



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

HELD ON TUESDAY 12 MARCH 2019

Present:

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

Lay Member:

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 N Jenkins	Senior Doctor, DVLA
Dr A Hemington-Gorse	Joint Panel Secretary/Doctor, DVLA
Dr J Evans	Joint Panel Secretary/Doctor, DVLA
Rachael Toft	Driver Licensing Policy, DVLA
Julie Bartlett	Driver Licensing Policy, DVLA
David Evans	Drivers Medical Complex Casework, DVLA
Keren Howell	Service Design Support, DVLA
Lorraine Jones	Panel Coordinator, DVLA



1. Apologies for absence

Dr D J C Flower

2. Chairman's Remarks

The Panel and DVLA thanked our departing lay member Dr Shaw for her contributions to Panel discussions over the past seven years.

The Panel and the DVLA agreed that requirements for Panel Member attendance at meetings should be further discussed at the next Panel Chair's meeting.

The Chair thanked all those involved in delivering the updated glucose monitoring guidance for group 1 drivers with diabetes.

3. Minutes of the last meeting held on 16 October 2018

The minutes were accepted as a true account of the proceedings on 16 October 2018.

Matters arising from the minutes

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

4. The Duration of Group 1 Driving Licence with Insulin Treated Diabetes.

The DVLA provided an update to the Panel regarding progress that has been made on this topic since the last meeting. Currently group 1 licences are restricted to 1-3 years and there is scope within European legislation to extend this up to 5 years. Feedback from stakeholders and other EU member State's driver licensing agencies were discussed. The DVLA reminded the Panel that the vast majority of licensing decisions in this group were made on driver self-declaration. Panel Members agreed to assist the DVLA's statistical analysis team to ensure that relevant outcomes are included for final analysis. Panel advised figures for the percentage of people who had their licence application refused at renewal, the number of



people who had their licence revoked or surrendered between renewals should be included. Police and healthcare notifications can also be considered.

The Panel acknowledged that there is a relationship between increasing age, duration of diabetes and increasing risk of hypoglycaemia. Previous severe hypoglycaemia is also a risk marker for further events. Panel also acknowledged that transient lifestyle events can affect hypoglycaemia awareness and that it can be restored once these are addressed. Panel members have agreed to support DVLA to continue to develop an evidence base.

The Panel advised that it would also be helpful to collect data regarding Group 2 licensing duration. It was acknowledged that for many group 2 drivers the independent assessment is a clear reminder and educational process for the applicant regarding their diabetes and the driving standards.

The Panel felt that considerable evidence would be needed to increase the Group 2 licence duration as the current system is robust and safe.

5. Seizures provoked by hypoglycaemia

The Panel discussed research papers which led the Neurology Panel concluding that isolated seizures provoked by hypoglycaemia required a period off driving due to a liability to further seizures. The Panel advised that in their clinical experience a person having further seizure(s) after a single hypoglycaemic seizure is a rare. The Panel agreed to search for further evidence regarding this topic and to bring this to the upcoming combined Panel meeting in summer.

6. Review of Assessing Fitness to Drive

The Panel were satisfied with the updated guidance for glucose monitoring.



Panel advised that it should be made clear in DVLA literature that Group 1 drivers need to declare impaired hypoglycaemia awareness to the DVLA. Panel has previously defined impaired awareness as an inability to detect the onset of hypoglycaemia because of the total absence of warning symptoms.

Drivers whose clinicians have established that they have adequate awareness of hypoglycaemia would not need to notify DVLA. The DVLA will ensure that all its published literature makes this clear to both clinicians and drivers.

7. Group 2 application process for insulin treated diabetes.

The DVLA gave an overview of the current Group 2 application process to the meeting. Group 2 drivers declaring insulin treated diabetes for the first time to the DVLA are required to stop driving Group 2 vehicles and only restart driving these vehicles once the DVLA has made a licensing decision. The application process is a three stage process as follows:

First Stage- a form completed by the applicant.

Second Stage- an examination completed by applicant's GP or diabetologist.

Third Stage- an examination completed by an independent Diabetologist.

There is a requirement for the applicant to bring three months of blood glucose readings stored on the internal memory of a blood glucose meter(s) to the second and third stages to help the completing doctor to assess the applicant's risk of severe hypoglycaemia.

The Panel would like to consider ways that the application process could be streamlined for Group 2 drivers starting insulin therapy. Current legislation advises that a licence can only be issued if the applicant has undergone treatment on insulin for at least four weeks. Panel agreed that three months of blood glucose readings brought to the assessment should continue as it allows the consultant to identify trends and establish the applicant's hypoglycaemia risk and understanding of diabetes and driving. Panel agreed they would have no objection to data being stored remotely on the 'cloud' or mobile device application and brought to the group 2 examination. DVLA to consider how this may work in practice.



The Panel agreed to provide supporting medical evidence on this issue to the next Panel meeting. The DVLA agreed to review internal processes for first applications for a group 2 licence with insulin treated diabetes.

8. Severe hypoglycaemia whilst driving.

The DVLA informed panel of the current situation whereby a driving licence is revoked when there is confirmation upon medical enquiry of an episode severe hypoglycaemia whilst driving. Panel agreed with this approach and also advised that a driver could have a significant hypoglycaemia related driving incident, but by definition not a severe hypoglycaemic event if no external assistance was needed. This scenario would raise significant questions over the driver's awareness of hypoglycaemia and that they are likely to be a source of danger to the public. Panel suggested that enquiries consider accidents or significant driving incidents caused by hypoglycaemia.

The panel agreed that the reassessment following these events should be done by a primary or secondary care diabetes specialist with knowledge of the hypoglycaemic event. For Group 1 drivers Panel advised that adequate awareness must be established before licensing can be considered.

Group 2 drivers must have full awareness of hypoglycaemia before licensing can be considered. The DVLA will review current advice provided.

9. Awareness of hypoglycaemia (Group1)

Currently for driving purposes, awareness of hypoglycaemia must be determined through physiological symptoms experienced by the driver and not be dependent on diabetes technology's electronic awareness of hypoglycaemia through warning alarms built into devices.



The DVLA and its advisory panel will continue with this approach unless substantial evidence becomes apparent that it would be safe to do otherwise.

10. Older Vulnerable Road Users.

Panel was provided with information on the Government's future policy thinking with regards to different groups of drivers and were advised of the Ministerial announcement made in June 2018.

More information can be found at: <https://www.gov.uk/government/speeches/road-safety-recent-progress-and-future-work>

11. AOB

The DVLA informed panel of changes made to Group 1 insulin treated diabetes medical assessment forms so that only one hypoglycaemic awareness question is asked rather than three. This decision was made due to previous advice given by panel and also because it is not uncommon for conflicting statements regarding hypoglycaemia awareness to be declared by the completing doctor in error. Panel confirmed this approach.

Dr Shaw took the opportunity to thank the Panel and the DVLA in supporting people with diabetes to continue driving.

12. Date of Next meeting

8th October 2019

Original Draft Minutes prepared by: **Dr Alun Hemington-Gorse**
Panel Secretary
Date: 17th March 2019



Driver & Vehicle
Licensing
Agency

Final Minutes signed off by:

Dr Ian Gallen

Chair

Date: 2nd April 2019

The DVLA will consider the advice provided by the panel and no changes to standards will take effect until the impact on individuals and road safety is fully assessed



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