Driver & Vehicle Licensing Agency

MINUTES OF THE MEETING OF
THE SECRETARY OF STATE FOR TRANSPORT'S HONORARY
MEDICAL ADVISORY PANEL ON DRIVING AND DISORDERS
OF THE NERVOUS SYSTEM
Thursday, 11th October 2018

Present:

Professor G Cruickshank	Panel Chair
Dr Jeremy Rees	Member
Dr Catrin Tudur Smith	Member
Dr P Reading	Member
Professor R Al- Shahi Salman	Member
Dr Emer McGilloway	Member

Lay Members:

Mrs Jane Gregory

Ex-officio:

Dr N Lewis	Panel Sec
Dr N Jenkins	Interim Senior Medical DVLA Doctor
Dr A Edgeworth	DVLA Doctor
Mrs Sue Charles Phillips	DM Business Support
Mrs Rachael Toft	Driver Licensing Policy
Mrs Lorraine Jones	DM Panel Coordinator

Professor Norman Delanty	National Programme office for Traffic Medicine, Dublin
Dr Clive Beattie	Occupational Health Service (Northern Ireland)

1. **Apologies**

   Apologies were received from Mr Kevin Rees, Head of Group, Drivers Medical, Professor A.G.Marson, Professor J Duncan, Dr R Gregory, Mr R Nelson, and Dr Sally Bell.

2. **Chairman's remarks**

   A warm welcome was extended to the new panel members, for whom this was their first Panel meeting, and all attendees gave a brief introduction of themselves. Professor Cruickshank provided a synopsis of discussions at the Chairmen's meeting. Topics covered included: Management of Panel minutes and how to ensure that opinions are expressed in the minutes whilst protecting the interests of members; and recruitment. Professor Cruickshank also explained that a Pre-Panel meeting had recently been held in order to discuss several issues relating to seizures.

3. **Minutes of the meeting of 22 March 2018**

   Item 13. Panel was advised that as Narcolepsy is now categorized into type 1(narcolepsy) and type 2 (narcolepsy with cataplexy), so it would be appropriate to change the wording in the Assessing Fitness to Drive (AFTD) document to reflect this. AFTD should therefore read 'including narcolepsy (type 1 and type 2).

   The minutes were otherwise confirmed as being accurate and correct.

   Matters arising from the minutes: In relation to Item 18 (improving communication with medical professionals and improving awareness of the driving standards), Professor Cruickshank advised the panel that a meeting

between the General Medical Council (GMC) and all Panel Chairs has been scheduled for January 2019.

4. Update on Pre-Panel meeting about seizures

The panel was apprised of the discussions and outcome of the Pre-Panel meeting. A, summary of that meeting is provided as an appendix to these minutes*. The Panel discussed the proposal that group 2 drivers who have experienced a provoked seizure should not be re-issued with a group 2 licence for 5 years following the seizure. This would mean that the period before relicensing after a provoked seizure would be the same as for an isolated seizure without an underlying cause. This would be consistent with the rules for Group 1 drivers, for whom the period before relicensing is the same for provoked and isolated seizures (6 months).

Thanks were given to Dr Tudur-Smith for the conditional probability calculations she recently provided. It was acknowledged that uncertainty remains with regards to the evidence for calculating seizure recurrence risk and that the panel will need continuously to review existing and new data and to try to identify subgroups for whom different standards may be appropriate.

Panel was asked whether all types of seizure should be considered when calculating recurrence risk, or are we only concerned with recurrence of unprovoked seizures? It was agreed that we would need to consider provoked as well as unprovoked seizures because both types of seizure would affect licensing; it is therefore the recurrence risk of any type of seizure, which must be established. It was recognised that a 5 year period of group 2 driving cessation is likely to be a safe decision, based on the evidence currently available and that it may be possible to reduce the time required, as new evidence arises. A proposal was made that a record should be kept of all group 2 drivers whose licences are revoked for 5 years following a provoked seizure,

so that DVLA can remain in contact with them and advise them should new evidence result in a change to the standard. It was recognised that the proposed new standards would need to be raised at the meetings for other Advisory Panels.

At the Pre-Panel meeting, the issue of functional impairment was discussed. European legislation states that for seizures to be considered as permitted seizures they must 'have been demonstrated exclusively to affect neither consciousness nor cause any functional impairment' and DVLA has therefore disallowed seizures which cause any impairment of function from being considered to be permitted. However, this has led to complaints by neurologists and drivers who feel that it is unfair to prohibit licensing for drivers whose seizures cause a functional impairment that does not affect driving. Guidance from DVLA's legal adviser during the pre-panel meeting was that because the regulation is in the context of driving 'any functional impairment' could be taken to mean 'any functional impairment relevant to driving'. Some concern was expressed about this broadening of who would be eligible for licensing, and it was noted that the clinicians' recommendation with regard to determining who can meet the criterion of having seizures that do not cause any functional impairment to driving is normally based on the history given by the patient. Prior to issuing a licence in cases in which there are ongoing seizures that may be considered permitted, DVLA must be satisfied that in the judgement of the treating neurologist, driving is unlikely to be affected. It was suggested that it would be helpful to draw up a list of different manifestations of seizure for panel to consider the appropriateness of licensing in each scenario. A list will be submitted to the panel for discussion at the spring meeting**.**

Panel was asked to consider: How should we interpret the following requirement for drivers with epilepsy:

"The conditions are that—

(a)so far as is practicable, the applicant complies with the directions regarding treatment for epilepsy or isolated seizure, including directions as to regular medical check-ups made as part of that treatment, which may from time to time be given by a registered medical practitioner or one of the clinical team working under the supervision of that registered medical practitioner."

If a driver has made an informed decision not to follow their doctor's advice and not to take medication for epilepsy, can they still be considered to be complying with directions regarding treatment?

This was discussed by those present at today's meeting along with the opinions received by email before-hand from some absent members. It was concluded that for the time-being, a reasonable approach would be to ask the treating clinician whether their patient is now complying with the advised directions for treatment and follow up appointments. It was also agreed that this should be discussed at the meeting with the GMC in January 2019, and that DVLA would gather data in terms of numbers of cases in which this requirement has been an issue**.**

5. Review of current standards:

The Panel was asked to consider what the group 2 standard should be for drivers with a benign parenchymal supratentorial tumour, and to review the group 2 standard for 'asymptomatic low grade glioma on imaging'.

It was decided that as benign supratentorial parenchymal tumours would either fall into the category for 'grade 1 and 2 glioma' or into the category for 'asymptomatic low grade glioma on imaging' so the additional category for benign supratentorial parenchymal tumours is not required and can be removed from AFTD. Panel advised that unless these lesions present with a seizure then they are generally considered to be asymptomatic. Panel advised a rewording of the existing category to 'asymptomatic suspected low grade tumour' and for

this category the standards remain as at present but for group 1, although driving can continue, an annual review licence is required (DVLA must therefore be notified). For group 2, driving must cease for 12 months but relicensing may be considered after 2 scans performed 12 months apart confirm stability of the lesion. This category could be moved to the 'benign tumours' section.

Panel also advised that for confirmed low grade gliomas, driving need only cease for 6 months following a biopsy, if there has been no other treatment, and for 12 months after surgery.

6. Policy update – feedback from enquiries to other European countries regarding implementation of legislation for permitted seizures not affecting consciousness nor ability to act.

In Britain, drivers who experience seizures that do not affect level of consciousness or ability to act may be licensed if they have set a pattern of such seizures over 1 year, **but only if they have never experienced any other types of epileptic seizure.** If a driver has had any other type of seizure ever, the rules for epilepsy apply even if the driver only then has seizures that do not affect consciousness and the ability to act. Therefore, a driver who has had curative surgery for epilepsy and may only be having seizures that do not affect level of consciousness or ability to act, must be seizure free for one year before licensing is considered.

DVLA's policy department sought information from other EU member states:

- Five member states confirmed that their interpretation of the EU legislation was the same as that of Great Britain;
- One member state requires the driver to establish a three-year-pattern of seizures that do not affect consciousness or ability to act. One member

state requires a one-year pattern to be established but may also require a medical examination.

The panel felt that as there is evidence to support such a change for the population of drivers who have undergone surgery for epilepsy, a change to the legislation should be pursued. It was agreed that DVLA would consider this with a view to developing an evidence base in order to pursue a law change at the earliest opportunity. It was also agreed that if data exist to expand the population of drivers who would benefit from a change to the legislation (to include not only those post epilepsy surgery, but also others whose seizures would be considered permitted were it not for a previous different type of seizure), then Panel and DVLA Policy would be happy to consider the evidence with a view to legislative change. With this in mind, prior to the next Panel meeting, DVLA will try to gather data from its own database, but would also welcome any other evidence should panel members become aware of or identify additional data.

7. Date of meeting between Neurology Panel and Cardiology Panel to discuss Transient loss of consciousness standards

It was agreed that it would be helpful if this joint meeting took place prior to the next Spring Panel meeting; January was proposed. It was suggested that in addition to the Panel Chair who kindly volunteered to participate, the neurologists from the Panel should also be invited to attend**.**

8. Stroke due to traumatic vertebral artery dissection

The group 2 standards for stroke require driving cessation for 12 months and, unless there is imaging evidence of <50% stenosis in the carotid arteries, the

standards also require a functional assessment of cardiac fitness (usually an exercise tolerance test) prior to relicensing. The Panel was asked to consider whether different standards should apply when the stroke has been caused by traumatic vertebral artery dissection. The Panel advised that in these circumstances there is no need for an exercise tolerance test, because in general systemic vascular disease is less prevalent amongst patients with trauma to the vertebral artery than patients with spontaneous (non-traumatic) stroke. There is a lack of data on stroke recurrence risk after traumatic vertebral artery dissection, but the best available data on this risk after spontaneous cervical artery (including vertebral) dissection does not confirm a risk of <2% per year.[1,2] Therefore, the 12-month period of group 2 driving cessation following stroke of other causes was thought to apply to stroke due to traumatic vertebral artery dissection.

9. Agreement of Standards for Immunotherapy/targets molecular therapies

A document written by one of the Panel members which proposed amendments to the standards advised by Panel last Autumn were shared with the Panel prior to this meeting. That document, together with further discussions at the meeting resulted in the following proposition:

There was agreement that continuation of immunotherapy or other targeted therapies should not be a contraindication to driving, as long as the following standards can be met:

For group1, drivers with infratentorial or supratentorial metastatic brain disease who have received/are receiving immunotherapy or other molecular targeted treatment, relicensing may be considered one year after completion of primary

treatment (or one year after commencement of the targeted therapy if no other primary treatment for intracranial disease has been given) if there is clinical and imaging evidence of disease stability or improvement, with no deterioration both intracranially and elsewhere in the body. If these criteria cannot be met driving must cease for 2 years. This standard can be applied both to isolated metastasis and to a driver with multiple brain metastases.

For group 2, the licence will be refused or revoked permanently.

The current published standards for drivers whose treatment for brain metastases has not included targeted treatments will be reviewed at the next meeting.

10. Research and literature

Members were reminded that if they become aware of any pertinent papers, research or other literature that ought to be considered in relation to the driving standards, it would be much appreciated if they were to share these with the Panel. Thanks were expressed to those who have recently done so.

Professor Hutchinson updated the panel by explaining that a new application has been submitted in a bid for funding for the research project about head injuries which has previously been discussed by the panel.

11. Horizon Scanning

It is anticipated that some of the issues discussed today, such as immunotherapy and provoked seizures will be considered further.

12. Appeals data

Data about the number, the types of cases and the outcomes of the appeals were shared with the panel.

13. Cases

A panel member outlined a case of which he was aware in which a seizure had been provoked by a subarachnoid haemorrhage associated with an intracranial aneurysm. It was recognised that based on the proposed new standards for provoked seizures, group 2 driving could not resume until 5 years after the seizure.

No other cases were discussed.

14. Declaration of Members' Interests

Panel members were advised that the policy department at DVLA will send prompts to members asking them to update their declaration of interests if necessary. A reminder was also given that all discussed in today's meeting is confidential until the minutes are published.

15. AOB

The panel was advised that recruitment for Panel members is now taking place twice each year and Panel Chairs and secretaries will be involved in the process. For this panel, a new lay member is being sought.

With regard to convexity subarachnoid haemorrhage which was considered at the previous meeting, further discussion may be required.

16. Date of next meeting – Thursday March 28th 2019

It was suggested that a Panel meeting be held in Swansea next autumn.

Dr Nerys Lewis

References:

1. J Neurol Neurosurg Psychiatry 2010;81(8):869-73
2. Lancet Neurol 2015;14:361–67

Driver & Vehicle Licensing Agency

*Appendix 1

Summary of pre panel (seizures) meeting in the Queen Elizabeth II Centre, Thursday 20th September 2018

Professor G Cruickshank	Panel member and Chair	Mr E Foxell	DVLA Policy
Professor J Duncan	Panel member	Mrs R Toft	DVLA Policy
Professor P Hutchinson	Panel member	Dr C Fang	DVLA Doctor
*Professor A Marson	Panel member	Dr N Lewis and Panel Secretary	DVLA Doctor
*Dr C Tudur Smith	Panel member	*Dr A Edgeworth and Deputy Panel Secretary	DVLA Doctor
Mrs R Cleal	DVLA Legal Adviser	*Dr B Wiles	DVLA Doctor

***joined meeting by teleconference**

Provoked Seizure Proposal

The Provoked Seizure Proposal document was shared with all present prior to the meeting and the points previously identified as requiring further consideration were discussed:

1. Provoked seizures and Group 2. It was decided group 2 driving should cease for 5 years; this was considered to be a pragmatic decision that is in-line with the prescribed standards for isolated seizure.

2. There were initial discussions on possible exceptions to the application of the provoked seizure rules. The only exceptions agreed were seizures at the moment of impact of a head injury and seizures related to electroconvulsive therapy. It was agreed that seizures due to alcohol intoxication, seizures due to alcohol withdrawal, seizures due to eclampsia and seizures due to hyponatreamia will all be considered provoked, for licensing purposes and the

appropriate standard applied. No other specific provoking factors were discussed at the meeting

Isolated vs. Epileptic Seizures

The following was established: Epilepsy and isolated seizure are not mutually exclusive in that one person can have both, but any given seizure cannot be both – it must be either an epileptic seizure or an isolated seizure (albeit that this may be in the clinical context of previous epileptic seizures).

i. If a person has a seizure more than five years after a single previous unprovoked (first isolated) seizure, the more recent seizure is considered to be an isolated seizure. Concessions for epilepsy relating to permitted seizures cannot be applied.

ii. The legal adviser, explained that if a person has a history of having had 2 seizures within the previous five year period (epilepsy) and then has a subsequent seizure which occurs more than 5 years after the last unprovoked seizure (ie subsequently has an isolated seizure), because of the previous diagnosis of epilepsy (ie because there have been 2 seizures in a five year period at some point in the past) so the concessions for epilepsy which allow seizures to be considered as permitted seizures can also be applied to the isolated seizure. These cases will be considered on an individual basis by Professor Duncan

iii. If a person has multiple isolated seizures (i.e. all unprovoked seizures occur more than 5 years after the previous unprovoked seizure) then because there has never been a point at which there have been 2 seizures in a five-year period, so the epilepsy concessions cannot be applied to the isolated seizures, even if clinically the person is diagnosed as having epilepsy.

iv. If a person has more than one unprovoked seizure, be they epileptic seizures or isolated seizures, they are considered to be at increased risk of having a further unprovoked seizure. Therefore, even if the seizures are isolated seizures (more than 5 years apart), under the regulations for isolated seizure, the seizure would be considered to have an underlying causative factor that may increase risk (even if that cause has not been identified or is considered

as an underlying seizure disorder) and would therefore necessitate a 12 month period of driving cessation.

The Meaning of 'Functional Impairment'

In relation to seizures without influence on consciousness or the ability to act EU directive requires *the seizure to affect neither consciousness nor cause any functional impairment. "*Any functional impairment" is not defined and this has not been transcribed into UK legislation. Legal advice has confirmed that the legislation could allow us interpret this as being in relation to the function of driving.
It was appreciated that a degree of judgement on behalf of the driver, their clinician and the DVLA doctor would be required to determine whether seizures cause a functional impairment to driving.

References:

1. D C Hesdorffer et al. '*Is a first acute symptomatic seizure epilepsy? Mortality and risk for recurrent seizure'* Epilepsia, 50(5):1102–1108, 2009
2. K A Nerenberg et al. Long-term '*Risk of a Seizure Disorder After Eclampsia'*. Obstet Gynecol,130 (6):1327-1333, 2017

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.