



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

Meeting held on Thursday 30th September 2021 10:00am

Present:

Panel Members:

Dr Paul N Cooper (Panel Chair)
Dr Paul Reading
Professor Peter J A Hutchinson
Mr Richard Nelson
Professor John Duncan
Professor Catrin Tudur-Smith
Dr Jeremy Rees
Dr Emer McGilloway
Mrs Natalie Tubeileh- Hall (Lay Member)

Guest Speaker

Dr Harry Mee
Rehabilitation Medicine Registrar and Clinical Researcher
Cambridge University

OBSERVERS:

Dr Sally Bell
Chief Medical Advisor, Maritime and Coastguard Agency
Dr Colin Graham
Occupational Health Service, Northern Ireland
Professor Norman Delanty
National Programme Office for Traffic Medicine
Dr Tania Jagathesan
UK Civil Aviation Authority
Mr Ahmer Azim
Policy Advisor, DFT

EX-OFFICIO:

Dr Cathy Armstrong
Senior DVLA Doctor (Deputy)
Dr Nick Jenkins
Senior DVLA Doctor
Dr Andrew White
DVLA Doctor
Dr Loraine Haslam
DVLA Doctor
Dr Benjamin Wiles
DVLA Doctor
Dr Amanda Edgeworth
DVLA Doctor
Miss Keya Nicholas
Driver Licensing Policy Lead
Dewi Richards
Driver Licensing Policy
Mrs Claire Hughes
Driver Licensing Policy
Mr Edward Foxell
Driver Licensing Policy
Mrs Suzanne Richards
Service Management
Miss Kimberley Brannigan
Drivers Medical Operational Delivery & Support
Miss Kirsty-Leigh Van Staden
DVLA Panel Support
Mrs Siân Taylor
DVLA Panel Coordinator/PA to Senior DVLA Doctor

Important: These advisory notes represent the balanced judgement of the Secretary of State's Honorary Medical Advisory Panel as a whole. If they are quoted, they should be reproduced as such and not as the views of individual Panel members.



SECTION A: INTRODUCTION

1. Apologies for Absence

Apologies were received from:

Dr Ewan Hutchinson	Civil Aviation Authority
Dr Ralph Gregory	Consultant Neurosurgeon
Mr Robert Macfarlane	Consultant Neurosurgeon
Mrs Jane Gregory	Lay Member

2. CHAIR'S REMARKS

The Chair welcomed panel members and advised attendees regarding the etiquette of digital meetings. The Chair reminded all panel members to update any changes to their declarations of interest.

3. ACTIONS AND MATTERS ARISING FROM THE PREVIOUS MEETING

DVLA provided an update on the status of the actions arising from the previous panel meeting.

i. Brain Tumours

DVLA have been working with the Panel to develop new guidance for medical professionals about brain tumours. There have been fundamental changes in clinical practice to the classification of brain tumours since the existing medical standards were published. DVLA have recently carried out targeted stakeholder engagement to share the proposed new standards and seek views from external stakeholders. DVLA are currently collating and considering the responses with the intention of publishing the clarified standards in the Assessing Fitness to Drive (AFTD) guidance by Spring 2022.

ii. AURAS

DVLA are currently exploring options to relax the standards for drivers who experience seizures that do not affect consciousness or the ability to act, such as auras. This will require a legislative change. DVLA are currently in the process of gathering data and drafting the policy options which will be sent to Department for Transport officials for consideration in the coming months.

iii. Arachnoid and colloid cysts

Dr Amanda Edgeworth provided a verbal update about the work carried out to date on brain tumour standards and queried the significance of the wording in the AFTD guidance that reads: 'symptoms that affect driving', panel discussed this and agreed that all symptoms could be significant. Panel advised that the relevant wording in the AFTD guidance should be updated accordingly.

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SECTION B: TOPICS FOR DISCUSSION

4. COVID 19 Recovery – DVLA Update

DVLA provided panel with an update on the current backlog situation at the Agency because of the pandemic. DVLA confirmed that they have implemented a number of changes to support their recovery including:

- 13 Month driving licence entitlement extension
- D4 Waiver Scheme
- Online consultations specific to Group 2 drivers with diabetes
- New accommodation
- Web-chat System to enable staff working from home to answer simple queries, reducing further calls to the contact centre
- Changes to GOV.UK to direct drivers to the online Fitness to Drive channel

DVLA explained that the focus is to reduce the current backlogs and the burden on NHS doctors. To do this DVLA has piloted a simplified renewal process for car and motorcycle drivers with epilepsy, Multiple Sclerosis and have more recently some mental health conditions. In addition to this, DVLA have also been working on:

- An electronic facility for secure email addresses to allow doctors to email medical questionnaires
- Extending the “Notify” function for drivers on receipt of a medical notification/renewal to let them know their application/notification has been received
- New modernised casework system
- Recruitment of 116 additional caseworkers to process medical cases

5. Medication to treat epilepsy and provoked seizures

DVLA requested panel advice regarding the commencement of anti-seizure medication for patients diagnosed with provoked or acute symptomatic seizures and whether this treatment would affect the time required off driving for Group1 and Group 2 licence holders.

Panel discussed a case of a driver who had provoked seizures but was subsequently prescribed anti-seizure medication (ASM). The advice was that the seizure be accepted as a provoked seizure. It was advised that the driver would need to have been free of ASMs for at least five years before returning to Group 2 driving (as it was in this case).

Neither the legislation nor panel’s guidance on provoked seizures makes specific reference to ASMs. Discussion took place regarding over-prescription of ASMs and the difficulty of binary seizure classifications clinically i.e. provoked/unprovoked.

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Panel advised that these are complex decisions due to the issues involved and expert opinion should be sought from panel on a case by case basis. Panel requested that DVLA continue to monitor the volume and outcomes of these cases over the next two years. The panel agreed that they would further review their advice after this time period.

6. Multiple intra-cranial aneurysms

Panel discussed a case regarding multiple intra-cranial aneurysms. DVLA asked if the medical standards in the AFTD guidance should change from that of an isolated aneurysm, or if a further section needed to be incorporated to include advice for multiple intra-cranial aneurysms.

Panel agreed that evidence suggests multiplicity confers no greater risk than the risk of the individual highest risk aneurysm. However, it was discussed that there are twin risks of both seizures and further haemorrhage but the guidance for intracranial aneurysms relates to the risk of seizure, yet a sub-arachnoid haemorrhage would be incapacitating. It was agreed that a subgroup of panel members should meet to discuss this, prior to the next full panel meeting in Spring 2022 panel.

7. Functional Neurosurgical Techniques - (to include stereotactic radiosurgery and microvascular decompression)

Microvascular decompression is now a relatively common surgical procedure used mostly for trigeminal neuralgia to relieve pressure from vasculature on a cranial nerve. DVLA advised panel that there are currently no published standards in the AFTD guidance for this and wanted panel to consider if it should be included. Panel discussed that it is a low risk procedure from a driving perspective, however, given the frequency with which it is undertaken it would be helpful for clinicians if it was specifically mentioned with the advice to 'drive on recovery'.

Previous panel minutes from November 2000 noted that a six-month revocation period for paladotomy, thalamotomy and post-stimulator insertion was required. Despite the apparent low risk of epilepsy post-stimulator insertion, study numbers are low, and the data is unpublished.

Panel considered advised that currently there should be no change to the AFTD guidance without obtaining robust evidence. It was agreed that a panel attendee will look at the available literature on seizure risk and feedback the information in the Spring 2022 panel meeting.

8. Cranioplasty

A presentation was provided to panel about cranioplasty, including the risks of the procedure which can include acute seizures and significant morbidity in some cases.

Panel thanked the guest speaker for the presentation and discussed the content in terms of published driving standards. Panel agreed that from the information provided in the AFTD

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guidance requires updating, specifically to add the wording regarding consideration of the underlying condition which led to surgery, to the Group 2 standards. DVLA will make arrangements to update wording.

Section C: Ongoing Agenda Items

9. Cases for Discussion

One individual case was discussed.

10. Test, Horizon Scanning, Research and Literature

Panel discussed grants and for funding for research. The Chair also advised panel that although different terminology is used to refer to epilepsy treatment, the correct terminology for medication is anti-seizure medications (ASMs)

11. AOB

DVLA provided an update on panel recruitment. A recruitment scheme was launched earlier this year with a number of candidates being recommended to the Minister for appointment, as such it is anticipated that a number of new expert members will be attending the Spring 2022 panel meeting.

12. Date and Time of next Meeting

Thursday 3rd March 2022

Original draft minutes prepared by:

**Sian Taylor
Note Taker
Date: 1st October 2021**

Final minutes signed off by:

**Dr PN Cooper
Panel Chair
Date: 8th October 2021**

**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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