

**MINUTES OF THE MEETING OF
THE SECRETARY OF STATE FOR TRANSPORT'S HONORARY
MEDICAL ADVISORY PANEL ON DRIVING AND DIABETES MELLITUS**

HELD ON TUESDAY 16 OCTOBER 2018

Present:

Dr I Gallen Chair
Prof M D Feher
Dr D Flanagan
Dr M Evans
Dr Pratik Choudhary

Lay Members:

Dr M L Shaw

Observers:

Dr Sally Bell Chief Medical Officer, Maritime and Coastguard Agency
Dr Ewan Hutchison UK Civil Aviation Authority
Professor Graham Roberts National Programme Office for Traffic Medicine, Dublin
Dr Clive Beattie Northern Ireland DVA, Belfast

Ex-officio:

Dr A Hemington-Gorse Panel Secretary/Doctor, DVLA
Dr N Jenkins Interim Senior Doctor, DVLA
Rachael Toft Driver Licensing Policy, DVLA
Dave Warren Driver Licensing Policy, DVLA
Sue Charles-Phillips Business Support, DVLA
Alun Vaughan Drivers Services, DVLA
Lorraine Jones Panel Co-ordinator, DVLA

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1. Apologies for Absence

Dr DJC Flower

2. Minutes of the last meeting held on 20 March 2018

The minutes were accepted as a true account of the proceedings on 20 March 2018.

3. Matters arising from the minutes

There were no additional matters arising from the minutes reported at the meeting.

4. Interstitial Glucose Monitoring and Group 1 driving

At the March 2018 Panel Meeting, the Panel agreed that interstitial fluid glucose monitoring systems could be used to monitor glucose levels whilst driving. Since this meeting the DVLA has developed draft guidance and consulted with stakeholders to obtain their views on the proposed changes and draft literature.

A telephone conference was held on the 7 September 2018 for panel to fully consider the stakeholder comments.

The Panel discussed the minimum standard or measure that would be required by the DVLA for interstitial glucose monitoring devices. Stakeholders suggested that in the absence of an international standard (ISO) for interstitial glucose monitoring equipment, the DVLA should give consideration to adopting an alternative. The two proposals were the Mean Absolute Relative Difference (MARD) and the CE marking.

The Panel considered using a minimum MARD of 10%, but there is no formal standardised approach to derive a MARD. Also there is variability in how manufacturers derive this figure. Therefore, it was decided that using MARD as a minimum standard would not be appropriate.

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The Panel discussed the CE mark and advised that as this is the regulatory standard that is required for clinical use, then this should be the DVLA's minimum standard.

Panel discussed concerns raised by stakeholders that the draft guidance required clinician approval for interstitial glucose monitors used for the purposes of driving. Several stakeholders had concerns that this would exclude a considerable number of people who currently self-fund these devices. Panel reconsidered this issue and agreed that this advice was given in lieu of a minimum standard. As it has been suggested that the DVLA will adopt the CE mark as a minimum standard for glucose monitoring devices, the requirement for clinician approval would no longer be necessary.

Panel also agreed that following feedback from stakeholders Flash Glucose Monitoring (FGM) and Real-Time Continuous Glucose Monitoring (RT-CGM) should be used to describe intermittent and continuous glucose monitoring devices as these terms are more recognised in the wider diabetes community and device users. Therefore, it should aid understanding of our guidance.

The conclusion of this meeting was that, in light of stakeholder feedback, the DVLA would amend its draft guidance.

The Panel further considered the appropriate threshold for recommending a confirmatory blood glucose measurement in light of a suggestion for this to be higher than 4 mmol/l. The evidence for a higher level was discussed and was not considered appropriate. The probability of a missed hypoglycaemia event is in the order of 0.5%. The Panel considered the new definitions of hypoglycaemia that consider 4mmol/L as a hypoglycaemia alert value and a value below 3.0mmol/L as a value that would cause cognitive impairment. Taking into account the reduction in hypoglycaemia risk with these systems the panel upheld the recommendation to perform a confirmatory blood glucose measurement if sensor glucose below 4.0mmol/L.

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Panel confirmed that they were content with the amendments that had been made to the draft guidance following stakeholder feedback. Panel did advise that, following a hypoglycaemic episode, the guidance to drivers should state that the blood glucose level must be higher than 5.0mmol/L before driving resumes.

The Panel agreed that interstitial fluid glucose monitoring systems could be used to monitor glucose for the purpose of driving once the DVLA have published revised guidelines.

5. Group 1 licence duration with insulin treated diabetes

Currently, Group 1 licences with insulin treated diabetes are restricted to a maximum of 3 years duration, however European legislation may allow up to a 5 year medically restricted licence. The DVLA is in the process of collecting data regarding revocations of driving licences over time relating to insulin treated diabetes. This information is needed as it will form an evidence base to support any recommendations going forward. At the meeting DVLA advised that they would like to extend the scope of this work to include a review of the licensing process to include group 2 also. In addition, the DVLA will also include stakeholder consultation as part of the review process. Panel members were asked if they were aware of any relevant medical literature that could be considered as part of the review.

6. Group 2 drivers – feedback from Group 2 assessors.

The Group 2 application process for drivers with insulin treated diabetes requires that every year they must attend an appointment with an independent consultant to which the applicant is required to bring 3 months of readings stored on a glucose meter(s) for the consultant to review. In the March 2018 meeting, Panel discussed that some drivers were attending their appointment with the independent consultant with meters that required download software to access all available readings. It was possible that if this software was not available then this could lead to the licence being refused as the consultant had not been able to access the 3 months of readings at the appointment.

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Since the March meeting the DVLA has consulted with its Group 2 assessors and the overwhelming response was that assessors felt that access to these software platforms would greatly assist them at Group 2 assessments.

7. Use of the Gold scale in Group 2 Assessments.

The Gold Scale is currently completed by the applicant on the first series form as a method of self-assessment of hypoglycaemia awareness. Panel agreed that sometimes in clinical use patients misinterpret the scale. With regard to Group 2 licensing this can lead to a licence being revoked. In October 2017 panel agreed that the Gold Scale would be completed at the independent assessment in future.

Panel discussed correspondence regarding this change. Panel agreed that the Gold Scale should be completed by the applicant immediately before the independent consultant assessment and should not be completed by the consultant on the applicant's behalf. The score would then be discussed with the independent consultant as part of the assessment process.

8. Review of Assessing Fitness to Drive.

Panel discussed the advice given to group 1 drivers regarding the recommendation that drivers taking sulphonylureas or glinides should only test glucose if needed. Panel agree that due to the risk of hypoglycaemia associated with these medications, drivers should monitor their glucose at times relevant to driving.

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Panel also discussed the process the DVLA undertakes to investigate Group 1 drivers who have more than one episode of severe hypoglycaemia while awake in the preceding 12 months. The DVLA advised that if the last episode was more than three months ago, medical enquiries are commenced and a licensing decision is made once a report had been received from the driver's doctor. Drivers should be advised to stop driving while DVLA complete medical enquiries.

9.AOB

The DVLA updated the Panel of the proposed changes to the standards regarding provoked seizures. The Neurology Panel has reviewed recent evidence and advised that provoked metabolic seizures require a revocation period for both group 1 and group 2 drivers due to the prospective risk of a further seizure. A further discussion surrounding this topic will take place in the spring panel meeting.

10. Date of Next meeting:

12 March 2019

Original Draft Minutes prepared by: **Dr Alun Hemington-Gorse**
Panel Secretary

Date: 17 October 2018

Final Minutes signed off by: **Dr Ian Gallen**
Chair

Date: 23 November 2018

Dr A Hemington-Gorse
Panel Secretary

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