Driver & Vehicle Licensing Agency

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 10th March 10:00 am

Present:

Panel Members:

Dr Robert Henderson (Chair)
Dr Leisa J Freeman
Mr Andrew Goodwin
Dr Sern Lim
Dr Shahid Aziz
Dr Kim Rajappan
Mr Amar Vara (Lay member)
Mrs Linda Samuels (Lay member)

OBSERVERS:

Dr Ewan Hutchinson	Civil Aviation Authority
Dr John McVicker	Director Occupational Health Service, Northern Ireland
Dr Thomas Mathew	Consultant Cardiologist

EX-OFFICIO:

Dr Nick Jenkins	Senior DVLA Doctor
Dr Sarah Brown	DVLA Doctor
Dr Agnieszka Siekacz	DVLA Doctor
Dr Rajiv Ghose	DVLA Doctor
Mrs Rachael Toft	Head of Driver Medical Licensing Policy Lead
Miss Keya Nicholas	Driver Medical Licensing Policy Lead
Mr Dewi Richards	Driver Medical Licensing Policy
Miss Gwen Owen	Driver Medical Licensing Policy
Mrs Suzanne Richards	DVLA Service Management
Miss Jenna Bradshaw	Drivers Medical Operational Delivery & Support
Mrs Siân Taylor	DVLA Panel Coordinator/PA Senior DVLA Doctor
Miss Kirsty-Leigh Van Staden	DVLA Panel Coordinator Support
Miss Sarah Anthony	DVLA Panel Coordinator Support
Miss Katy Richards	DVLA Panel Coordinator Support

Driver & Vehicle Licensing Agency

SECTION A: INTRODUCTION

1. Apologies for Absence

Apologies were received from:

Dr Douglas Fraser	Consultant Cardiologist
Dr Sue Stannard	Maritime and Coastguard Agency
Dr Sally Bell	Maritime and Coastguard Agency
Dr Colin Graham	Director Occupational Health Service, Northern Ireland
Dr Derek Crinion	National Programme Office for Traffic Medicine, Ireland

2. CHAIR'S REMARKS

The Chair welcomed all attendees and advised regarding the etiquette of digital meetings. The Chair reminded members to ensure their declarations of interest were up to date.

The Chair directed panel members to the previous panel minutes and asked if they were an accurate reflection of the meeting, the panel agreed that they were. The Chair requested agreement for the next panel meeting to be held in either Great Minister House, London or Baskerville House, Birmingham, the panel agreed that Great Minister House, London would be more suitable.

3. ACTIONS/MATTERS ARISING FROM PREVIOUS MEETING

Aortic Aneurysm and dissection
Panel reviewed amended wording in the relevant guidance for:

- **Aortic Aneurysm:** The panel discussed the changes and agreed a 5.5 cm cut off for Group 2 (bus and lorry) licencing and recognised the need for separate standards for bicuspid aortopathy and Marfan's Syndrome.

- **Chronic Aortic dissection**: The panel agreed that the customer's clinician should confirm satisfactory control of blood pressure and adherence to blood pressure treatment, rather than stipulating a required target value.

- **Marfan's Syndrome:** The panel advised that the medical standards should be consistent with European Cardiological Society (ESC) guidelines regarding surgical treatment. The presentation of the medical standard was discussed.

The panel also advised that a comment about Lowy-Dietz and Ehlers Danlos aortopathies should be added to indicate the need for individual decision making for Group 2 licencing. The Chair advised that the amendments to Aortic Aneurysm, Chronic Aortic dissection and Marfan's Syndrome will be updated and circulated to panel members for further consideration.

Appendix C - regarding Hypertrophic Cardiomyopathy (HCM)
Appendix C of Assessing Fitness to Drive (AFTD) guidance, specifically the section on exercise tolerance testing, has been clarified to detail how assessment differs when the test is undertaken as part of medical enquiries regarding hypertrophic cardiomyopathy, rather than enquiries regarding cardiac ischaemia.

Panel discussed and agreed the changes to Appendix C.

Transient Loss of Consciousness (TLOC)
The panel discussed the revised medical standards and agreed that the standards should be finalised with the original subgroup. A separate meeting will be arranged with the Secretary of State for Transport's Honorary Medical Advisory Panel on Driving and Disorders of the Nervous System to share the proposed new standards and discuss any neurological considerations.

Panel Recruitment
DVLA provided the panel with an update on recruitment. The panels' composition is stable currently and a recruitment campaign will be initiated in the Autumn. DVLA noted that a Cardiac Imaging Specialist will be required and therefore the panel recruitment team will be taking a targeted approach when advertising for this position. The Chair expressed the need to ensure that there was continuity on the panel due to the time it takes to familiarise new members with the panel processes and discussions.

DVLA agreed to set up a meeting with the panel Chair to discuss the recruitment scheme and possible avenues of engagement when the adverts go live.

SECTION B: TOPICS FOR DISCUSSION

4. Aortic Stenosis

DVLA advised the panel that they have received a number of queries from cardiologists who are of the view that some patients with symptomatic aortic stenosis may be fit to drive should their condition not be classified as "severe".

In the March 2021 edition of Assessing Fitness to Drive (AFTD) guidance, the wording of the Group 1 (cars and motorcycles) medical standard for symptomatic aortic stenosis was changed from:

"Must not drive and must notify the DVLA if severe aortic stenosis and symptoms that may impact safe driving.", to: "Must not drive and must notify DVLA."

DVLA asked the panel to clarify the advised guidance. It was agreed that the current standards are appropriate, but clinicians should ensure that symptoms result from the aortic stenosis rather than from associated conditions. Cases of symptomatic moderate aortic stenosis can be reviewed by panel on an individual basis. Panel advised to update Appendix C (AFTD) with the revised aortic stenosis classification in the 2021 ESC valve disease guideline, to include which includes low flow, low gradient severe aortic stenosis.

5. Review of Assessing Fitness to Drive (AFTD) Guidance on Exercise Testing

DVLA asked the panel to review the current guidance in Appendix C of the AFTD with a view to revising the Exercise Tolerance Test (ETT) guidance, including reviewing the indications for functional testing. The panel were asked to consider the following:

i. The default test for assessment of fitness for Group 2.
ii. Acceptable reasons for exemption from treadmill testing.
iii. The indications for alternative tests and how should the results be interpreted.
iv. The significance of change in left ventricular ejection fraction during Myocardial Perfusion Scanning (MPS).

Panel welcomed Dr Thomas Mathew who provided an update on the issues.
Panel concluded:

i. The exercise treadmill test is the default test. Should the customer be unable to exercise on a treadmill, they should be offered a bicycle ergometry test as an alternative if available.
ii. The acceptable exclusions from exercise testing were agreed to be:

- Left Bundle Branch Block (LBBB)
- Right Bundle Branch Block (RBBB) where the duration/width of the QRS complex exceeds 120 ms
- Paced rhythm
- Musculoskeletal conditions determined by a clinician to preclude exercise testing
- Obstructive airways disease determined by a clinician to preclude exercise testing

iii. Should the customer not be able to do the exercise test, then a request should be submitted for a functional imaging test, and the clinician receiving the referral should make the decision to determine the most appropriate assessment method.

iv. The panel agreed that functional imaging tests should be undertaken using pharmacological stressors (rather than exercise). Dr Mathew confirmed that evidence of ischaemia during pharmacological stress involving more than 10% of the left ventricular myocardium would be associated with a risk of sudden disabling event of greater than 2% per annum.

v. Should symptoms develop during a functional imaging test, the clinician supervising the test should be required to determine whether the symptoms indicate myocardial ischaemia.

vi. A decrease in ejection fraction during pharmacological stress greater than 5% relative to the resting ejection fraction should be considered abnormal and potentially due to myocardial ischaemia.

vii. The issues associated with the transfer of radiological images were discussed and Dr Jenkins advised that DVLA were investigating the associated consent and data protection issues. The panel advised that solutions should be found to minimise the requirement for such transfer.

6. Congenital Heart Disease

DVLA advised, the current Group 2 standard states "Licence will be refused or revoked if congenital heart disease (CHD) is complex or severe." DVLA asked the panel if it was possible to provide more specific wording on what is meant by "complex or severe".

The panel agreed to reference source document for this classification (Warnes et al, JACC 2001;37:1170) and the tables in the 2020 Adult Congenital Heart Disease ESC guidance.

7. Cardiac Transplant

DVLA asked the panel to review the indication for and interpretation of functional testing in drivers with cardiac transplantation for Group 2 drivers.

The panel reviewed the current standards and discussed whether a functional test should be a mandatory requirement to allow for a return to Group 2 driving.

The panel agreed that a functional test repeated annually should be required in such cases as patients may get ischaemia without symptoms.

8. Cardiac Ischaemia

DVLA requested a preliminary discussion to decide whether more detailed review is required at future panel meetings regarding cardiac ischaemia.

The panel discussed a case which allowed for a review of the angina standards. Group 2 relicensing requires that there has been no angina for at least six weeks and that appropriate functional tests standards can be met.

The panel considered documents[1] circulated prior to the meeting with a view to identifying the direction of future discussions.
The panel discussed ischaemia with non-obstructed coronary arteries (INOCA) and myocardial infarction with non-obstructive coronary arteries (MINOCA).

The panel advised that more information was needed on Myocardial infarction with non-obstructive coronary arteries and Ischaemia with non-obstructed coronary arteries.

The Chair agreed that it would be appropriate to invite a guest speaker to a future meeting to help inform decision making.

9. Brugada Syndrome

Two cases involving Brugada Syndrome were discussed.

SECTION C: ONGOING AGENDA ITEMS

10. Tests, horizon scanning, research and literature

DVLA reminded all panel members that as part of the Terms and Conditions they have an obligation to update panel about any information/tests/research that could impact on standards or existing processes.

There were no items for discussion

11. AOB

Improving documentation of DVLA advice

Panel discussed an audit regarding the documentation of clinical advice post- Acute coronary syndrome (ACS), noting the study recommended the promotion of the medical standards for fitness to drive amongst clinicians. Panel noted the information referenced.

DVLA advised they would look into communication of standards.

1

Kunadian Eur Heart J 2020-41-3504 EAPCI INOCA consensus statement
Radico Eur Heart J 2018-39-2135 INOCA outcome
Tamis-Holland Circulation 2019-139-e891 AHA MNOCA statement
Thygesen Eur Heart J 2019-40-237 Fourth Universal definition of MI
Driving Advice Audit

Cormorbidities/Multiborbidity and Driving

The panel Chairs held a meeting regarding comorbidities/multimorbidity and driving in November 2022.

The research paper provided by DVLA Dr J Lynch has created interest from National Programme Office for Traffic Medicine Northern Ireland. Dr Lynch has been invited to attend a webinar to speak on the subject.

12. Date and time of next meeting

Thursday 13th October 2022

Original draft minutes prepared by:	Sian Taylor Note Taker Date: 14/03/2022
Final minutes signed off by:	Dr R Henderson Chairperson Date: 31/03/2022

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.