



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

Meeting held on Wednesday 5th October 2022 11:00am

Present:

Panel Members:

Professor Peter J Connelly (Chair)
Dr Daniel Dalton
Professor Robert Howard
Dr Mary Fisher-Morris
Dr Abrar Ibrahim
Dr Katherine Jefferies
Mr Nikhil Gokani (Lay Member)
Mr Anthony Arcari (Lay Member)

OBSERVERS:

Dr Sue Stannard	Chief Medical Advisor, Maritime, and Coastguard Agency
Dr John McVicker	Occupational Health Service, Northern Ireland
Dr Ed Bebb	Head of Health and Wellbeing, Rail Safety & Standards Board

EX-OFFICIO:

Dr Nick Jenkins	Senior DVLA Doctor
Dr Emma Williams	DVLA Doctor
Dr John Evans	DVLA Doctor
Mrs Keya Nicholas	Driver Licensing Policy Lead
Mr Andrew Harper	Driver Licensing Policy
Mr Richard Phillips	Operational Leader in Complex Casework
Mrs Suzanne Richards	Service Designer
Mrs Siân Taylor	DVLA Panel Coordinator/PA to the Senior DVLA Doctor
Miss Kirsty-Leigh Van Staden	DVLA Panel Coordination Support

Important: These advisory notes represent the balanced judgement of the Secretary of State's Honorary Medical Advisory Panel as a whole. If they are quoted, they should be reproduced as such and not as the views of individual Panel members.



SECTION A: INTRODUCTION

1. Apologies for Absence

Apologies were received from:

Dr Tania Jagathesan	Civil Aviation Authority
Dr Colin Graham	Occupational Health Service, Northern Ireland
Dr Andrew Byrne	Consultant Old Age Psychiatrist
Dr Maria Morgan	National Programme Office for Traffic Medicine, Ireland
Mr Tim Burton	Head of Drivers Medical
Ms. Hayley Sergeant	Service Management

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:

Clarification of the following standards have been updated in the AFTD in June 2022.

- i. “Acute Psychotic disorder” renamed to “Psychotic disorder” –including acute episode**
The wording approved by panel in the March 2022 meeting has been incorporated into the May 2022 ‘Assessing Fitness to Drive’ (AFTD) guidance document.
- ii. “Mild cognitive impairment (not mild dementia)” renamed to “Cognitive impairment” (not mild dementia)**
The wording approved by panel in their March 2022 meeting has been incorporated into the May 2022 AFTD guidance document.
- iii. Mild-moderate anxiety or depression no longer requires notification for Group 2 licensing**
The wording approved by panel in their March 2022 meeting has been incorporated into the May 2022 AFTD guidance document.

Important: These advisory notes represent the balanced judgement of the Secretary of State's Honorary Medical Advisory Panel as a whole. If they are quoted, they should be reproduced as such and not as the views of individual Panel members.



iv. Severe Anxiety or Depression –period of stability required for Group 1 licensing clarified

The wording approved by panel in their March 2022 meeting has been incorporated into the May 2022 AFTD guidance document.

v. Behaviour Disorders –clarification of standard

The wording approved by panel in their March 2022 meeting has been incorporated into the May 2022 AFTD guidance document.

vi. Personality Disorders –clarification of standard

The wording approved by panel in their March 2022 meeting has been incorporated into the May 2022 AFTD guidance document.

SECTION B: TOPICS FOR DISCUSSION

4. DVLA Update

Mr Richard Phillips, Operational Leader in Complex Casework, provided a DVLA update on behalf of Tim Burton, Head of Drivers Medical.

The Drivers Medical overall operational position and customer service continues to improve. There has been a huge amount of work done across the Agency to support operational recovery.

DVLA has recruited and trained over 400 Drivers Medical colleagues across three operational sites. DVLA has delivered two new customer service centres in Swansea and Birmingham. Customer service centre colleagues are being trained in both telephony and Drivers Medical casework.

DVLA has also developed new and innovative ways of working such as introducing a simplified renewal process for those drivers who hold a short period driving licence and changing the law to allow other registered healthcare professionals to be authorised to complete DVLA medical questionnaires. Drivers Medical has made significant operational progress and are reducing the volume of customer cases in progress week on week.

Panel thanked Mr Richard Phillips for the update.

DVLA also advised that there has been a recent change in the law to allow a wider range of healthcare professionals to be able to complete DVLA medical questionnaires. This change has now been embedded into the processes. DVLA have a dedicated email address DM.AuthorisationRequests@dvla.gov.uk for healthcare professionals to request a copy of the customer authorisation forms to allow them to provide information in support of a driving licence application. DVLA are also trialling a process where healthcare professionals can email

Important: These advisory notes represent the balanced judgement of the Secretary of State's Honorary Medical Advisory Panel as a whole. If they are quoted, they should be reproduced as such and not as the views of individual Panel members.



documentation rather than communicate by post. DVLA will provide an update in the next panel meeting on progress.

Panel thanked DVLA for this additional information and look forward to further updates in March 2023.

5. Short Period Licence (SPL) Update

DVLA provided an update on Short Period Licensing (SPL) which, since the previous meeting, has extended to include psychotic and schizoaffective disorders. DVLA advised that quality assurance of the trial had provided very good results with regard to the process for both mental health conditions and for glaucoma. The results will be further considered within the Agency with a view to determining next steps.

Panel agreed that the SPL process was a positive step forward in improving the medical licensing process.

6. International Classification of Diseases 11 (ICD-11)

The panel Chair advised that there is increasing awareness of ICD-11 which is being used as a diagnostic classification. It does slightly change diagnostic terminology and categories that were used in earlier versions of the classification.

Neurocognitive disorders such as dementia, schizophrenia and other psychoses, and neurotic disorders such as anxiety states, phobias, obsessive compulsive disorder, have now seemed to have all acquired multiple additional categories. These diagnostic labels are likely to be increasingly adopted by agencies such as DVLA. Professor Connelly asked whether DVLA had made preparations for such changes.

Dr Jenkins Senior DVLA Doctor advised such changes are likely to be included in future DVLA guidance and the assistance of the expert panels would be greatly appreciated.

Hypomania and Mania standards

DVLA advised that the wording in the published medical standard references “Hypomania and Mania” and does not mirror the nomenclature in the medical questionnaire intended for clinicians, which refers to “Bipolar Affective Disorder”.

Panel were asked to advise as to the most appropriate terminology to ensure consistency. The DVLA Doctor group raised three specific questions:

- i. Could it be assumed that if there are any psychotic features, box b of the form would also be ticked? Similarly, box d for depressive symptoms?

Important: These advisory notes represent the balanced judgement of the Secretary of State's Honorary Medical Advisory Panel as a whole. If they are quoted, they should be reproduced as such and not as the views of individual Panel members.



- ii. When writing appeal documents, relevant medical standards must be provided. Therefore, if only bipolar affective disorder has been ticked on the M2, could it be assumed this means hypomania/mania and apply this standard within the proforma/witness statement? DVLA do not have the option of obtaining more information from the relevant doctor once the appeal has been lodged unless the driver provides consent.
- iii. Would it be appropriate to bring the diagnosis options on the M2 form in line with the relevant standards and/or do the standards need to be amended to clearly indicate where bipolar disorder sits within them?

Panel discussed agreed that the Bipolar Affective Disorder diagnosis incorporated into the M2 medical questionnaire, which is completed by clinicians, should be considered synonymous with the “Hypomania or mania” medical standard referenced in Assessing Fitness to Drive.

DVLA thanked panel and agreed to consider any necessary changes to the forms and literature.

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.

8. AOB

Case for Discussion

DVLA discussed one complex case.

Cognitive Function and Driving assessments Update Dr Mary Fisher:

The research is now entering the second phase named INDICATE (Introduction of an online cognitive battery for fitness to Drive In mild Cognitive impairment and dementia)

Dr Fisher-Morris advised that they are in the process of designing a cognitive battery to ascertain fitness to drive for people with mild cognitive impairment and dementia, which will hopefully enable people to have a score and show who is at high risk and who is not. Over 1000 people have been included from phase one, and this can be used for baseline comparative data.

Important: These advisory notes represent the balanced judgement of the Secretary of State's Honorary Medical Advisory Panel as a whole. If they are quoted, they should be reproduced as such and not as the views of individual Panel members.



For the next phase Dr Fisher Morris advised they have teamed up with Driving Mobility who have agreed to recruit and trial in all their 17 centres across the United Kingdom, which is excellent news. They will then have a group of people who've been referred or who have self-referred for assessment with mild cognitive impairment or dementia. These people will then be assessed by the current gold standard driving centres use plus the on-road driving assessment. Once this has been completed, the online cognitive assessment will be conducted, can be undertaken from home at a time of their choice. These tests are specifically designed to tap into cognitive deficits (attention, decision making, visual perception, spacial orientation, and memory) which are common in mild cognitive impairment and dementia and are highly relevant for fitness to drive and road traffic incident risk. This has been completed successfully on over a thousand people so far.

Drivers have also been asked to have an in-car sensor for a fortnight, complete driving questionnaires and keep a daily driving diary, so the telemetrics as well as the questionnaires and the neurocognitive assessment can be analysed.

After twelve months, drivers will be reassessed, and the data reviewed to see if there is any predictive qualitative data that can be obtained. This data will determine whether drivers can be categorised as being high risk and enable a scoring system of safe/unsafe which will be a scale that healthcare professionals can use in the future.

Dr Fisher- Morris advised she will provide a further update in the next panel meeting.

Panel thanked Dr Fisher-Morris for her work so far and are looking forward to the next update in March 2023

Recruitment update was provided by Drivers Medical Policy:

DVLA advised that adverts for new members went live on the 26th September 2022 and will close 23rd October. The intention is to have the successful candidates in place for the March 2023 spring panel.

Panel thanked DVLA for the update and advised that the panel required someone with expertise in psychopharmacology and someone from a community psychiatric nursing background.

9. Date and time of next meeting

Tuesday 14th March 2023

Important: These advisory notes represent the balanced judgement of the Secretary of State's Honorary Medical Advisory Panel as a whole. If they are quoted, they should be reproduced as such and not as the views of individual Panel members.



Original draft minutes prepared by:

Siân Taylor

Note Taker

Date: 7th October 2022

Final minutes signed off by:

Dr P J Connelly

Panel Chair

Date: 25th October 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.

Important: These advisory notes represent the balanced judgement of the Secretary of State's Honorary Medical Advisory Panel as a whole. If they are quoted, they should be reproduced as such and not as the views of individual Panel members.