

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, 17 MARCH 2015

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

Observers:

Dr C Beattie	DVLNI
Dr G Roberts	Consultant/Specialist Endocrinology, Southern Ireland
Dr S Mitchell	Civil Aviation Authority

Ex-officio:

Dr Wyn Parry	Senior Medical Adviser, DVLA
Dr S D R Rees	Panel Secretary/Medical Adviser, DVLA
Ms J Leach	Medical Licensing Policy, DVLA
Mrs S Charles-Phillips	Business Change and Support, DVLA
Dr P Prasad	Medical Adviser, DVLA
Dr N Lewis	Medical Adviser, DVLA

1. Apologies for Absence

1.1 Apologies were received from Dr D Flower and Mr K Clinton.

1.2 This was Professor K Shaw's last meeting after which he retires as a Panel member.
The Panel thanked him for his service and wished him well for the future.

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.

2. Minutes of the last meeting held on 14 October 2014.

2.1 The minutes were accepted as a true account of the proceedings on 14 October 2014.

3. Matters arising from the minutes.

3.1 Ref. Paragraph 6.1 Blood glucose testing on insulin.

The Panel reiterated that drivers using continuous glucose monitoring systems (CGMS) must also monitor blood glucose as advised for insulin treated diabetes in the “At a Glance Guide to the Current Medical Standards of Fitness to Drive”. As more evidence becomes available the use of CGMS will be considered again. ABCD were asked to consider grading glucose meters in terms of accuracy and the number of readings they were capable of holding. This would need to be updated twice yearly.

4. Licence period.

Following a letter from the Association of British Clinical Diabetologists (ABCD) it was decided not to proceed with work on possibly extending the licence period for Group 1 drivers on insulin beyond 3 years. If new information becomes available this decision will be reviewed. Dr Shaw commented that the time taken in processing applications remained an issue.

5. Transport Research Laboratory Report 2014.

“The forgotten risk of driving with hypoglycaemia in Type 2 diabetes: Considering Sulphonylureas and Glinides in the context of the Driver and Vehicle Licensing Agency (DVLA) guidance”.

This was commissioned by Merck Sharp and Dohme. It extrapolates data from Type 1 diabetes to insulin treated Type 2 diabetes. The Panel felt there was no information in the report which would influence the advice given on driving.

At page 91 of the report item 9 “Calls to action” are:

1. For the DVLA, as a trusted source of information, to provide clear and simple guidance on its website advising drivers of ways to prevent hypoglycaemia by speaking to their healthcare professionals (HCPs).
 - a. For DVLA to actively communicate changes to its guidelines with drivers.
 - b. For DVLA to actively support HCPs in understanding that licence loss can be avoided if SUs and Glinides are prescribed with caution in those who need to drive for work.
 - c. For DVLA to actively communicate with drivers the importance of speaking to HCPs if they have experienced hypoglycaemia.
 - d. For DVLA to record more detailed data (e.g. the number of severe hypoglycaemic events, the method of notification, the type of diabetes). Recording more of the data that is used to support a decision would be helpful to the wider research and support community for people with diabetes.

The panel felt that DVLA is already actively communicating changes to its guidelines with drivers, whereas 1(b), 1(c), 1(d) are not part of the cost effective business role of DVLA.

6. Literature Search.

No articles were identified.

7. Any other business.

- 7.1 The Panel considered statistics on applications and refusals for Group 1 driving licences.
- 7.2 With regard to Group 2 drivers on insulin at the annual examination 3 months worth of blood glucose readings are normally required. However, where there are not 3 months of readings DVLA does have discretion if there is a good reason for this, there are supportive comments from the assessor and all evidence suggests that they are testing appropriately. Sometimes this arises due to lack of meter memory or individual features of the meters used. DVLA will communicate this with all the independent assessors.
- 7.3 DVLA are continuing to receive 25-30 police notifications per month of road traffic incidents for drivers with insulin treated diabetes.
- 7.4 Following communication from a Consultant Diabetologist the Panel advised an amendment to Chapter 8 of the “At a Glance Guide to the Current Medical Standards of Fitness to Drive” with regard to hypoglycaemia from any cause other than the treatment of diabetes.
- 7.5 A letter had been received from a driver with insulin treated diabetes applying for a Group 2 licence regarding the distance he was required to travel for an assessment with an independent Consultant Diabetologist.

It was noted that we have 53 independent assessors in Great Britain. Some drivers have to travel long distances for these assessments. The Panel asked DVLA to identify areas where we do not have enough assessors and try to recruit in these areas. The recruitment questionnaire will also be revisited to see if changes are needed. It was noted that DVLA cannot compel Consultant Diabetologists to become assessors.

The Panel Chair noted that she carries out these assessments by video link with drivers in Orkney and Shetland, but it was noted that this type of assessment requires links with the clinical services in these areas and may not be easily reproducible in other parts of the country.

8. Date and time of next meeting – 6 October 2015.

DR S REES BSc MBBS

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

8 April 2015