



2. Chair's remarks

Professor Owens welcomed those present to the meeting and noted that some panel members had been unable to attend. An update was provided on the current recruitment process for both expert and lay members. The panel agreed that the suggested recruitment of an occupational physician was a very good idea.

3. Minutes of the previous meeting and actions

The minutes of the last panel were agreed and an update was provided on each actions.

4. ADHD & ASD

DVLA provided an update on the recent changes to DVLA guidance on ASD and ADHD. Panel reminded the Agency of their availability for advice outside of panel discussions and reaffirmed that they had previously provided advice on this. Panel stated that a new clinical autism strategy, was being developed and this might assist DVLA in developing the medical standards going forward. Panel discussed the conditions that DVLA currently grouped together under the heading of Pervasive Development Disorders namely; Autism, Asperger's, ADHD and Severe Communication Disorder.

Panel's view was the conditions should be re-categorised to:

- Autism, including ASD and Asperger's syndrome
- ADHD

The position on Severe Communication Disorder was not clear and panel agreed to consider further. The panel agreed that although ASD was a lifelong non-progressive condition, treatment of more severe forms of the condition may involve the use of psychotropic medications. ADHD is a difficult condition to diagnose, particularly in adults. ADHD is a cluster of symptoms that could affect driving. It was also noted ADHD could be associated with impulsivity and reduced attentiveness. Panel felt that the current driving test set a high assessment of a person's fitness to drive, but drivers with autism may also require reasonable adjustments to be made.



Panel agreed that when considering medical standards, it was important to ensure that broad terms were not used. Panel advised on available literature:

<https://journals.sagepub.com/doi/abs/10.1177/0706743718809340>

https://scholar.google.co.uk/scholar?as_ylo=2018&q=journal+of+developmental+and+behavioral+pediatrics:+July/August+2018+volume+39+issue+6+driving+comaprison&hl=en&as_sdt=0,5&as_vis=1

They confirmed that the following, taken from the literature, represent relevant domains/behaviours: attention and concentration, memory, behavioural disturbance, coordination and sensory sensitivity and issues including cognitive rigidity, lack of flexibility and the limited ability to anticipate the actions of others etc. In addition, panel agreed that consideration needed to be given to whether a driver is on prescribed medication.

Panel proposed that for both group 1 and group 2 drivers with ASD or Asperger's syndrome, DVLA would only need to be notified if there is a change in the condition, including exacerbation in any of the above domains/behaviours and/or alterations to medication that could affect driving. Before any changes are made to the existing standards, panel would like to consider this further at the next meeting.

Panel also proposed that the same standard should be applied to ADHD.

The DVLA will consider next steps, however before any changes are made to current standards the agency will consult with stakeholders.

5. Schizophrenia

The current standards for schizophrenia were discussed and panel recommended that the term "regained insight" should be removed as this would not be a realistic expectation.

There was further discussion about the requirement for group 1 drivers to be stable for 3 months after a psychotic episode before licensing can be considered. For group 2 drivers the period of required stability was 12 months. Panel advised that there is currently no evidence to support changing these timescales, but they will continue to review, depending on new evidence that may become available.

6. Mental Health Act



Panel were asked whether a detention order should be an automatic bar to licensing.

Panel advised that when assessing suitability for licensing consideration needs to be given to the medical condition, length of stability and wellness of the individual.

7. Older vulnerable Road Users

Panel was provided with information on the Government's future policy thinking with regards to different groups of drivers. Panel 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>

Panel's view was that the medical condition is the key factor that should be considered rather than age alone. There was some discussion around frailty and panel advised that multiple co-morbidities would impact on an individual's fitness to drive.

8. Cases

3 cases were discussed.

9. Review of AFTD

The term "regained insight" was further discussed in the context of other medical conditions listed in DVLA's medical standards. Panel proposed that consideration should be given to removing this requirement for Acute Psychotic Disorder and for Hypomania or Mania. Panel reiterated that this was not a realistic expectation.

10. Research and Literature

Panel to consider and to share as appropriate.

11. Horizon Scanning

12. Appeals data



Panel were updated on the appeals data.

13. Declaration of Interests

Panel were advised to review the information on the internet and to let the panel coordinator know if there any updates.

14. AOB

There was general discussion around the appropriateness of the name of the panel. No conclusion was reached.

15. Date and time of next meeting

6th November 2019.

Original Draft Minutes prepared by

Mrs Rachael Toft
Date: 2nd April

Final Minutes signed off by:

Professor David Cunningham Owens
Panel Chair
Date: 16th May 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