# **Minutes of the Secretary of State for Transport’s Honorary**

# **Medical Advisory Panel on Driving and Disorders**

# **of the Nervous System**

#### Meeting held on 24th October 2019

**Present**:

**Panel Members:**

Professor G Cruickshank (Panel Chair)

Professor A G Marson

Dr P Reading

Mr R Macfarlane

Professor P J Hutchinson

Mr R Nelson

Dr A R Gholkar

Professor J Duncan

Dr C Tudur-Smith

Dr J Rees

Dr E McGilloway

Dr R Gregory

Mrs J Gregory (Lay Member)

Mrs N Tubeileh-Hall (Lay Member)

**Observers**:

Dr N Delanty National Programme Office for Traffic Medicine

Dr E Hutchinson Civil Aviation Authority

Dr S Bell Chief Medical Officer, Maritime and Coastguard

**Ex-officio**:

Dr N Jenkins Senior DVLA Doctor

Dr A Edgeworth Joint Panel Secretary, DVLA Doctor

Dr Nerys Lewis Joint Panel Secretary, DVLA Doctor

Mrs R Toft Driver Licensing Policy, DVLA

Mr E Foxell Driver Licensing Policy, DVLA

Mrs S Abbott Operational Delivery & Support DM

Mr Iain McTaggart Service Management, DVLA

Mr M Thomas Panel Co-ordinator, DVLA

# **Section A: Introduction**

**1. Apologies for Absence**

Apologies were received from Professor A Salman.

**2. Chair’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. Drs Edgeworth and Lewis who recently resigned as joint secretaries to the Panel were thanked for their hard work and commitment and Professor Cruickshank remarked that as he was retiring, so this would also be his final Panel meeting. The Panel was advised that consultant neurologist Dr Paul Cooper, would be taking over the role of Panel Chair.

The Panel was given a brief overview of discussions at the Chairs’ meeting in July. Topics covered included:

* reorganisation within the DVLA,
* a request from the Panel Chairs to continue to be involved with decisions such as Panel recruitment, and
* a request that Panel opinions should be reported in the minutes, although it was acknowledged that the DVLA may choose not to implement the advice of the Panel immediately.

**3. Minutes of Previous Meeting**

The Panel was advised of a change in process; the minutes of each meeting are now approved by the Panel members by email, prior to publication. The publication is therefore no longer in draft format. The Panel was however given the opportunity during this meeting to comment on the previous meeting’s published minutes.

Clarification was sought as to whether the standards discussed relating to venous sinus thrombosis applied to seizures occurring in this context. It was confirmed that the discussion did not relate to seizures.

**Section B: Ongoing Topics for Discussion**

**4. Seizures**

**a)** **Seizures, including an update by the DVLA on the management of provoked seizures:**

It was explained to the Panel that the DVLA now undertakes a prioritising exercise after panel meetings to consider and prioritise each panel’s advice. Panel was advised that this may mean that some standards would not come into effect until the proposals have been fully impact-assessed. The Panel confirmed the importance of the DVLA doctors having input into the prioritisation process.

In May this year, a joint meeting was held with a number of the other medical advisory panels to discuss the changes to the standards for provoked seizures. Concern had been raised by other panels that a cessation of group 2 driving for 5 years following a provoked seizure seemed to them, to be too stringent. In particular, seizures provoked by hypoglycaemia and reflex anoxic seizures were discussed at the meeting in May and it was agreed that more data should be sought.

Those concerns were acknowledged by the Panel, and it was recognised that the data was limited and had come from a heterogeneous group. However it was emphasised that having a provoked seizure is a marker to show that a person is at increased risk of further seizure compared to a person who has not had a provoked seizure, and that ‘a quarantine’ period is therefore required. Comments were also made that there is considerable risk associated with driving group 2 vehicles and that the Panel’s guidance needs to be workable for the DVLA and that a consistent, clear standard is needed.

New data have very recently been received from one of the authors of the Brown et al. Paper1 upon which the current standards are based. The Panel considered the data and agreed that it would be appropriate, given the new evidence, to recommend that for seizures provoked by systemic/metabolic derangement, group 2 driving be allowed to resume 2 years after the provoked seizure. For seizures provoked by an acute central nervous system lesion, the current standard requiring 5 years of group 2 driving cessation should not be changed until further data is received (the exceptions for provoked seizure at the moment of impact of head injury and during ECT remain).

Panel members welcomed the fact that the DVLA’s interpretation of the definition of a provoked seizure is now in-line with that in clinical practice. In order to reflect the decisions from today’s meeting, Dr Lewis agreed to update the provoked seizure guidance document that was written by Panel members with expertise in this area. The Panel was content for this to be proof-read by Professors Marson and Duncan with a view to publication along with this meeting’s minutes.

The Panel considered whether it is appropriate to make recommendations based on unpublished data and it was acknowledged that this would be open to challenge. However the methods for obtaining the new data have already been published and the quality of the data and outcomes are similar to those estimated from the published data. The Panel was content that there is an audit trail, that the Panel is trying to be fair and that it is not therefore unreasonable to offer its advice.

**b) Seizures following Subdural Haematoma:**

The Panel was reminded that provoked seizures generally incur a 6 month period of group 1 driving cessation, or 12 months if there is a history of unprovoked seizure or if there is evidence of pre-existing cerebral pathology.

The Panel was asked:

“When a seizure is provoked by an acute subdural haematoma (occurring within 7 days of the acute event) would an underlying chronic SDH be considered a pre- existing cerebral pathology? –and therefore necessitate 12 months off driving?”

The Panel confirmed that an acute-on-chronic subdural haematoma would necessitate a 12 month period of group 1 driving cessation. For group 2 driving or where there is doubt about whether the subdural haematoma is chronic or subacute or indeed a hygroma vs. a haematoma, then an individual assessment (+/-Panel opinion) would be required.

It was agreed that if a seizure occurs when there has been a chronic subdural haematoma only (no acute SDH) then the seizure would be considered to have been an isolated seizure with an underlying causative factor that may increase risk – and would therefore also require 12 months before group 1 driving can resume.

During this discussion, concern was raised about the implications on driving of having a scan following a traumatic brain injury. It was agreed that the Assessing Fitness to Drive document should be updated to indicate that for group 1 driving, if there is a small subarachnoid haemorrhage only, driving may resume on recovery.

**c) Seizures provoked by eclampisa:**

The DVLA received a letter from a customer along with published data to argue that seizures provoked by eclampsia should be considered an exception to the current provoked seizure standards. The Panel agreed that the conditional probabilities were indeed very low and that the risk of further seizure does appear always to be below 2% per annum. It was therefore agreed that as long as eclampsia has been very well documented, then seizures provoked by eclampsia would be considered to be an exception and group 1 and group 2 licensing would not be affected.

**d) Permitted seizures during sleep and wakefulness:**

Legislation governing permitted seizures not affecting consciousness nor ability to act requires both that:

1. The seizures have been demonstrated exclusively to affect neither consciousness nor cause any functional impairment, and,
2. there has never been any other type of unprovoked seizure.

It was previously assumed that seizures during sleep would not meet these criteria, however, gelastic seizures occurring both during sleep and wakefulness have been identified as a possible exception. The Panel was asked to advise of any other seizure manifestations that may enable seizures during both sleep and wakefulness to be considered permitted under this concession?

The Panel expressed concern about gelastic seizures potentially being considered permitted seizures as in most cases it was thought that these would likely affect ability to act. The DVLA has guidance to determine if seizures are permitted but it was suggested that complex cases that could not be resolved by the guidance could be referred to panel in future.

Following this discussion the DVLA was asked for an update on progress with regard to changing legislation to allow those who have had epilepsy surgery to drive if, post-surgery, their seizures do not affect consciousness nor ability to act. The Panel was advised that the proposal to amend has not currently been identified as a priority. Furthermore, to support a proposal to change the law, more data are needed to show the numbers of people who would benefit from the change. This is currently considered as being relatively low but the DVLA will engage with Professor Duncan to gain further clarity. It was agreed to keep this topic on the agenda to be discussed at the Spring meeting.

**5. Brain Tumours**

Work is on-going to transform the current standards for brain tumours so that they take account of the new WHO molecular classification and are consistent and clear. The standards must reflect both the risk of seizure and the risk of deterioration due to progression of tumour. Under the proposed (as yet incomplete) standards, tumours will be divided into categories according to risk:

Very low risk – mainly infratentorial tumours.

Low risk – mainly benign supratentorial tumours and low grade gliomas.

High risk – high grade gliomas (mainly grade III and IV but also grade II wild type).

Metastatic cerebral disease has recently been discussed by the Panel and these new standards will remain.

In general, the proposed standards are more lenient and by using the molecular classification of tumours, they will align with the National Institute for Health and Care Excellence (NICE) guidelines which require a molecular diagnosis for those undergoing surgery.

The Panel was reminded that a prospective study of molecular treatments for metastatic tumours is taking place and that this should provide further evidence to develop the medical standards for driving.

**6. Craniotomy and Burr Holes**

The Panel was asked whether guidance could be given about when to resume driving following these interventions. It was agreed that in general, if the dura has been breached, then six months off driving would be required. It was noted that a standard is currently published for cranioplasty which allows a return to group 1 driving on recovery and to group 2 driving after 6 months. Concern was expressed that this is a dangerous procedure associated with very significant morbidity and it was therefore decided to review the current standards at the Spring meeting; Professor Hutchinson kindly agreed to collate data to help inform that discussion.

**7. Foramen Magnum Decompression Surgery**

With regards to the standards to apply for group 1 and group 2 drivers following this type of surgery, the Panel advised that driving should resume once the treating surgeon has confirmed recovery. The Panel also commented that patients with a Chiari malformation and those who have had spinal surgery do not need to stop driving for a set period of time. The Panel asked that the A to Z list of conditions on the Gov.uk website be updated to reflect this (the condition removed from the list).

**8. Transient Ischaemic Attack (TIA) and Stroke**

The current standards for TIA state: ‘Multiple TIAs over a short period will require no driving for 3 months. Driving may resume after 3 months if there have been no further TIAs.’ However there is no similar restriction in the standards for stroke. The Panel was asked:

* If a stroke occurs after TIA does the 3 month standard for recurrent TIAs apply?
* Approximately how long is the “short time” quoted in the multiple TIA standard?

One of the Panel members with an interest in TIA/Stroke, who was unable to attend today’s meeting, kindly provided an email offering his opinion which was considered at the meeting. It was noted that risk is greatly affected by a number of variables and that intervention has an enormous effect on risk, making it difficult to define a consistent standard. The Panel suggested that Professor Rothwell, a former Panel member whose data had been used to inform the current standards may be able to contribute additional data and recommended that he be contacted. It was proposed that this topic should then be revisited at the Spring meeting.

**9. Planning for the Spring 2020 Panel Meeting**

In addition to the items for discussion at the next meeting that were identified today, it is also proposed that the following subjects be discussed: brain abscesses, dizziness, blackouts with seizure markers and other transient loss of consciousness/syncope standards.

# **Section C- Ongoing Agenda Items**

**10. Road Safety Statement**

The DVLA advised that the Government launched the refreshed Road Safety Statement in July. Please see link below:

[https://www.gov.uk/government/publications/road-safety-statement-2019-a-lifetime-of-road-safety](https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fpublications%2Froad-safety-statement-2019-a-lifetime-of-road-safety&data=01%7C01%7Ckim.wolff%40kcl.ac.uk%7C33fa544b08e643e7d6f008d72c57819a%7C8370cf1416f34c16b83c724071654356%7C0&sdata=5SENeX63OA4d1tonY2TNhwWGGQAyrDDsigq%2BIeLpf%2Bk%3D&reserved=0)

As part of this there is a commitment to include older vulnerable road users as permanent agenda item on the appropriate Secretary of State's Medical Advisory Panel.

A question was raised about progress on developing protocols for dementia and although there is currently little to report on this, the DVLA is reviewing the topic of comorbidities which is likely to include dementia.

A remark was made that safety will need to be considered in relation to electric vehicles and the danger posed to pedestrians and other vulnerable road users, because of the quietness of electric vehicles.

**11. Cases for Discussion**

One case was discussed and advice was issued by the Panel, but no generalisable conclusions could be drawn from this.

**12. AOB**

* A letter from a GP and clinical teaching fellow was shared with the Panel. It raised interesting conundrums about compliance and disclosure which have previously come up in Panel discussions. Professor Cruickshank kindly agreed to reply.
* A concern was raised about the wording of the standard for non aneurismal subarachnoid haemorrhage: “*Must not drive and must notify the DVLA. Will need clinical confirmation of recovery and, if no other cause has been identified, a documented normal cerebral angiogram*”. It was confirmed that any type of angiography would suffice and that this included CTA. The Panel recommended that the wording be changed from ‘normal cerebral angiogram’ to ‘normal cerebrovascular imaging’.
* Professor Hutchinson reported and was congratulated on the very welcome news that his research study has now received funding; this should provide answers to the oft-discussed problem of determining when seizure risk is at an acceptable level for group 2 driving following a traumatic head injury.
* Dr Rees asked about the potential for part-funding of a research study into brain metastases and the seizure risk following treatment. It was agreed that he would send the protocol to the DVLA so that this could be considered further.
* Professors Cruickshank and Marson, for whom this was their last Panel meeting, were thanked for all their hard work, achievements and commitment over the many years they have each served on the Panel.

**13. Date of Next Meeting**

Thursday 26th March 2020 was agreed although the venue is yet to be confirmed.

**Original Draft Minutes prepared by: Dr N Lewis**

**Joint Panel Secretary**

**Date: 19th November 2019**

**Final Minutes signed off by Dr G Cruickshank**

**Panel Chair**

**Date: 27th December 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.**

References:

Brown JWL, et al. *When is it safe to return to driving following first-ever seizure?* J Neurol Neurosurg Psychiatry 2015;86:60–64. doi:10.1136/jnnp-2013-307529