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

MONDAY 21 MARCH 2016

Present:

Professor D Cunningham-Owens Chairman
Dr P Connelly

Lay Members:

Mr B Alexander

Ex-officio:

Dr P Fearon	National Programme Office for Traffic Medicine, Dublin
Dr A White	Panel Secretary, DVLA
Mr D Thomas	Business Change & Support, DVLA
Mr R Morgan	Business Change & Support, DVLA
Mr J Donovan	Medical Licensing Policy, DVLA
Mrs C Green	Medical Licensing Policy, DVLA
Dr S Bell	Chief Medical Officer, Maritime and Coastguard Agency

1. Apologies for absence

Apologies were received from Dr G Jones, Professor S Banerjee, Dr T Beanland, Dr T Jagathesan, Dr C Graham and Dr Wyn Parry.

2. Minutes of the last meeting held 5 October 2015

The minutes are accepted as a true record of the recordings and duly signed by the chairman.

3. Matters arising from the minutes

The Panel requested a small amendment to item 2 of the minutes this is to read "The Panel expressed concerns that the report enquiry process had been conducted with little discussion or contact of the serving Panel Members"

No further points were raised and the minutes were accepted.

4. Medical standards for Group 2 licensing update

The newer members of The Panel were provided with a précised history of the licensing durations applicable to the Group 2 entitlement along with the rationale for the reduction in the observation period from 3 years to a minimum of 12 months where there has been a psychotic or manic illness.

It was explained that it was felt that the 3 year observation period was perceived as being overly punitive and that a reduction in the requirement would help employers and those drivers wishing to overcome health problems and continue their employment. A number of appeal cases following the revocation of the C1/D1 medium sized vehicle entitlement had been upheld by the Courts and it was felt that the 3 year observation period was too onerous. It was reported that numbers involved actually were reasonably small in the region of 200 per year but that the implications for the individual were dramatic and significant.

It was explained that this was a continuation of the reduction in observation times first initiated for the Group 1 licence. This originally was an extended period of 12 months reduced to 6 months and for over 10 years had been reduced to a shorter period of 3 months good, stable mental health. It was noted that there has been no noticeable increase in adverse events since this reduction was introduced and that it had been well accepted clinically. The Panel were informed that discussions were taking place for reductions in other related areas.

The Panel were informed that the median time for relapse after discontinuation of medication in schizophrenia was approximately 5 months; therefore the 1 year observation period would give a broad feel for the prognosis of the condition and engagement with treatment.

The Panel was appraised of the difficulties of planning a widespread publicity campaign, this had been influenced by factors outside the control of the Agency and the Panel.

It was noted that the number of cases brought to Panel for discussion had reduced dramatically over the years it was felt that this may in part be due to the introduction of more flexible licensing: the absence of adverse events was also noted. The overall impression was that the current standards appeared to offer a good balance between the maintenance of individual mobility and public safety.

5. At a Glance Guide update

It was initially planned that there would be a review of the current At a Glance Guide to Medical Standards (AAG); the guide is reviewed on an annual basis to ensure it is compliant with current standards and advice. However, a new guide to medical standards "Assessing Fitness to Drive a Guide for Medical Professionals" was published on 11 March 2016. The guide was released for general circulation and is available as a HTML webpage, a mobile friendly view and a PDF file. As with previous editions of the AAG no printed copies will be routinely distributed although the PDF version may be freely printed by the end-user. It was noted that the guide had grown in size.

The document was developed as a consultation with clinical colleagues who expressed an opinion that the previous version of the At a Glance Guide was sometimes difficult to use and not "user friendly". The new version is graphically more appealing and easier to read.

The mental health section was reviewed and a few minor corrections were suggested. The Panel complimented the Agency on the presentation of the information.

6. Cognitive impairment and dementia guidelines

The Panel received a brief update on the work of the Newcastle group devising guidelines regarding dementia and Mild Cognitive Impairment (MCI) in relation to driving. This is ongoing work and hopefully will report later this year.

A more general discussion ensued regarding MCI in particular and dementia in general and the effects on driving. Once again The Panel was informed in the case of MCI there may be quite limited functional impairment and driving is likely to be safe as a degree of self regulation takes place. Driving is often slower than previously and the more high risk manoeuvres are often omitted, for example right junctions and roundabouts. The roles of the various screening tests routes were revisited and it was explained that the act of driving is very much an over learnt activity and that this mechanical operation of the vehicle is often relatively unaffected. It is the higher level executive functioning and planning skills that are most affected. As mentioned at the last Panel these are the types of roles that are not effectively measured by the more common screening tests.

It was noted that only approximately 10% of people with a diagnosis of MCI progress to a former diagnosis of dementia. Currently The Agency does not require notification of those drivers where there is no apparent impairment to driving and only requires notification where there is a degree of functional impairment impacting on driving.

It was reiterated that it has been very difficult to produce a set of guidelines which are didactic and proscriptive in what had proven to be a rather grey and amorphous set of conditions. Once again it was stated that the gold standard for determining driving ability would be the on road assessment.

The subject will be kept under review and a joint meeting with The Neurology Panel is to be arranged

7. Recruitment update

An update on the recruitment process was given by DVLA to The Panel.

8. Any other business

The concept of merging the Psychiatry Panel with the Alcohol and Drug Panel was briefly discussed, more on a hypothetical, "blue sky thinking" model. It was noted that the Psychiatry Panel was one of the quieter Panels and this may well indicate that most of the more contentious issues have been dealt with reasonably satisfactorily. No active plans were formulated.

9. Date and time of the next meeting

The arrangements for the next meeting will be circulated by email to Panel Members.

Dr A M White MB BCh

Panel Secretary