



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

Meeting held on Tuesday 12<sup>th</sup> October 2021 10:00am

## Present:

### Panel Members:

Dr Mark Evans (Chair)  
Professor Michael Feher  
Professor Pratik Choudhary  
Dr Peter Rogers (Lay member)  
Mr William Wright (Lay member)

### OBSERVERS:

Dr Sally Bell	Chief Medical Advisor, Maritime and Coastguard Agency
Dr Ewan Hutchinson	Civil Aviation Authority
Dr Clive Beattie	Occupational Health Service, Northern Ireland
Dr Graham Roberts	National Programme Office for Traffic Medicine, Ireland
Mr Ahmer Azim	Department for Transport

### EX-OFFICIO:

Dr Nick Jenkins	Senior DVLA Doctor
Dr Sophie Carter -Ingram	DVLA Doctor
Dr Catherine Perry	DVLA Doctor
Dr Elzbieta Koziara	DVLA Doctor
Dr Laura Tattersall	DVLA Doctor
Miss Keya Nicholas	Driver Licensing Policy Lead
Mrs Helen Harris	Driver Licensing Policy
Mrs Julie Bartlett	Driver Licensing Policy
Mrs Suzanne Richards	Drivers Service Management
Mr David George	Operational Delivery & Support, Drivers Medical
Miss Sarah Anthony	DVLA Panel Coordinator Support/Note taker
Miss Kirsty-Leigh Van Staden	DVLA Panel Coordinator Support

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## SECTION A: INTRODUCTION

### **1. Apologies for Absence**

Dr Daniel Flanagan  
Dr Colin Graham

Consultant Physician/Endocrinologist  
Occupational Health Service, Northern Ireland

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

The Panel chair welcomed everyone and reminded attendees of meeting etiquette. Panel chair prompted attendees to update their declarations of interest. Panel Chair advised that Dr Daniel Flanagan's tenure has now ended and thanked Dr Flanagan for his invaluable contribution.

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

#### **i. Gliptins**

In the Spring 2021 meeting DVLA asked panel if they could clarify the medical standards to be applied to Gliptin medication. Panel advised regarding the wording of the section of Assessing Fitness to Drive (AFTD) guidance "Diabetes treated with medication other than insulin". The amended wording was approved.

#### **ii. Hypoglycaemia due to other causes**

Panel discussed the wording of the medical standard currently entitled "Hypoglycaemia due to other causes". The proposed amended wording was presented and approved.

#### **iii. Group 2 Pilot for remote consultations**

DVLA provided an update regarding remote consultations for Group 2 drivers with insulin treated diabetes. The DVLA are continuing to refine this process.

#### **iv. Group 2 diabetes application process**

Panel advised that the requirement to provide three months 'blood glucose readings at the third stage of the application process to demonstrate stability on insulin treatment could be reduced to 6 weeks. In addition to this, it was agreed the medical assessment process could be reduced from the current three stage process to a two-stage process:

- Stage 1 - a self-declared medical questionnaire from the driver
- Stage 2 - a report from the drivers own doctor or consultant
- Stage 3 - a referral to an independent consultant diabetologist for an examination

The resultant process would need to be compliant with the legislative requirements for Group 2 licensing in insulin-treated diabetes.

This work is currently being progressed by the DVLA.

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v. **Hypoglycaemic awareness**

This topic was discussed at agenda item 5.

SECTION B: TOPICS FOR DISCUSSION

**4. COVID 19 Recovery DVLA Update**

The DVLA provided panel with an update on the current backlog situation at the Agency because of the pandemic. DVLA confirmed that they have implemented several 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 for ease of social distancing
- 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 and Multiple Sclerosis and have more recently added 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
- A new modernised casework system
- Recruitment of 116 additional caseworkers to process medical cases

Panel thanked the DVLA for the update.

**5. Hypoglycaemic Awareness**

Panel discussed the issue of physiological vs electronic hypoglycaemic unawareness with or without automated insulin delivery. The DVLA advised that the current standard requires the applicant or licence holder to have physiological awareness of hypoglycaemia. In Spring 2021 panel discussed whether the standard should be amended to allow for the awareness of impending hypoglycaemia to be provided by electronic means. Panel were supportive of this proposal being explored further.

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Prof Choudhary provided a presentation on Hypoglycaemia Awareness and the use of continuous glucose monitoring (CGM) while driving.

It was concluded that the scientific literature demonstrates that CGM is effective at reducing:

- Time in Hypoglycaemia by approximately 50%
- Frequency of hypoglycaemia by approximately 50%
- Risk of severe hypoglycaemia by 50%

The literature shows that when using automated insulin delivery

- Time with tissue glucose < 3 mmol/L is reduced by approximately 75%
- Frequency of severe hypoglycaemia is reduced by 84%

Panel noted that there are some data available regarding the restoration of hypoglycaemic awareness. CGM provides a more accurate record of glucose readings including real time measurements and frequency of event.

Panel thanked Dr Choudhary for the presentation and the extensive work that he carried out.

Panel discussed and agreed the evidence to support this change is positive and helpful both for driving and clinically for Group 2 drivers. Panel were supportive of the proposal to extend the use of continuous glucose monitoring devices to Group 2 drivers.

Regarding people with impaired awareness of hypoglycaemia, the data provided indicates that the risk identified in people with impaired awareness of hypoglycaemia that drive under strict licensing conditions with sensors and alarms is no greater than that within people who carry out capillary testing

Further work is in progress with regards to hypoglycaemic episodes which are not clinically manifested but are incidentally discovered whilst using CGM as part of the HypoMETRICS study.

## 6. Flash Glucose Monitoring for Group 2 drivers

At the previous Panel meeting it was agreed that DVLA should start exploring a change to the Motor Vehicles Regulations 1999, to allow Group 2 drivers to use flash glucose monitoring systems to monitor glucose levels within interstitial fluid at times relevant to driving. This topic was brought to panel to determine if the data/evidence supported the proposed law change, this was discussed as part of Agenda item 5.

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## 7. Temporary Insulin treatment for Group 2 Drivers

DVLA asked panel to discuss if the standards for temporary insulin treatment should be amended to cover different scenarios.

An example was provided whereby a Group 2 driver with tablet-controlled diabetes requires intermittent temporary insulin treatment when prescribed with a course of steroids as part of asthma treatment.

Panel discussed and advised these cases are not common, and currently specific guidance to cover such scenarios does not exist. Panel will consider the issue further at the next meeting.

## 8. Drivers DVLA update on the Customer Relationship Management (CRM) System

In the previous panel meeting, DVLA advised that they would be piloting a new dynamic casework system for Group 1 drivers with diabetes.

Dr Carter-Ingram provided an update on progress since the CRM project went live (12 August 2021).

Panel thanked Dr Carter-Ingram for an interesting presentation. Panel agreed that this system was a positive step in improving the digital customer journey and allowed drivers to move through the licensing process much more quickly. The DVLA advised that although only Group 1 drivers were currently being piloted using the new system, but it will eventually be used for Group 2 drivers with diabetes also. Panel queried if customers who prefer not to use digital channels may be disadvantaged. The DVLA advised that paper channels are also being improved and that this will always be an available option for those individuals who don't want to transact with DVLA digitally.

## SECTION C: ONGOING AGENDA ITEMS

### 9. Tests, horizon scanning, research and literature

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

### 10. AOB

Panel advised that several Group 2 drivers with insulin treated diabetes have raised concerns about the lack of information available to them in relation to managing their condition and providing blood glucose readings at assessment. Although an information leaflet is available to

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drivers, the advice within it is not clear. The DVLA advised that work is being done to clarify the information leaflet which will improve communications to drivers.

### **11. Date and time of next meeting**

Tuesday 29<sup>th</sup> March

**Original draft minutes prepared by:**

**Sian Taylor**

**Note Taker**

**Date: 15<sup>th</sup> October 2021**

**Final minutes signed off by:**

**Professor Mark Evans**

**Panel Chair**

**Date: 9<sup>th</sup> November 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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