



# MINUTES OF THE SECRETARY OF STATE FOR TRANSPORT'S HONORARY MEDICAL ADVISORY PANEL ON DRIVING AND PSYCHIATRIC DISORDERS

Meeting held on Wednesday 7<sup>th</sup> October 2020 11:00am

## Present:

## Panel Members:

Dr P J Connelly (Panel Chair)  
Dr S Hewitt  
Professor R Howard  
Dr Andrew Byrne  
Dr M Fisher-Morris  
Dr Abrar Ibrahim  
Mr N Gokani (Lay Member)

## OBSERVERS:

|                 |   |
|-----------------|---|
| Dr T Jagathesan | Civil Aviation Authority                              |
| Dr S Bell       | Chief Medical Officer, Maritime and Coastguard Agency |
| Dr Colin Graham | Occupational Health Service, Northern Ireland         |

## EX-OFFICIO:

|                      |  |
|----------------------|--|
| Dr Nick Jenkins      | Senior Doctor, DVLA                                  |
| Miss Keya Nicholas   | Driver Licensing Policy, DVLA                        |
| Mr. Michael Jones    | Driver Licensing Policy, DVLA                        |
| Dr Mohammed Dani     | DVLA Doctor  |
| Dr Agnieszka Siekacz | DVLA Doctor  |
| Mrs. Sharon Abbott   | Operational Delivery & Support Drivers Medical, DVLA |
| Mr. Iain McTaggart   | 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 D Dalton  
Professor P Fearon  
Dr K Jeffries

### **2. CHAIR'S REMARKS**

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

### **3. ACTIONS FROM PREVIOUS MEETING**

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

**Neuro-developmental conditions:** The Panel had previously discussed and agreed the new standard to apply to these conditions. This has been incorporated into the current version of Assessing Fitness To Drive (AFTD) and a new series of medical questionnaires (the "A series" have been trialled with success.

**Learning Disability:** Panel discussed whether learning disability should be included on the same questionnaires as neuro-developmental conditions. Decision made to take topic forward to future meeting. Panel to review the standard relating to learning disability. DVLA are now investigating if any changes required to forms.

**Schizophrenia:** Panel had previously discussed the wording of the medical standard with regard to the requirement to retain insight. This agreed wording has now been incorporated into the current version of AFTD and is also applicable to hypomania/mania and acute psychotic disorder.

**Mental Health Act:** Panel had previously provided advice with regard to the potential impact of detention under various sections of the Mental Health Act upon driving. DVLA will consider whether any changes to medical questionnaires should result from that advice.

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## SECTION B: TOPICS FOR DISCUSSION

### **4. Covid 19 Recovery, DVLA Update**

DVLA provided Panel with an update on the impact that the COVID 19 pandemic has had on the Agency.

### **5. Personality Disorder**

DVLA requested advice from Panel in relation to cases where a personality disorder is declared.

A significant number of individuals with a current diagnosis of personality disorder have previously declared diagnoses of Schizophrenia or bipolar disorder, which have since been revised. The NICE guidelines state that personality disorders are often co-morbid with other psychiatric conditions. As the current medical standards are often less restrictive/ less prescriptive regarding personality disorder than those for other mental health conditions, DVLA are often unsure as to how much weight (if any) should be afforded to the initial diagnosis.

Furthermore, the type of personality disorder declared often varies within any individual case. Guidance was therefore sought as to how the medical standards for fitness to drive should be applied to these cases. Panel agreed that the published data does suggest a relationship between personality disorder and road traffic accidents.

DVLA asked whether the information provided should lead to any changes in published standards.

Dr S Hewitt gave a presentation providing an overview of personality disorder.

Discussion followed and panel advised that standards should remain unchanged, although provided DVLA with guidance as to how a restructuring of the medical questionnaires might allow for better case handling.

### **6. Learning Disability**

DVLA asked panel to review the medical standards for Learning Disabilities and asked if panel would suggest any changes.

Panel advised that, as is the case with neuro-developmental conditions, the ability to pass the driving test should be the arbiter as to whether the medical condition affects the ability to drive safely.

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## 7. Specialist Reports

DVLA advised they are reliant on reports from licence holders and/or their Doctor to help determine fitness to drive. When dealing with Acute Psychotic Disorder, Hypomania or Mania, or Schizophrenia the current medical standards require:

- i. Group 1: subject to a suitable specialist report being favourable.
- ii. Group 2: subject of a favourable report from a specialist in psychiatry.

Specialist reports from consultant psychiatrists for purposes of licensing may be difficult to obtain. This particularly applies if individual who is no longer being reviewed in the secondary care setting.

DVLA asked panel if the distinctions between ‘a suitable specialist report’ and ‘a favourable report from a specialist in psychiatry’ should be made for Group 1 and Group 2 drivers. Panel advised that this distinction should probably not apply in cases where mental illness is declared.

DVLA sought clarification from panel as to who would constitute as ‘a suitable specialist’ for both Group 1 and Group 2 drivers where it was advised that these requirements would remain the same.

DVLA asked Panel if they had any suggestions as to how DVLA might proceed in those cases when an individual’s clinicians are unable/unwilling to provide a report.

Panel advised that the current differences in the wording of the Group 1 and Group 2 standards should remain as these reflect the higher standard that is required in the case of Group 2 licensing.

Panel agreed that “a suitable specialist” for Group 1 licensing was not limited to those doctors on the Specialist Register for Psychiatry and that reports from Specialists in other specialties (e.g. General practice) were considered valid.

With regard to the difficulty in obtaining specialist reports Panel advised that DVLA may wish to consult either the approved list of Forensic Psychiatrists (held by the Royal College of Psychiatry) or the Private And Independent Practice Special Interest Group at the Royal College of Psychiatry.

Panel discussed a query which had been raised with regard to bipolar disorder and motorsport via email to the Chair. The view of the Panel was that it would not be appropriate to alter the guidance which applies to all mental disorders but that there was no restriction on individual governing bodies requiring higher medical standards for membership of their particular organisation. The Chair agreed to respond in those terms.

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## SECTION C: ONGOING AGENDA ITEMS

### **8. Tests, horizon scanning, research and literature**

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

Panel discussed dementia and the responsibility of clinicians in notifying DVLA of patients' diagnoses. DVLA referenced GMC advice regarding this matter and, in particular, responsibilities to both patient and to the wider public. The Panel chair will write to the Royal College of Psychiatry and also the Academy of Medical Royal Colleges to request views regarding clinician responsibility.

### **9. AOB**

Clozapine, seizure risk; The Senior DVLA Doctor provided a background regarding the issue of Group 2 licensing in individuals who are prescribed Clozapine.

Given the seizure risk associated with this medication, advice was requested for the Neurology Panel regarding the appropriateness of licensing Group 2 drivers who are prescribed this medication given that the prospective seizure risk may exceed the threshold acceptable for Group 2 licensing of no more than 2% per year.

The Neurology Panel discussed the issue and the existing evidence will be scrutinised further to determine the appropriate advice and standards.

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**10. Date and time of next meeting**

Wednesday 17<sup>th</sup> March 2021

**Original draft minutes prepared by:**

**Siân Taylor  
Note Taker  
Date: 12<sup>th</sup> October 2020**

**Final minutes signed off by:**

**Dr P J Connelly  
Panel Chair  
Date: 29<sup>th</sup> 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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