Driver & Vehicle Licensing Agency

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

**Meeting held on Tuesday 27th September 2022 11:00am**

**Present:**

**Panel Members:**

Professor Mark Evans (Chair)
Professor Pratik Choudhary
Professor Jeffrey Stephens
Professor David Russell-Jones
Dr Karen Tait
Dr Parijat De
Mr Samuel Barnard

**OBSERVERS:**

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| Dr Sue Stannard | Chief Medical Advisor, Maritime and Coastguard Agency |

**EX-OFFICIO:**

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| Mr Tim Burton | Head of Drivers Medical |
| Dr Nick Jenkins | Senior DVLA Doctor |
| Dr Elliott King | DVLA Doctor |
| Dr Loraine Haslam | DVLA Doctor |
| Mrs Keya Nicholas | Driver Licensing Policy Lead |
| Mr Richard Phillips | Operational Leader in Complex Casework |
| Mrs Siân Taylor | DVLA Panel Coordinator/PA to the Senior DVLA Doctor |
| Miss Kirsty-Leigh Van Staden | DVLA Panel Coordination Support |

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## SECTION A: INTRODUCTION

### 1. Apologies for Absence

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| Dr Sufyan Hussain | Consultant Diabetes & Endocrine Physician |
| Dr Ewan Hutchinson | Civil Aviation Authority |
| Dr Colin Graham | Occupational Health Service, Northern Ireland |
| Professor Graham Roberts | National Programme Office for Traffic Medicine, Ireland |
| Dr Peter Rogers | Lay member |
| Mr William Wright | Lay member |
| Ms. Natalie Morgan | Product Owner, Service Management |
| Ms. Hayley Sergeant | Drivers Service Management |

### 2. CHAIR'S REMARKS

The Panel Chair welcomed everyone and reminded attendees of meeting etiquette. The Panel Chair prompted panel members to update their declarations of interest. The Panel chair invited everyone to introduce themselves and welcomed new members to the panel.

### 3. ACTIONS FROM PREVIOUS MEETING

**i. Short Period Licencing (SPL) Pilot**
Currently ongoing (discussed under item 4).

**ii. Group 2 Licensing Process for Insulin Treated Diabetes**
Currently ongoing.

**iii. Customer Relationship Management (CRM) update**
Further discussions are needed to understand when this can be delivered. Currently ongoing.

## SECTION B: TOPICS FOR DISCUSSION

### 4. DVLA Update

Mr Tim Burton, Head of Drivers Medical, provided a DVLA update.
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.

Mr Burton thanked the Secretary of State Medical Advisory panels for their support and guidance as DVLA continues to review their processes to facilitate timely and safe driver licensing decisions.

Panel thanked Mr Burton for the update, panel discussed DVLA documentation being completed by clinicians/diabetologist nurses and queried if there was to be any communication, training or education around this. DVLA advised that this forms part of the wider piece of work that DVLA will consider as part of the changes happening in the diabetes arena, so it is something that will be looked into as the process changes are communicated.

Mr Richard Phillips provided an update on Short Period Licensing (SPL). Mr Phillips advised that quality assurance of the trial had provided encouraging results for both mental health conditions and glaucoma. The results will be considered further with a view to determining next steps.

## 5. Continuous Glucose Monitoring (CGM) and hypoglycaemic awareness

In the Spring 2022 panel meeting, Professor Pratik Choudhary advised he had preliminary data from the HypoMETRIC study, detailing where threshold glucose levels might become clinically meaningful, and/or glucose levels that appear not to impact upon people.

There were three key considerations:

- The risk of Severe Hypoglycaemia (SH) in people with Impaired Awareness of Hypoglycaemia (IAH) and Automated Insulin Delivery (AID) systems is lower than the risk in the population with diabetes and preserved awareness

- Continuous Glucose Monitoring Systems (CGMS) provides continuous glucose data such that the glucose levels at the times of any incident may be determined

- Whilst such systems are effective in allowing the individual to avoid episodes of severe hypoglycaemia (SH) they do not necessarily result in a return of hypoglycaemic awareness

Professor Choudhary presented data from the Association of British Clinical Diabetologists audit {Deshmukh et al; Diabetes Care 2021; 44: e190-e191] showing that 1.4% (41 out of 2849) people who were car and motorcycle (group 1) drivers with diabetes were reported as having

complete loss of hypoglycaemia awareness (defined as a Gold score of 7), and 5% (147 out of 2823) had experienced >1 SH episode in the previous 12 months. Of the bus and lorry (group 2) drivers, only 73% had full awareness of hypoglycaemia (defined as a Gold score of 1), and one participant had a reported SH episode in the preceding 12 months.

Data were shown from a number of studies highlighting the reduction in time in hypoglycaemia seen with the use of CGMS in different populations including the general population (ABCD audit], those with IAH (HypoDE study) and older people (WISDM study).

The HypoMETRICS study is investigating the effect of symptomatic and asymptomatic hypoglycaemia in people with insulin treated diabetes. In this population, the mean time below range for Type 1 Diabetes (T1D) is 7% and for Type 2 Diabetes (T2D) is 3%, which is similar to rates seen in other population studies. While low sensor glucose < 3.9 are almost 1 episode / day, rates of events < 3.0 mmol are less common (1-2 events / week) and prolonged low sensor glucose is relatively uncommon. The main preliminary finding (study data lock is expected around the end of the year) is that only approximately a quarter of events below 3.9 were matched with an episode of patient reported hypoglycaemia. Even in people with good awareness of hypoglycaemia as per Gold score, this means that there are a large number of false positive/ asymptomatic low sensor readings. This proportion increases as Gold score increases.

Data from the SMILE and ADAPT studies evidenced that using automated insulin delivery systems reduced the risk of severe hypoglycaemia in people with IAH. One study suggested that certain individuals may recover their physiological awareness within an 18-month period, however, some may not.

Panel advised they were supportive of having a mechanism whereby individuals who lack hypoglycaemic awareness or symptoms might return to driving with reliance upon suitable electronic devices.

DVLA thanked panel and agreed to consider their suggestions.

## 6. Licence duration for Pancreas/Islet cell transplant for Group 2 Drivers

DVLA advised that panel had previously provided advice about the duration of Group 1 (cars and motorcycles) licences following an islet cell transplant, although no advice has been provided regarding Group 2 (bus and lorry) licence duration.

DVLA asked for advice regarding transplant success and the likelihood of not restarting insulin treatment so that drivers may be appropriately advised about future notifications. Panel discussed and agreed that Group 2 drivers who have undergone a successful islet cell transplant should be considered for an unrestricted driving licence but must notify DVLA should they restart insulin treatment.

DVLA should communicate with National Health Service Blood and Transplant Group (NHSBT) who coordinate all transplant groups and seek confirmation that all centres have written documentation reminding transplant patients of the need to notify DVLA should they recommence insulin treatment.

DVLA thanked panel for their advice.

## 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 regarding any information/tests/research that could impact on standards or existing processes.

The panel Chair advised that the Road Safety Trust have published the results of scoping work that is in the public domain. It was considered that this document is a useful resource. DVLA circulated the document to panel members.

The Chair also advised about a group in Bern, Switzerland, who conducted a study in which drivers on a test track were made hypoglycaemic with aim of examining whether the use of machine learning could allow an in-car system to detect hypoglycaemia.

**8. AOB**

**Education for Group 2 Assessors**

Panel advised there were concerns from customers on the variability of Group 2 diabetes assessments. DVLA shared the information that is provided to customers in the form of letters/leaflets advising them of what is required prior to an assessment being undertaken. Panel agreed that this was an extensive and exact list.

Panel discussed possible alternative methods of providing such information to diabetes assessors and customers. DVLA advised that this will form part of the wider piece of work that needs to be done as part of the changes to diabetes processes.

**9. Date and Time of next meeting**

Tuesday 7th March 2023

Driver & Vehicle Licensing Agency

**Original draft minutes prepared by:** **Siân Taylor**
**Note Taker**
**Date: 28th September 2022**

**Final minutes signed off by:** **Professor Mark Evans**
**Panel Chair**
**Date: 28th 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.