

MINUTES OF THE SECRETARY OF STATE FOR TRANSPORT'S HONORARY MEDICAL ADVISORY PANEL ON DRIVING AND PSYCHIATRIC DISORDERS Meeting held on Wednesday 16th March 2022 10:00am

Present:

Panel Members:

Professor Peter J Connelly (Chair) Professor Robert Howard Dr Andrew Byrne Dr Mary Fisher-Morris Dr Katherine Jefferies Mr Nikhil Gokani (Lay Member) Mr Anthony Arcari (Lay Member)

OBSERVERS:

Dr Sue Stannard Dr Colin Graham Dr Tania Jagathesan

Ex-officio:

Dr Nick Jenkins Miss Keya Nicholas Mr Michael Jones Mr Andrew Harper Mr Dewi Richards Mr Richard Phillips Mrs Suzanne Richards Mr David George Mrs Siân Taylor Miss Sarah Anthony Miss Kirsty-Leigh Van Staden Miss Katy Richards Chief Medical Advisor, Maritime and Coastguard Agency Occupational Health Service, Northern Ireland Senior Medical Assessor, Civil Aviation Authority

Senior DVLA Doctor Driver Licensing Policy Lead Driver Licensing Policy Driver Licensing Policy Driver Licensing Policy Operational Leader in Complex Casework Drivers Service Management Operational Delivery & Support, Drivers Medical DVLA Panel Coordinator/PA to Senior DVLA Doctor DVLA Panel Coordination Support DVLA Panel Coordination Support DVLA Panel Coordination Support



SECTION A: INTRODUCTION

1. Apologies for Absence

Forensic Consultant
Consultant Forensic Psychiatrist
General Practitioner
Consultant Old Age Psychiatrist
National Programme Office for Traffic Medicine, Ireland
Maritime and Coastguard Agency

2. CHAIR'S REMARKS

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

3. ACTIONS FROM PREVIOUS MEETING

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

i. Impact of Co-Morbidity on driving

DVLA provided the panel with an update, advising them that a meeting was held last year with all the panel Chairs on co-morbidity and driving, the first meeting was a scoping exercise to gather views on whether the current medical standards are likely to cover the risks when one or more medical condition is present.

Dr Jeanette Lynch, a DVLA Doctor produced a very comprehensive paper about multi morbidities and driving, which was shared with the attendees before the meeting. The discussions were focused on trying to understand who to investigate and how to identify the driving risk and driving fitness in individuals who present with a combination of medical conditions of various severities.

During the meeting a number of issues were discussed including the effects of cognitive impairment, age and frailty which, when combined with a medical condition, might be expected to increase the risk of accidents. During the meeting there was a consensus amongst the group that more information and data would be required to allow for an understanding of the cohorts of drivers most at risk. It was agreed that a combination of health and driving data could be the way forward in achieving this.



DVLA took a number of actions from the meeting, including consideration of the possibilities of using a driver's NHS number on the medical questionnaires, and using motor insurance data to interrogate the relationships between accident rates and health conditions. DVLA were also tasked with exploring the use of an epidemiologist to assist in validating the data. It has since transpired Dr Lynch herself has an epidemiological background.

The panel thanked DVLA for the update and the panel Chair agreed Dr Lynch's paper was excellent and would be pleased if it was circulated with the group.

ii. Severe Anxiety or Depression

The panel reviewed the proposed new wording for the Assessing Fitness to Drive (AFTD) medical standard and were supportive of the changes.

iii. **Psychotic Disorders – including isolated acute episode** Panel approved the proposed wording of the standard which was amended following discussion at the previous meeting.

SECTION B: TOPICS FOR DISCUSSION

4. Severe Anxiety-Depression

DVLA advised that the Group 1 (car and motorcycle) medical standards for Acute Psychotic Disorder, Bipolar Affective Disorder and Schizophrenia specifically state that engagement with treatment/adherence to treatment plan is a requirement for licensing. DVLA asked the panel if this requirement also applies to Severe Anxiety/Depression.

DVLA Senior Doctor asked the panel whether the standard for severe anxiety and depression should be aligned with these other conditions.

The panel agreed that adequate compliance with, or adherence to an agreed treatment plan should be a licensing requirement in the medical condition of severe anxiety/depression. DVLA agreed to consider possible wording with a view presenting the reworded standard at the Autumn 2022 meeting.

5. Significant Suicidal Thoughts

DVLA advised they have received a letter from a Psychotherapist who requires clarification of what constitutes 'significant' suicidal thoughts. It is unclear from the Assessing Fitness to Drive (AFTD) guidance of when clinicians should advise their patients to notify DVLA. Clarification is being sought on the following questions:

i. Does DVLA need to be notified where the patient has "fleeting" suicidal thoughts and are they able to continue driving?



ii. If the patient presents as a moderate risk with current suicidal thoughts with no plans of intent, do they need to inform DVLA and are they able to continue driving?

With regard to points one and two, the panel advised that advice to notify DVLA should be a matter of profession clinician judgement which is dependent upon both the individual and the situation.

The panel agreed that should a therapist consider their patient to be of high suicide risk with regard to driving then the concerns should be reported, even should the therapist's professional regulatory body not provide specific advice on this matter.

DVLA agreed to respond to the Psychotherapist.

6. <u>Renewal Process for Short Period Licences (SPL)</u>

At the Autumn 2021 panel meeting, DVLA advised that they had recently introduced a simplified renewal process for drivers with epilepsy and multiple sclerosis. Following the success of this, a meeting was held with some members of the Psychiatry panel to discuss the feasibility of introducing mental health conditions into this new medical licensing process. DVLA have since refined the specific questions to ask drivers, and the telephone renewal process is now live. DVLA agreed to monitor and review the pilot and provide panel with feedback on progress.

DVLA provided an update on the renewal process and specifically with regard to the Bipolar Affective Disorder pilot. Panel members agreed the results of the initial pilot dealing with Bipolar Affective Disorder were encouraging and considered that most mental health conditions were suitable for a further pilot study.

The panel thanked Mr Richard Phillips and his team for the update.

SECTION C: ONGOING AGENDA ITEMS

7. 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.

The panel discussed comorbidities and driving legislation in European Union, North America and Australia, panel asked if there was any information of further harmonisation across countries. DVLA advised that no changes to the legislation are planned currently.



Driver & Vehicle Licensing Agency

8. AOB

A query that had been received by a panel member in relation to the notification of mild cognitive impairment was discussed. Panel reviewed the AFTD standards on Mild Cognitive Impairment (MCI). The panel agreed that the standards do not need to be revised however the name of the standard should be changed to Cognitive Impairment.

9. Date and time of next meeting

Wednesday 5th October 2022

Original draft minutes prepared by: Siân Taylor **Note Taker** Date: 18/03/22

Final minutes signed off by:

Dr P J Connelly Panel Chair Date: 29/03/22

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.

