



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 3rd March 10:00am

Present:

Panel Members:

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

OBSERVERS:

Dr Sally Bell	Chief Medical Advisor, Maritime and Coastguard Agency
Dr Colin Graham	Occupational Health Service, Northern Ireland
Dr Karen O'Connell	National Programme Office for Traffic Medicine
Dr Harry Mee	Rehabilitation Medicine Registrar and Clinical Researcher
Professor David Werring	Professor of Clinical Neurology/Honorary Consultant Neurologist
Dr Kirstie Anderson	Consultant Neurologist (Expertise in sleep disorders and neurology)
Dr Peter Keston	Consultant and Clinical Lead Diagnostic and Interventional Neuroradiologist
Dr Wojciech Rakowicz	Consultant Neurologist
Mr Jonathan Bull	Consultant Neurosurgeon and Spinal Surgeon

EX-OFFICIO:

Dr Nick Jenkins	Senior DVLA Doctor
Dr Inigo Perez	DVLA Doctor
Dr Mohammed Dani	DVLA Doctor
Miss Keya Nicholas	Driver Licensing Policy Lead
Mrs Suzanne Richards	Service Management
Mrs Siân Taylor	DVLA Panel Coordinator/PA to Senior DVLA Doctor
Miss Kirsty-Leigh Van Staden	DVLA Panel Coordination Support
Miss Sarah Anthony	DVLA Panel Coordination Support

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SECTION A: INTRODUCTION

1. Apologies for Absence

Apologies were received from:

Dr Jeremy Rees	Neuro-Oncologist
Mr David George	Drivers Medical Operational Delivery & Support
Mr Julian Cahill	Consultant Neurosurgeon
Dr Emily Henderson	Honorary Consultant Geriatrician

2. CHAIR'S REMARKS

The Chair welcomed panel members and advised attendees regarding the etiquette of digital meetings. The Chair also welcomed the new panel members who were invited as guests in preparation for the Autumn Panel meeting.

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. **Functional Neurosurgical Techniques - (Including stereotactic radiosurgery and microvascular decompression)**

Clarification was requested from a consultant neurologist to the driving standards following techniques such as surgical thalamotomy or ultrasound thalamotomy for tremor. Panel were asked to consider if this is covered in the Assessing Fitness to Drive (AFTD) guidance and if the standards need to be amended.

Dr Harry Mee provided a presentation regarding the literature and guidance, particularly with regards to returning to driving following functional neurosurgical techniques.

Dr Mee covered four sections:

- Deep Brain Stimulation (DBS) – Neurosurgical procedure involving the placement of a neurostimulator, which sends electrical impulses for treatment of movement disorders.
- Stereotactic Radiosurgery – Non-invasive uses many precisely focused beams to deliver radiation to precise targets in the brain while minimizing injury to adjacent areas.
- Microvascular Decompression – Surgery to relieve abnormal compression of a cranial nerve by an artery or vein.
- Radiosurgery or MR-guided focused ultrasound Thalamotomy –

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Through stereotactic lesioning of the ventral intermediate (VIM) nucleus of the thalamus. New techniques for thalamotomies include focused ultrasound (FDA approved 2016).

Dr Mee discussed the current published literature and guidance for the current evidence regarding a return to driving following DBS and panel agreed that it is consistent with the current medical standard published in AFTD.

Panel thanked Dr Mee for his presentation. Panel discussed and advised the standards. DVLA will review the current standards and bring back their findings in the Autumn 2022 panel meeting.

ii. Cranioplasty

The procedure of cranioplasty is associated with very significant morbidity, it was agreed to review standards at Spring 2021 meeting. Dr Jenkins presented the amendments proposed by DVLA following the previous discussion. Panel approved the wording with a minor amendment.

iii. Recruitment Update

The Panel Chair advised that this was Dr Emer McGilloway's last panel. Panel and DVLA thanked Dr McGilloway for her excellent contributions to panel over the years and wished her well for the future.

SECTION B: TOPICS FOR DISCUSSION

4. Clozapine and related anti-psychotic medications

Clozapine and other atypical anti-psychotic medications are associated with a seizure risk. DVLA requested panel's advice as to how this should be approached when licensing Group 2 drivers. Panel advised that the increased risk of seizures appears to be related to both the initiation of treatment and to high medication doses, although the information is not completely clear.

Panel advised that should a driver prescribed such medication meet the necessary Group 2 (bus and lorry licence) mental health standards, then they must not drive unless their individual risk is evidenced to be below the 2% per year threshold. Such cases therefore require individual consideration. A panel member will review the literature for atypical antipsychotics dose and seizure.

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5. Seizure in Cerebral Venous and Sinus Thrombosis

Panel discussed correspondence received from a clinician in response to a case in which a panel member had provided an opinion.

Panel discussed and agreed that the existing standard for provoked seizures of central nervous system origin (5 years off Group 2 driving) should be applied.

6. Transient Ischaemic Attack (TIA) and Stroke

DVLA advised panel that the current medical standard for multiple transient ischaemic attacks require 3 months off driving should there have been “multiple TIA’s over a short period”. DVLA asked the panel if the current medical standards required any amendments and queried if the required time period off driving should vary according to the underlying aetiological cause of the stroke or TIA. DVLA also asked for clarification on approximately how long the “short time” period quoted in the multiple TIA standard was and whether the 3-month standard for recurrent TIA’s should be applied if a stroke occurred after the TIA.

Panel discussed and provided advice regarding the Group 1 standard to be applied in those situations where multiple TIA had occurred. A subgroup comprising of panel members and DVLA will risk stratify the various causes of stroke for the purpose of future consideration of Group 2 standards. It is planned to provide an update in the Autumn 2022 panel meeting.

7. Amyloid Spells

DVLA asked panel to consider the current AFTD guidance regarding amyloid spells, which currently resides in AFTD within the guidance for non-aneurysmal subarachnoid haemorrhage. DVLA asked panel if the guidance and positioning of the guidance that is currently provided was appropriate.

Panel advised that such episodes are referred to in clinical practice as Transient Focal Neurological Episodes (TFNE). Subarachnoid haemorrhage may be one cause of such episodes, but the condition should be separated from the guidance for subarachnoid haemorrhage and presented as a standalone condition. DVLA and panel members will consider this with a view to providing an update in the Autumn 2022 panel meeting.

8. Narcolepsy

The current medical standard for narcolepsy states that, when an individual is not on appropriate treatment, relicensing may be considered after a satisfactory objective assessment of wakefulness, such as the Osler test.

DVLA have recently encountered several cases whereby a historic diagnosis of narcolepsy was provided but the individual has been asymptomatic for a number of years and is not prescribed treatment.

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DVLA asked panel, if the current medical standard was appropriate and if the standard should be applied to cases such as those detailed above.

Panel discussed and advised that current guidance will require updating. Panel discussed the volumes of drivers with narcolepsy, the medical standards and forms. Panel agreed a small subgroup from panel and DVLA should meet and discuss the issues with a view to providing feedback at the 2022 Autumn panel meeting.

9. Dural Arteriovenous Fistula

The current medical standard for both Group 1 and Group 2 licensing states that this condition should be considered on an individual case by case basis. Recent correspondence from a neurosurgeon references mortality data and the risks of further haemorrhage.

DVLA asked panel to review the current medical standard.

Panel advised that there should be no current changes made to the Group 2 standard although a literature review may inform future change. Low grade dural arteriovenous fistula without reflux have a low level of risk which would allow for Group 1 driving to be resumed on recovery from treatment.

Section C: Ongoing Agenda Items

10. Test, Horizon Scanning, Research and Literature

Multiple Head Injuries and Seizure Risk

Panel were asked to review a published case study regarding repeated traumatic brain and risk of epilepsy¹.

DVLA asked panel to consider whether multiple head injuries should be referenced in AFTD and whether multiple injuries automatically be debarring for Group 2, or would it still be possible that prospective seizure risk could be less than 2% per annum.

Panel noted the practical difficulties associated with defining injury severity in such circumstances and advised that the current Group 2 standard that licensing was dependent upon seizure risk is less than 2% per year remained appropriate.

¹ Repeated traumatic brain injury and risk of epilepsy: a Danish nationwide cohort study

Kasper Lolk, Julie W Dreier, Jakob Christensen *Brain*, Volume 144, Issue 3, March 2021, Pages 875–884,

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11. AOB

Future Genetic testing and Seizure risk

Panel discussed a case whereby a report had identified the possibility of an increased seizure risk and possible genetic predisposition to seizure in an individual. Advice was provided as to how this information should be communicated to the individual's clinicians.

12. Date and Time of next Meeting

Thursday 6th October 2022

Original draft minutes prepared by:

**Sian Taylor
Note Taker
Date: 03/03/22**

Final minutes signed off by:

**Dr P N Cooper
Panel Chair
Date: 25/04/22**

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.

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