Driver & Vehicle Licensing Agency

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 6th October 11:00am

Present:

Panel Members:

Dr Paul N Cooper (Panel Chair)
Professor John Duncan
Dr Jeremy Rees
Dr Ralph Gregory
Mr Jonathan Bull
Mr Julian Cahill
Dr Peter Keston
Dr Kirstie Anderson
Dr Wojciech Rakowicz
Dr Emily Henderson
Professor David Werring
Mrs Natalie Tubeileh- Hall (Lay Member)

OBSERVERS:

Dr Colin Graham	Occupational Health Service, Northern Ireland
Dr Ed Bebb	Head of Health and Wellbeing, Rail Safety & Standards Board
Dr Ewan Hutchison	United Kingdom, Civil Aviation Authority

EX-OFFICIO:

Dr Nick Jenkins	Senior DVLA Doctor
Dr Kirsty Harrison	DVLA Doctor
Dr Alison Stapley	DVLA Doctor
Dr Iñigo Perez	DVLA Doctor
Dr Mohammed Dani	DVLA Doctor
Dr Amanda Edgeworth	DVLA Doctor
Mrs Keya Nicholas	Driver Licensing Policy Lead
Mrs Suzanne Richards	Service Management
Mr Richard Phillips	Drivers Medical Operational Delivery & Support
Mrs Siân Taylor	DVLA Panel Coordinator/PA to the Senior DVLA Doctor
Miss Kirsty-Leigh Van Staden	DVLA Panel Coordination Support

Driver & Vehicle Licensing Agency

SECTION A: INTRODUCTION

1. Apologies for Absence

Apologies were received from:

Ms. Hayley Sergeant	Service Management
Professor Catrin Tudur-Smith	Professor of Biostatistics
Dr Sue Stannard	Chief Medical Advisor, Maritime, and Coastguard Agency
Dr Karen O'Connell	National Programme Office for Traffic Medicine

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
This matter was discussed in the March 2022 panel meeting. DVLA are currently drafting the proposed changes to the medical standard.

ii. Transient Ischemic attack and Stroke
This item was discussed under "Topics for Discussion" (Agenda item 4).

iii. Dural AV Fistula
This matter was discussed in the March 2022 panel meeting. DVLA are currently drafting the proposed changes to the medical standard.

iv. Cranioplasty
The new wording of the standard was approved at the March 2022 meeting and has been incorporated into the May 2022 version of the Assessing Fitness to Drive document.

SECTION B: TOPICS FOR DISCUSSION

4. Transient ischaemic attack, stroke and amyloid spells

A panel subgroup met in July 2022 and discussed the relevant medical standards. After further discussion the following was advised:

Transient ischaemic attack: a period of one month should be required off driving following the most recent episode in the case of either single or multiple episodes. In those cases where

investigation demonstrates a higher risk of future stroke a period of three months off driving is appropriate. Such increased risk is demonstrated by the finding of significant carotid stenosis (50% or more stenosis) and/or ischaemia/infarct demonstrated on MRI scan. Should surgical treatment successfully address the high-risk factor then driving may resume upon recovery from the surgical procedure.

Transient Focal Neurological Episodes (TFNE): panel advised that there is an increased risk of sudden disablement occurring in the early months following such episodes, either as a result of intra-cerebral haemorrhage or further TFNE episodes. Panel advised that Group 1 driving should cease for a period of six months following the most recent TFNE, whilst the corresponding period advised for Group 2 driving was five years. Cerebral amyloid angiopathy (CAA) diagnosed in the absence of TFNE was considered to be a benign condition and panel advised that its diagnosis required no time off driving.

Posterior Reversible Encephalopathy Syndrome (PRES) and Reversible Cerebral Vasoconstriction Syndrome (RCVS): panel noted that these syndromes may be associated with convexity subarachnoid haemorrhage. Panel advised that, in the absence of associated seizures, driving may resume on recovery. Any associated seizures would be considered to be provoked seizures associated with structural abnormality and, as such, would attract periods of six months off Group 1 driving and five years off Group 2 driving in the absence of previous seizure history.

5. Clozapine and Group 2 driving

In the Spring 2022 panel meeting it was advised that Group 2 licence holders/applicants who are prescribed atypical anti-psychotic medication require individual consideration about prospective seizure risk.

Dr Kirstie Anderson provided an update on Clozapine and Group 2 driving.

Dr Anderson advised that Clozapine appears to attract a higher seizure risk than do other atypical anti-psychotic medications. The level of risk are related to plasma levels of Clozapine, with particular risk associated with levels of 750 ng/ml or greater. Panel advised that such drivers/applicants who are prescribed Clozapine should be considered on an individual basis for Group 2 licensing with annual assessment, including consideration of plasma Clozapine levels. It would be appropriate for such consideration to be undertaken by a panel member.

6. Narcolepsy

Following the Spring 2022 panel meeting, a subgroup, comprising of panel members and DVLA, met on 21st June 2022 to discuss and draft a revised standard. Panel noted the two types of narcolepsy: Type 1 which is associated with cataplexy and other features; and Type 2 which has no such association.

Panel advised that, in the case of Group 1 driving, a three-month period of satisfactory symptoms control should be required. In the absence of ongoing medical treatment, or in other instances where the extent of symptom control requires assessment, an extended on-road driving assessment (duration of 90 minutes) is advised. When treatment which has achieved satisfactory symptom control is discontinued (e.g., when planning pregnancy) driving should cease until symptoms have remained controlled and stable for at least one month.

In the case of Group 2 driving panel advised that the driver/applicant should be under the clinical care of an appropriate specialist and receiving at least annual review; a concomitant diagnosis of obstructive sleep apnoea syndrome must be excluded or, if present, the relevant medical standard must be met; satisfactory symptom control must be confirmed by means of an extended on-road driving assessment. Group 2 drivers who cease taking previously successful treatment should not drive until a specialist's assessment has confirmed fitness to drive.

DVLA thanked panel for their advice.

7. SCN1A related seizure disorders

Panel reviewed a report detailing prospective seizure risk in an individual with a genetic variant within the SCN1A gene. Licensing decisions when such genetic variants are not clinically expressed will become a philosophical issue for medical conditions covering the breadth of expert panels.

8. Brain Tumour Standards

In March 2021 panel discussed correspondence received by DVLA from the charitable organisation ALK Positive Lung Cancer (UK). Following further correspondence between DVLA and the charity representatives from DVLA and the expert panel met with the charity in August 2022. The charity considered that the proposed new medical standards for fitness to drive in relation to brain tumours did not accurately reflect the seizure risk in ALK positive lung cancer individuals, thus resulting in, what the charity considered, to be an unnecessarily long period off driving. As a result of the meeting, it was agreed that the scientific evidence regarding seizure risk in this patient group would be further considered by the expert panel.

Panel reviewed the scientific evidence, particularly referencing the Cochrane review (2018) and the scientific publication of Griesinger et al. (2018) *. Panel considered that the available evidence did not support the charity's wish for those individuals with ALK positive lung cancer to be assessed for fitness to drive in a manner that was different from those individuals with cerebral metastases from other primary tumours.

Dr Rees confirmed that individuals who are on immunotherapy or molecular targeted therapy for their primary tumour do not need to observe a period of time off Group 1 driving if

asymptomatic and incidental cerebral metastases are identified and they continue on their treatment of molecular targeted therapy or immunotherapy.

DVLA thanked panel for their input.

*

Petrelli F, Lazzari C, Ardito R, Borgonovo K, Bulotta A, Conti B, et al. (2018) Efficacy of ALK inhibitors on NSCLC brain metastases: A systematic review and pooled analysis of 21 studies. PLoS ONE 13(7): e0201425. https://doi.org/10.1371/journal.pone.0201425

Griesinger F, Roeper J, Pottgen C, Willborn KC and Eberhardt WEE (2018) Brain metastases in ALK-positive NSCLC – time to adjust current treatment algorithms. Oncotarget, Vol. 9, (No. 80), pp: 35181 - 35194

Section C: Ongoing Agenda Items

9. Cases for discussion

DVLA discussed two cases with panel

10. Test, 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.

11. AOB

Panel noted the ongoing DVLA workstream regarding comorbidities

Panel agreed to review DVLA medical questionnaires regarding peripheral neuropathy

12. Date and Time of next Meeting

Thursday 23 March 2023

Original draft minutes prepared by:

Sian Taylor
Note Taker
Date: 7th October 2022

Final minutes signed off by:

Dr P N Cooper
Panel Chair
Date: 3rd November 2022

Driver & Vehicle Licensing Agency

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.