



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

Meeting held on Thursday 31<sup>st</sup> March 2022 10:00am

## **Present:**

### **Panel Members:**

Mr William Newman (Chair)  
Mr Tom Eke  
Professor Andrew Lotery  
Mr Jonathan Clarke  
Professor Roger Anderson  
Mr Jonathan Durnian  
Dr Lucille Southee (Lay Member)  
Ms Miriam Karp (Lay Member)

### **Guest Speakers**

Dr Scott Mackie	Cataract and Refractive Surgery, Low Vision Specialist
Dr Alexander Lowe-Bowers	Associate Professor of Ophthalmology Harvard Medical School
Mr Gordon Witherspoon	Driver and Vehicle Standards Agency
Ms Lianne Parkinson	Driver and Vehicle Standards Agency

### **OBSERVERS:**

Dr Fiona Kearns	Consultant Ophthalmologist, Southern Ireland
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### **EX-OFFICIO:**

Dr Nick Jenkins	Senior DVLA Doctor
Miss Keya Nicholas	Driver Licensing Policy Lead
Mr Andrew Harper	Driver Licensing Policy
Mr Michael Jones	Driver Licensing Policy
Mrs Suzanne Richards	DVLA Service Management
Ms Natalie Morgan	DVLA Service Management
Miss Jenna Bradshaw	Drivers Medical Operational Delivery & Support
Mrs Siân Taylor	DVLA Panel Co-ordinator & PA to Senior DVLA Doctor
Miss Sarah Anthony	DVLA Panel Coordination Support
Miss Kirsty-Leigh Van Staden	DVLA Panel Coordination Support

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## SECTION A: INTRODUCTION

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

Apologies were received from:

Dr Sally Bell

Dr Sue Stannard

Dr Colin Graham

Mr Ian Pearce

Maritime and Coastguard Agency

Chief Medical Advisor, Maritime and Coastguard Agency

Occupational Health Service, Northern Ireland

Royal College of Ophthalmologists

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

The Panel Chair welcomed attendees and advised of the meeting etiquette. The Chair advised panel members to ensure their Declaration of Interests were all up to date.

### **3. ACTIONS FROM THE PREVIOUS MEETING/MATTERS ARISING**

#### **i. Paroxysmal Diplopia**

Once DVLA internal guidance for DVLA Doctors has been updated, the panel plans to review the medical standard for diplopia.

#### **ii. Bioptics**

Please see agenda item 6.

#### **iii. Can segmental/sectoral retinitis pigmentosa be considered as non-progressive?**

This topic is currently awaiting DVLA consideration with regards to sectorial retinitis pigmentosa.

#### **iv. Goldmann/Visual field charts**

At the previous meeting, the panel advised as to the indications for Goldmann perimetry when making licensing enquiries. This action is now completed.

#### **v. Retinitis pigmentosa and appropriate field charts**

At the previous meeting, the panel reiterated their previous advice that licensing decisions should be based upon the customer's most favourable visual field chart. This action is now completed.

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## SECTION B: TOPICS FOR DISCUSSION

### **4. Driver and Vehicle Standards Agency (DVSA) Eyesight Test/iPad Solution Update**

DVSA provided panel with a presentation outlining the recent research they had undertaken since meeting with panel in Spring 2021. Mr Gordon Witherspoon and Ms Lianne Parkinson provided an update on the proposed use of an electronic tablet as an alternative to the number plate test. The tablet is proposed as an alternative for use at times of poor illumination, rather than as a replacement for the number plate test.

Panel thanked DVSA for the presentation. It was noted that no individual with conditions such as colour blindness, photosensitivity etc, should be disadvantaged. Inter-machine variability, (e.g., the effect of the angle held, effect of shake) must be considered. Panel advised that myopic customers would be advantaged at distances less than 6m. Further, the ability to pass a number plate test does not necessarily equate with 6/12 acuity, and vice versa.

DVSA thanked panel and will continue to review the proposal.

### **5. Presentation Ms Natalie Morgan, Product Owner Service Management – Customer Relationship Management (CRM)**

DVLA have been piloting a new casework system called Customer Relationship Management (CRM) for drivers and applicants with diabetes. A presentation was provided to the panel by Ms Morgan to explain how CRM works and how it is improving the medical licensing process.

Panel thanked Ms Morgan for her comprehensive presentation, panel agreed that this process will help with applications where visual conditions are notified to DVLA.

### **6. Glaucoma**

DVLA advised panel that the current default Group 1 (cars and motorcycles) licensing period for glaucoma cases is three years, with reassessment of the visual field undertaken on renewal. A five-year Group 1 licence may be issued in these cases where the visual field chart meets Group 2 (bus and lorry) licensing medical standards; alternatively, a one-year licence may be issued at the discretion of the caseworker should a chart only just meet the Group 1 standard.

DVLA asked the panel as to whether there are any other circumstances in which less frequent reassessment could be undertaken for Group 1 licensing (i.e., where five-year licences may be issued rather than three-year licences).

DVLA also requested advice as to whether it may be possible to include the renewal of licences in glaucoma cases as part of DVLA's new simplified renewal process, which is based on the self-declaration of the customer.

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The panel agreed that one-year licence for 'just-pass' cases is reasonable. The panel discussed whether a three- or five-year licence should be the default Group 1 licensing decision but did not reach a consensus.

The panel advised that the Esterman test is not a part of routine clinical follow up for glaucoma and other metrics are employed to determine progression.

The panel advised that in cases of bilateral glaucoma cases where the customer declares a field defect affecting one eye only, or in those cases where no change of treatment and no surgery since their previous licence is declared, then a repeat visual field assessment is considered to be unnecessary.

## 7. Bioptics

Following previous discussions Dr Scott Mackie (Cataract and Refractive Surgery Low Vision Specialist) and Dr Alexandra R. Bowers (Associate Professor of Ophthalmology Harvard Medical School) were invited to present their experience of bioptics to the panel.

Dr Alexandra R. Bowers delivered a presentation.

Dr Bowers advised:

- Bioptics are most commonly used to overcome visual deficiencies resulting from congenital acuity problems.
- The use of bioptic devices is permitted in all but three states of the United States of America (USA), in Quebec and in the Netherlands
- Bioptics are usually used to check street signs or to check the road ahead
- Use of the device results in a ring scotoma for which the non-biopic eye can partially compensate although research has suggested that the compensation is incomplete, and the devices are associated with an increased rate in accidents.

Dr Scott Mackie challenged the evidence underpinning the minimum legal binocular acuity standard of 6/12 restriction and also raised his concerns regarding the appropriateness of a minimum visual field as defined by the Esterman test.

Panel thanked Dr Mackie and Dr Bowers for sharing their experiences. The panel advised scotomas are probably incompatible with visual field requirements as required by GB legislation and also discussed the potential difficulties associated with the divided attention required when using the device. The panel considered it would be problematic to transpose USA findings into Great Britain's practice and recommended that further discussions were necessary.

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## SECTION C: ONGOING AGENDA ITEMS

### **8. 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.

Mr Tom Eke advised of a review in the Lancet Global Health regarding traffic safety outcomes and reduced visual acuity. the DVLA Panel Coordination team will circulate to panel members.

### **9. AOB**

Panel Chair discussed the possibilities of changing vision standards to resulting from Great Britain leaving the European Union.

DVLA Policy advised the panel chair to submit any proposed changes for consideration. The panel chair requested that panel members forward him any suggested law changes.

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

Thursday 20<sup>th</sup> October 2022.

**Original draft minutes prepared by:**

**Siân Taylor  
Note Taker  
Date:04/04/2022**

**Final minutes signed off by:**

**Mr William Newman  
Panel Chair  
Date: 18/05/22**

**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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