

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

Held on Wednesday 10th October 2018

Present

Professor D Cunningham Owens Chair
Dr P J Connelly
Dr K Jefferies
Dr S Hewitt
Dr D Dalton
Professor R Howard

Ex-officio

Dr T Jagathesan	Civil Aviation Authority
Dr N Jenkins	Interim Senior Medical Doctor, DVLA
Dr E King	Panel Secretary, DVLA
Dr J Lynch	Deputy Panel Secretary, DVLA
Mrs S Charles-Phillips	Business Change and Support, DVLA
Mrs R Toft	Medical Licensing Policy, DVLA
Mrs L Jones	Panel Co-ordinator, DVLA

1. Apologies for absence

Apologies were received from Dr S Bell (Chief Medical Officer, Maritime and Coastguard Agency) and Mr K Rees (Interim Head of Drivers Medical Group, DVLA).

2. Chair's remarks

Professor Owens welcomed those present to the meeting, particularly the new members of the panel. A brief history and purpose of the panel was noted, as well as the issue of confidentiality.

3. Minutes of the previous meeting and actions

Panel discussed the minutes of the previous meeting and a number of discussion points were raised.

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.

In relation to minute point 7, panel noted that the consensus guidelines on driving with dementia or mild cognitive impairment were now published on the Royal College of Psychiatrists website.

The Chair noted that panel needed expertise in the areas of learning disability, psychopharmacology and general adult psychiatry. Panel discussed that having a GP on the panel would be beneficial reflecting the volume of mental health cases undertaken in primary care, and a suggestion of having an occupational therapist on panel. Panel noted that there would be further recruitment rounds undertaken, and this will include recruitment of lay members.

Panel discussed the dissemination of education regarding driving and medical conditions amongst medical colleagues, other health professionals and education of relevant students; it was noted that DVLA is taking this forward. It was agreed that in the future an opportunity to present to the Royal College of Psychiatrists Annual Congress would be sought.

Panel discussed the issue of collating data to inform opinion of how psychiatric illness affects driving. There was acknowledgement that there was a limited evidence base in the medical literature. It was noted that previous attempts to collect data from motor insurers had not been successful. It was recognised that consideration would need to be given to determine what data and information was available.

4. Policy update

Panel noted the terms and conditions for panel members were developed in line with CoPSAC (Code of Practice of Scientific advisory committees) guidance. The composition of panels would be continually reviewed. Recruitment to panels, as required, would be occurring twice per year, and the Chair would be involved in this process. The process for the sign off of panel minutes was noted, and a request to send any matters for panel to discuss to the Panel Secretary. Panel discussed and agreed that a neuropsychologist would also be beneficial to recruit to the panel.

5. Foetal alcohol syndrome

Panel discussed whether there was a need for a specific standard in relation to this condition.

It was agreed that the applicable standards would be those for pervasive developmental disorder, and to consider inserting foetal alcohol syndrome into the description. Panel noted that foetal alcohol syndrome was a common condition and that there was good evidence that people who suffer from this condition may have deficits that would impair their driving. This was due to the fact that it is associated with significant impairments of executive function, such as planning, prioritisation, decision making, and impulse control.

Panel also discussed reviewing the terminology used for learning disability and pervasive developmental disorders and agreed to consider this at the next panel meeting.

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.

6. Review of medical standards

Schizophrenia and acute psychotic disorders

Panel reviewed and discussed the standards for acute psychotic disorder and schizophrenia.

Panel acknowledged that there is a limited evidence base in relation to driving and these conditions, and that expert opinion had informed the standards. A recent paper (*Unsworth et al. A systematic review of evidence for fitness to drive among people with the mental health conditions of schizophrenia, stress/anxiety disorder, depression, personality disorder and obsessive compulsive disorder. BMC Psychiatry. 2017;17(1):318*), has confirmed there to be a limited evidence base in the area of driving and mental health conditions. It was noted that DVLA treats chronic medical conditions differently to acute medical conditions and that the mandatory time off for driving had been reduced previously.

It was agreed that panel members would consider the wording of the standards and circulate any proposed changes, which would be discussed at the next panel meeting.

ADHD / ASD

Panel discussed the current advice in Assessing Fitness to Drive that all individuals with these conditions should notify DVLA.

It was agreed that the wording of the standard would not change at present, however because both of these conditions have a spectrum of functional presentation, the standards would be reviewed, taking into account any available evidence. In ADHD the main issues are of stability, symptoms and where appropriate medication compliance. Panel would therefore consider at the next panel meeting any research into ADHD/ASD and driving, data from DVLA regarding licensing decisions, as well as engagement with stakeholder groups, before deciding on any changes to the standards.

7. Review of questions on self-declaration forms

Panel discussed the issue of automatic revocation of the licence when answering yes to question 5 on the CG1 form and question 7 on the M1 form.

Panel agreed that if a driver is told not to drive by a doctor or other health professional then that should trigger a revocation of the licence. However, panel noted that the specific question on both forms was not clear and DVLA agreed to review. Panel agreed the question should be more specific around being told not to drive.

8. Research and literature

A paper was noted (Fuermaier et al. Simulated car driving and its association with cognitive abilities in patients with schizophrenia. *Schizophrenia Research*. 2018) for review at a future panel meeting.

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.

9. **Horizon scanning**
Panel agreed to review the previous guidance on driving and detention under Mental Health Act at the next panel meeting.
10. **Appeals data**
Panel received an update on current numbers of appeals.
11. **Declaration of Members' interests**
Panel noted the requirements for declaration of interests and the process for undertaking this.
12. **AOB**
None
13. **Date and time of next meeting**
20th March 2019

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.

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.