to the cerebral vasculature may have a better prognosis after the treatment and removal of the carotid atheroma. Unfortunately, the data is not available to back-up any shorter period of time off driving in these cases.

13.4 In cases of malignant brain tumours which are being treated as a WHO Grade III tumour with histology that would suggest that it was a WHO Grade II tumour, the licensing standards that would apply would be for the Grade III tumour. Around 30% of tumours initially classified as Grade III tumours turn out to be Grade IV tumours and this is only apparent after a period of one year. Therefore, for Grade III tumours a period of two years off driving is required unless there is a proven indication that they have a better prognosis (such as a 1p19q codeletion see above Item 5).

13.5 For a medication to be considered the cause of medication provoked seizures, for the purposes of driver licensing, there must be not only a theoretical cause or link but also clear evidence that the medication is the sole cause of the event. The period of 6 months off driving is to remain.

Item 14. Appeal cases since the last Panel meeting

14.1 The Panel were advised of the summonses for appeals under Section 100 of the Road Traffic Act 1988 which have been received by the DVLA and the breakdown with respect to those with neurological conditions.

Item 15. New Drug Driving Regulations

15.1 Martin Ellis from the Department for Transport (Road User Licensing, Insurance and Safety) provided an update regarding the new Drug Driving Regulations. A new piece of legislation had been introduced regarding driving with controlled drugs over the prescribed limits. This is similar to the legislation regarding driving with alcohol over prescribed limits. This is in addition to the legislation regarding driving whilst unfit through drugs.

15.2 There was a consultation on this last year. There has also been a subsequent consultation regarding the level of Amphetamine that the legal level should be set at. It is envisaged that the summary of the consultations will be prepared before Easter with the regulations put into law in May with an enforcement date of 1 October 2014.

15.3 The prescribed levels of drugs which are considered to be illicit have been set at a "zero tolerance" level. The drugs that are controlled drugs that are used, potentially, medicinally has been set on a risk based approach.

15.4 Amphetamine has been considered separately due to the fact that there was concern raised during the short consultation regarding the levels of Amphetamine that were suggested. This was mainly regarding individuals who were taking Amphetamine or Amphetamine related substances for ADHD.

15.5 Amphetamine will be included towards the end of 2014 after the consultation period.

15.6 The medical defence was discussed. This is for individuals who are taking controlled drugs as per the prescription from their doctors and not impaired whilst driving. This is essentially to protect them from prosecution if the levels of drugs in the blood when tested are above the prescribed limits.

15.7 "Zero tolerance" levels have been set to avoid accidental exposure such as passive inhalation and therefore are not strictly at the concentration of zero. There is also the issue of the level at which the drugs could be detected.

15.8 There is guidance being prepared for medical practitioners regarding the medical defence and a draft of this was circulated to the Panel for their opinion. The final version will be signed off by the Panel on Alcohol Drugs and Substance Misuse.

15.9 It was confirmed that the drugs that are included in this legislation have to be listed as controlled drugs in the Misuse of Drugs Act. Therefore, some of the "legal highs" will not be included in this.

15.10 It was noted that various European countries have similar legislation.

15.11 For this new regulation to be used, the individual would have to come to the attention of the police for some other reason. The police would have to have grounds for suspecting that the individual was driving over the prescribed limit of drugs before arranging for testing. Roadside salvia testing machines for Cocaine and Cannabis are expected to be type approved by the end of 2014 to be in service in 2015. The evidential tests will be performed on blood samples. It is envisaged that in the fullness of time roadside testing devices that can test all of the prescribed drugs and their levels would be available.

15.12 For multiple sclerosis sufferers who may require Sativex, when they notify DVLA and are issued a licence they will be given information regarding the new legislation to advise them that if they do start taking Sativex they should carry some documentary evidence to confirm this is for medicinal use.

Item 16. Any Other Business

16.1 The Chair of the Drug and Alcohol Panel has been approached by an academic of The London School of Economics wishing to perform research into the decision making processes in scientific advisory committees to the Government. Nobody on the Neurology Panel has been approached regarding this.

16.2 The Chair thanked Professor Smith for his long service and, in particular, the hard work that he put in regarding the new epilepsy legislation.

Item 17. Date and time of next meeting

17.1 Thursday, 11 September 2014 at 11.00 a.m.

DR B G R WILES MB ChB MBA
Senior Medical Adviser

pp: Dr Nerys Lewis
Secretary to the Secretary of State for Transport's Honorary Medical Advisory Panel on Driving and Disorders of the Nervous System.

21 March 2014