

## **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 1 NOVEMBER 2016**

#### **Present:**

Dr A E Gold                      Chair  
Dr M D Feher  
Dr I Gallen  
Dr D Flanagan  
Dr J C Flower  
Dr M Evans

#### **Lay Members:**

Dr M L Shaw  
Mr K Clinton

#### **Observers:**

Dr G Roberts                      National Programme Office for Traffic Medicine,  
Dublin  
Dr S Mitchell                      Civil Aviation Authority

#### **Ex-officio:**

Dr S Rees                          Panel Secretary/Medical Adviser DVLA  
Mrs Angela Rook                  Drivers Services, DVLA  
Dr A Kumar                          Medical Adviser, DVLA  
Dr G Rees                              Medical Adviser, DVLA  
Mrs S Charles-Phillips              Business Change & Support, DVLA  
Mrs S Taylor                          Communication and Engagement, DVLA  
Miss N Davies                          Drivers Medical Group, DVLA  
Dr S Bell                                Chief Medical Officer, Maritime Coastguard Agency  
Dr P Choudhary                        Senior Lecturer and Consultant in Diabetes  
Mr D Warren                          Drivers Medical Policy, DVLA  
Mrs Rachael Toft                      Drivers Medical Policy, DVLA  
Dr Sonny Powar                        Medical Adviser, DVLA

*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.*

1. **Apologies for absence**

Apologies were received from Dr Clive Beattie, Dr Andrew Brown and Dr Peter Mansell.

2. **Minutes of the last meeting held on 22 March 2016**

The minutes were accepted as a true account of the proceedings on 22 March 2016.

3. **Blood glucose testing in diabetes managed by tablets which carry a risk of inducing hypoglycaemia (this includes Sulphonylureas and Glinides)**

The panel advised that these drivers should be offered an information leaflet advising them on appropriate blood glucose monitoring.

For Group 1 drivers this means it is appropriate to offer self monitoring of blood glucose at times relevant to driving.

For Group 2 drivers this means at least twice daily and at times relevant to driving. At times relevant to driving has been defined as “no more than 2 hours before the start of the first journey and every 2 hours while driving”.

4. **Changes to the EU directive which will take effect from 1/1/2018 which apply to Group 1 drivers only**

Member States of the EU approved proposals made by the Diabetes Working Group. Member states need to put in place any national laws along with the administrative procedures to take effect from 1 January 2018. This means that for Group 1 drivers with recurrent severe hypoglycaemia during waking hours a licence will not be issued or renewed until 3 months after the most recent episode. It will also include exceptional cases provided they are justified subject to authorised medical opinion and regular medical review.

The panel advised that exceptional cases might include cases where an identifiable event has been rectified, and normal awareness of hypoglycaemia is present. Examples may include severe hypoglycaemia and altered awareness during pregnancy where the risks have resolved post-partum or inpatient hypoglycaemia where an inappropriate dose of insulin has been administered. By definition most cases are not exceptional.

DVLA intend to undertake a formal consultation exercise in the first half of 2017 targeted at major stakeholders including panel members. This will need to include discussion of the process of assessing drivers applying for a licence after revocation.

## 5. **Digital Services**

A presentation was given on the current casework and telephone calls which the Agency process purely for medical transactions. It provided an update on the new notify and renewal digital services which are now available to the public. The renewal service is currently only available to drivers who have Diabetes. The current paper process will be redesigned to mirror the new online process. The panel welcomed these changes which will speed up the process for applications / renewals for drivers with diabetes.

## 6. **Continuous glucose monitoring systems (CGMS) / Flash Glucose Monitoring Systems**

Dr Pratik Choudhary presented data on accuracy of CGMS and flash monitoring devices. It was noted that there is a variation in the accuracy of different devices particularly at lower glucose levels. In addition these methods measure interstitial rather than blood glucose. Current legislation requires “blood glucose” monitoring and a legal opinion is being sought concerning the interpretation of the legislation. The panel considered that for some drivers it may be as safe to drive with multiple readings from CGMS / flash monitoring using a device of appropriate accuracy as it would be using standard finger-prick blood glucose meters. However clear guidance on the appropriate use of devices and interpretation of data would be required.

## 7. **Group 2 drivers on insulin**

The Panel asked DVLA to review the medical questionnaires used to assess Group 2 drivers on insulin to ascertain if the forms could be simplified.

action DVLA

## 8. **Definition of severe hypoglycaemia**

A panel member wished to discuss whether we could modify the definition of severe hypoglycaemia. Severe hypoglycaemia is defined in the EU directive 2009/113/EC as “severe hypoglycaemia means the assistance of another person is needed”. It is also defined in The Motor Vehicle (Driving Licences) (amendment) Regulations 2011 as “severe hypoglycaemia means an episode of hypoglycaemia requiring the assistance of another person”

As the definition is in both the EU directive and domestic regulation we are not able to modify the definition without changing the law.

The panel advised that drivers having episodes of severe hypoglycaemia where assistance was required but not received should be advised not to drive and to notify DVLA. An

example of this would be if someone had a collapse / seizure as a result of hypoglycaemia but did not receive assistance and made a spontaneous recovery.

**9. Assessors of Group 2 drivers on insulin**

There are now 59 assessors of Group 2 drivers on insulin in Great Britain.

**10. Literature Search**

The Panel considered the paper “Severe Hypoglycaemia Requiring Medical Intervention in a Large Cohort of Adults with Diabetes Receiving Care in U.S. Integrated Health Care Delivery System”: 2005-2011.

Diabetes Care 2016 ; 39 : 363 - 370

**11. Any Other Business**

The Panel noted that the DIABINF information sheet for drivers on insulin is not easily accessible as it is only available as part of the appendix of Assessing Fitness to Drive and advised that it should be readily available on the website in the same location as the INF188/2.

**11. Date of next meeting**

21 March 2017

**DR S REES BSc MBBS**

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

3 November 2016