

Minutes of the Secretary of State for Transport's Honorary Medical Advisory Panel on Driving and Psychiatric Disorders

Meeting held on 6th November 2019

Present:

Panel Members:

Professor D Cunningham Owens (Panel Chair)
Prof P J Connelly (in-coming chair)
Dr K Jenkins
Dr S Hewitt
Dr D Dalton
Professor R Howard
Dr M Fisher-Morris

Observers:

Dr T Jagathesan	Civil Aviation Authority
Dr S Bell	Chief Medical Officer, Maritime and Coastguard
Dr P Fearon	National Programme Office for Traffic Medicine

Ex-officio:

Dr N Jenkins	Senior Medical Doctor, DVLA
Dr J Lynch	Panel Secretary, DVLA Doctor
Dr E Williams	DVLA Doctor
Mrs R Toft	Driver Licensing Policy, DVLA
Mr M Thomas	Panel Co-ordinator, DVLA
Miss K Nicholas	Driver Licensing Policy, DVLA
Mr C Rook	Operational Delivery & Support DM, DVLA
Mrs K Howell	Service Management, DVLA

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Section A: Introduction

1. Apologies for Absence

Apologies were received from Mr N Gokani, Dr A Byrne and Dr A Ibrahim.

2. Chair's Remarks

Professor Cunningham-Owens welcomed everyone to the meeting. Professor Cunningham-Owens confirmed that he was standing down from the panel. He had been a panel member since 1999 and reflected on the changes to the panel during his tenure and the positive impact of a well attended panel meeting.

Mention was made of needing an alternative location for the next panel meeting due to the unavailability of the current location. Panel member preference was for a London location.

3. Minutes of Previous Meeting

The Panel discussed the action points from the previous meeting and updates were provided. It was recognised that all of the items would be further discussed as part of the panel meeting.

Section B: Topics for Discussion

4. Neuro-developmental conditions/ ASD

Panel discussed each of the documents relating to the updated standards.

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Proposed standard:

It was agreed that the standard for group 2 drivers should be the same as the standard for group 1 drivers.

It was agreed that the title of the standard should be 'neurological- developmental condition', with the subtitle stating that this includes Autistic Spectrum conditions, ADHD and related conditions.

It was agreed that further individual conditions such as Tourettes syndrome, foetal alcohol syndrome and severe communication problems did not need to be specifically mentioned. It was acknowledged that it would not be possible to make a fully comprehensive list of all of the possible medical conditions which would come under this heading.

The emphasis on a standard which assessed functional ability rather than medical condition was considered to be positive and would make the standard applicable to the range of conditions.

The list of symptoms which could affect driving was reviewed and Panel considered that some conditions may have motor manifestations which could affect safe driving and this should be included in the list of symptoms.

There was further discussion whether learning disabilities could be included under the same standards, however further discussion on this will continue at a future meeting. Panel reviewed the documents designed to be accessed by driving licence applicants and licence holders. This included the A-Z and an advice leaflet. The information leaflet to cover all neurodevelopmental conditions was endorsed and considered to be very helpful.

The importance of referencing health care professional rather than just doctor was emphasised as it was acknowledged that not all licence holders would have regular contact with a medical doctor. It was recommended that the list of symptoms which could affect driving reflected the list of symptoms in the standard.

The proposed new questionnaires were reviewed.

There was discussion on whether notification of learning disability should be included on the same questionnaire and whether we needed to be notified of dyslexia and dyspraxia and whether these could influence driving safety. In particular the relationship of dyspraxia and Autistic Spectrum Conditions was considered. The inclusion of 'movement disorders which could affect driving safety' as part of the standard was considered to cover this aspect.

It was decided that further discussion regarding learning disability standards should take

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place at a future panel meeting.

Panel agreed that questions relating to alcohol misuse/dependence and drug misuse/dependence would not be included on either of the proposed questionnaires.

There was further discussion around the question on whether an individual lacks insight or judgement. Panel considered that a lack of insight would need further explanation as 'insight' will have different meanings in different contexts and a lack of insight may not necessarily be a bar to driver licensing. However panel considered that a lack of judgement would be important when considering driving safety.

There was further discussion on particular questions, including specification of healthcare professional rather than specialist as this may not always be appropriate and whether there was a need for a question on activities of daily living.

It was noted that DVLA had engaged with a range of stakeholders to develop the revised standards, information leaflet and questionnaires. There are further plans to conduct customer insight. Panel recommended that feedback should be considered in context.

5. Schizophrenia

DVLA wished the panel to further consider that recommendation from the Autumn 2018 panel that the term 'regain insight' should be removed from the standards for Schizophrenia. This term can be used by Doctors to indicate that a licence holder is unwell and DVLA questionnaires are completed both by specialist but also non-specialist Doctors.

However Panel stated that it can be difficult to define insight and there will be different dimensions of insight. An individual with schizophrenia can be well, but still have core beliefs related to the illness which could be interpreted as a lack of insight.

In Schizophrenia some degree of acceptance of medication resulting in compliance with treatment is important, however full insight into the need for medication or the underlying condition may not occur. In contrast an individual with a mood disorder will tend to regain full insight into their condition when well.

Panel suggested that the standards are updated to state that a 'lack of insight which impacts driving safety' would be a contraindication for licencing. The same will apply to the standards for hypomania/mania and acute psychotic disorder.

There was further discussion regarding the differences between medication and treatment advice for group1 and group 2 standards. It was acknowledged that achieving 12 months

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stability would enable the minimum effective medication to be used for group 2 driving and that strict adherence to the treatment plan was important in this group of drivers. Panel advised that no changes should be made to the standards in respect of the advice given for medication, treatment and stability.

6. Mental Health Act

It was discussed whether detention under particular sections of the mental health act should be a bar to licensing in all circumstances. Panel stated that cases should be considered on a case by case basis as individuals on a long term section may be well enough to drive.

However most individuals on an acute assessment section (section 2) and those recalled to hospital would not usually be well enough to drive. Panel reviewed the wording of the September 2014 minutes and confirmed that the advice regarding licensing during detention under the mental health act still applied. It was confirmed that individuals should be assessed according to whether they met the standards for their underlying condition rather than whether they were detained. .

Standards should be applied to informal hospital patients and patients who are receiving intensive treatment in the community on a case by case basis, with reference to the relevant medical standard, relating to the specific condition.

Panel was asked to consider whether the standards for stability in a condition prior to licensing should only apply after discharge from hospital. Panel confirmed that in most situations, individuals should demonstrate stability of their condition for the requisite period of time outside the hospital setting. However it was acknowledged that cases should be considered on an individual basis and there would be some cases when hospital discharge would be delayed for non-medical reasons or regaining a licence was part of rehabilitation, particularly for individuals who had been detained for long periods of time and whose condition had been stable long term.

It was acknowledged that there are some differences in the Mental Health legislation in different parts of the UK but that the same principles would apply in each area.

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Section C: Ongoing Agenda Items

7. Road Safety Statement:

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>

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.

8. Cases for Discussion

Two cases were discussed.

9. Tests, Horizon Scanning, Research and Literature

No new research or literature was presented to the panel for consideration

Horizon scanning:

The DfT Road Safety Statement was acknowledged and potential concerns regarding drivers with MCI being able to renew their licence with self-declaration. The previously difficulty of obtaining insurance based risk data regarding MCI was acknowledged. However there is now starting to be a literature on MCI and driving. Other countries are progressing with advice in this area. There is ongoing research on the potential importance of changes in spatial awareness on driving safety. Future driverless cars and specific adaptations for dementia may be important although the research is in its infancy.

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10. AOB

Dr Peter Connelly (the incoming panel chair) formally thanked Professor David Cunningham –Owens for his work and commitment to the panel over many years. This was acknowledged by all other panel attendees.

11. Date and Time of Next Meeting: 25th March 2020.

Original draft minutes prepared by:

Dr J Lynch

Joint Panel Secretary

Date: 08 Nov 2019

Final minutes signed off by:

Dr P J Connelly

Panel Chair

Date: 07 Dec 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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