



MINUTES OF THE SECRETARY OF STATE FOR TRANSPORT'S
HONORARY MEDICAL ADVISORY PANEL ON DRIVING AND DISORDERS
OF THE CARDIOVASCULAR SYSTEM
Meeting held on Thursday 1st October 2020 11:00am

Present:

Panel Members:

Dr R Henderson (Interim Chairperson)
Dr L J Freeman
Mr. A Goodwin
Dr D Fraser
Dr K Rajappan
Dr S Aziz
Mr. A Vara (Lay Member)

OBSERVERS:

Dr S Bell	Chief Medical Officer, Maritime and Coastguard Agency
Dr J Mcvicker	Occupational Health Service, Northern Ireland
Dr S Mitchell	Civil Aviation Authority

EX-OFFICIO:

Dr N Jenkins	Senior Doctor, DVLA
Dr A Birliga	DVLA Doctor
Dr C Fang	DVLA Doctor
Mrs. C Hughes	Driver Licensing Policy, DVLA
Mrs. Helen Harris	Driver Licensing Policy, DVLA
Mrs. Sharon Abbott	Operational Delivery & Support Drivers Medical, DVLA
Mrs. Suzanne Richards	Drivers Service Management, DVLA
Mrs. Lorraine Jones	Panel Coordinator, Drivers Medical, DVLA
Mrs. Siân Taylor	DVLA Note-Taker

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SECTION A: INTRODUCTION

1. Apologies for Absence

Apologies were received from;

Dr S Lim

Dr E Keelan

2. CHAIR'S REMARKS

The Interim Chair welcomed panel members. The Chair advised regarding the etiquette of digital meetings. The Interim Panel Chair requested that everybody introduce themselves.

3. ACTIONS FROM PREVIOUS MEETING

DVLA provided an update on the actions from the last meeting;

3a Pulmonary Hypertension

Panel agreed that the medical condition should be worded as “Pulmonary Arterial Hypertension” and the wording of the medical standards should be agreed in communications following the meeting.

3b Takotsubo Cardiomyopathy

This topic was previously discussed by panel in October 2019 where it was agreed that Group 2 drivers with Takotsubo Cardiomyopathy, with known coronary artery disease, would need to demonstrate they meet the requirements for exercise or other functional tests before being licensed. DVLA presented the proposed new wording of the medical standards to panel who discussed the amended wording and agreed that this could be published in AFTD.

3c Marfan syndrome and other inherited aortopathies

Panel advised at the March 2020 meeting that Group 1 licensing could resume upon recovery from successful surgical repair, whether surgery was undertaken electively or as an emergency procedure. Panel provided further advice that driving may resume 4 weeks after successful surgical treatment (whether emergency or elective repair).

SECTION B: TOPICS FOR DISCUSSION

4. Covid Recovery, DVLA Update

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DVLA provided an update on the current COVID 19 recovery process, specific changes made to legislation, and the impact of the pandemic on DVLA working practices.

COVID-19 Related Cardiovascular complications and Myocarditis standards

Panel was asked to advise DVLA regarding the appropriate standards to be applied in instances of COVID-19 related cardiovascular complications. Panel advised that the topic of myocarditis had been previously discussed in September 2015 where it was agreed that the relevant existing standard should be applied to any arrhythmia that arises and Group 2 licensing would be dependent upon an ejection fraction of at least 40%. Panel confirmed that this advice is applicable to COVID-19 related myocarditis.

5. Syncope: Presentation by Dr Kim Rajappan

Dr Rajappan provided a presentation on syncope with a view to a future update of the medical standard for Transient Loss of Consciousness (“blackouts”) as discussed in the May 2019 joint Neurology and Cardiovascular panels meeting.

Dr Rajappan discussed the medical standards for syncope and transient loss of consciousness (TLoC) and the importance of recognising individuals with an abnormal ECG or physical evidence of structural heart disease and the need to provide clearer information in the Assessing Fitness to Drive (AFTD) guidance. Panel considered the possibilities of including additional evidence of structural heart disease on sample imaging within AFTD and putting more emphasis on the medications that may be indicated after specialist opinion. Dr Rajappan proposed that an algorithm or flowchart may be a more practical way for clinicians to understand the driving restrictions after syncope.

Panel discussed the possible structure of such amended standards. Dr Rajappan agreed to undertake a further literature review to inform the standards.

Hypertrophic Cardiomyopathy

i. Agreement of AFTD wording of standard

At the March 2020 Panel meeting Dr Henderson provided a review of risk stratification in Hypertrophic Cardiomyopathy as a result of which Panel agreed the proposed new wording to the medical standard. The new Group 2 standard for asymptomatic individuals confirms that if the individual is in the low or intermediate risk group, that licensing will be permitted if they are able to complete the full nine minutes of the standard exercise tolerance test (or energy equivalent using a cycle ergometer). The Group 2 standard for symptomatic individuals remains unchanged.

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ii. Cardiac MRI Standards

At the March 2020 Panel meeting it was agreed that for individuals who were unable to undertake exercise testing for non-cardiac reasons, risk stratification could be undertaken by cardiac MRI scanning. The appropriate Group 2 standard was discussed with reference to the scientific publications of Freitas et al (2019)¹ and Chan et al (2014)². Panel agreed that a level of less than 15% ventricular myocardium gadolinium enhancement would be an appropriate threshold for Group 2 licensing.

SECTION C: ONGOING AGENDA ITEMS

6. Tests, horizon scanning, research and literature

DVLA reminded all panel members of the requirement to update panel about any information/tests/research that could impact on standards or existing processes.

7. AOB

Provoked Seizures

The Senior DVLA Doctor advised of the requirement for further discussions to take place about the Group 2 medical standards for seizures provoked by non-Central Nervous System (CNS) causes. It was previously agreed that provoked seizures of CNS origin would require five years off driving and provoked seizures of non-CNS origin would only require two years off driving. However, the Neurology panel Chair considers that provoked seizures of cardiovascular origin or 'Convulsive Syncope due to cardiovascular cause' (previously called reflex anoxic seizures) did not require any time off driving. An extraordinary Neurology Panel meeting will be arranged in the near future to further discuss this.

8. Date and time of next meeting

Thursday 11th March 2021

¹ Freitas P et al. The amount of late gadolinium enhancement outperforms current guideline-recommended criteria in the identification of patients with hypertrophic cardiomyopathy are risk of sudden cardiac death. J Cardiovasc Mag Res (2019), 21:50: 1-10

² Chan RH et al. Prognostic value of contrast-enhanced cardiovascular magnetic resonance for the evaluation of sudden death risk in patients with hypertrophic cardiomyopathy. Circulation (2014), 130: 484-495

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Original draft minutes prepared by:

Sian Taylor

Note Taker

Date: 2nd October 2020

Final minutes signed off by:

Dr R Henderson

(Interim Chairperson)

Date: 28th October 2020

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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