



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

Meeting held on Tuesday 7<sup>th</sup> March 2023

**Present:**

**Panel Members:**

Professor Mark Evans (Chair)  
Professor Pratik Choudhary  
Professor Jeffrey Stephens  
Professor David Russell-Jones  
Dr Karen Tait  
Dr Sufyan Hussain  
Dr Parijat De  
Mr Samuel Barnard  
Mr William Wright (Lay Member)  
Dr Peter Rogers (Lay Member)

**OBSERVERS:**

Dr Sue Stannard                      Chief Medical Advisor, Maritime and Coastguard Agency  
Dr Ewan Hutchinson                Civil Aviation Authority

**EX-OFFICIO:**

Dr Aditi Kumar                      Deputy Senior DVLA Doctor  
Dr Sandeep Gwinnett                DVLA Doctor  
Mrs Keya Nicholas                  Driver Licensing Policy Lead  
Mrs Helen Harris                    Driver Licensing Policy  
Mrs Julie Bartlett                    Driver Licensing Policy  
Ms. Emma Lewis                      Driver Licensing Policy  
Mr Dewi Richards                    Driver Licensing Policy  
Mrs Suzanne Richards                Service Management  
Mr Richard Davies                    Service Management  
Mrs Sharon Abbott                    Senior Lead of Business & Customer Support  
Mrs Siân Taylor                      DVLA Panel Coordinator/PA to the Senior DVLA Doctor  
Mrs Katy Adams                      DVLA Panel Coordination Support

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## SECTION A: INTRODUCTION

### 1. Apologies for Absence

Dr Edd Bebb	Professional Head of Health and Wellbeing Rail Safety & Standards Board
Dr John McVicker	Occupational Health Service, Ireland
Dr Sophie Carter-Ingram	DVLA Doctor

### 2. CHAIR'S REMARKS

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

### 3. ACTIONS FROM PREVIOUS MEETING

#### **i. Proposed Assessing Fitness to Drive (AFTD) changes pancreas transplant and islet cell transplantation for bus and lorry (Group 2) drivers**

Panel approved the draft wording which will be incorporated in the next edition of the Assessing Fitness to Drive (AFTD) guidance.

#### **ii. DVLA update**

Work is ongoing to further develop DVLA processes, forms, and literature. Part of this work will include improving communications to drivers with diabetes and developing appropriate training and education for specialist nurses who provide information to the DVLA to assess driving fitness, and for clinicians who carry out independent diabetes assessments.

#### **iii. Continuous Glucose Monitoring Systems (CGMS) and hypoglycaemic awareness**

Currently ongoing (discussed under item 5).

## SECTION B: TOPICS FOR DISCUSSION

### 4. Continuous Glucose Monitoring Systems (CGMS) for bus and lorry (Group 2) drivers

DVLA provided panel with an update on the proposed consultation to consider a change to the law to allow Group 2 drivers to use CGMS at times relevant to driving. DVLA advised that the team were currently developing a targeted consultation which would be delivered in the coming months.

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DVLA asked panel whether the threshold glucose level of 4mmol/L before a confirmatory finger prick blood glucose test, would be appropriate for Group 2 drivers if they were to be allowed to use CGMS in the future, or if this threshold level should be higher than 4mmol/L.

Professor Choudhary provided panel with a presentation ( preliminary data from the HYPOMETRIC study) Panel advised that the rates of CGM detected hypoglycaemia, (time below range as well as events of hypoglycaemia), are similar between those with normal and impaired awareness of hypoglycaemia, so CGM cannot be used to identify impaired awareness of hypoglycaemia, although it can be used to alert a person to impending hypoglycaemia. Most events of hypoglycaemia (60-70%) are asymptomatic, even in those with normal awareness of hypoglycaemia. Low CGM readings do not always have symptoms coinciding with them. Currently there is limited data to advise a cut-off for high risk of severe hypoglycaemia.

Panel thanked Professor Choudhary for his presentation. Panel discussed the threshold level in detail and concluded that they were content with the current threshold level of glucose to be 4mmol/L before a confirmatory finger prick blood glucose test is required for Group 1 and Group 2 drivers. Panel advised that the number of devices with alarms are increasingly available now.

The discussion reinforced panel's previous discussion and advice on this topic in the autumn 2018 meeting (16 October 2018) as follows – 'The Panel further considered the appropriate threshold for recommending a confirmatory blood glucose measurement in light of a suggestion for this to be higher than 4 mmol/l. The evidence for a higher level was discussed and was not considered appropriate. The probability of a missed hypoglycaemia event is in the order of 0.5%. The Panel considered the new definitions of hypoglycaemia that consider 4mmol/L as a hypoglycaemia alert value and a value below 3.0mmol/L as a value that would cause cognitive impairment. Taking into account the reduction in hypoglycaemia risk with these systems the panel upheld the recommendation to perform a confirmatory blood glucose measurement if the sensor glucose level fell below 4.0mmol/L'.

## **5. Incidental asymptomatic hypoglycaemia identified on Continuous Glucose Monitoring (CGM)**

Panel discussed the topic of using the functionality of CGM for appropriate alert /alarm and referred to the presentation from Professor Choudhary (agenda item 4). CGMS can identify asymptomatic hypoglycaemia and hence Panel agreed that following the consultation, consideration may need to be given of how hypoglycaemic awareness could be assessed by clinicians in the future, especially for Group2 licence purposes. Panel referred to the levels of blood glucose for assessment of awareness of hypoglycaemia and defining a hypoglycaemic event. Most clinicians would use GOLD score cut off for assessment of hypoglycaemia awareness.

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DVLA confirmed that questions around incidental asymptomatic awareness and whether drivers with impaired awareness could continue to drive providing they are using CGMS, could be asked as part of the consultation. Panel suggested it could also be raised with DVLA's network of independent diabetes assessors in the forthcoming meeting due to take place on the 19 April 2023.

## **6. Diabetes Education / eLearning**

Professor Choudhary advised of the informative videos freely available about diabetes and driving. Panel suggested that further videos could be created in such a way that they could incorporate use for the public and clinicians alike. DVLA thanked the panel for the information and advised that they would discuss with internal departments whether these resources could be utilised for raising public awareness for driving licensing purposes.

## **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.

### **Wearable devices for Continuous Glucose Monitoring (CGM)**

DVLA sought panel's views on the use of real-time and continuous blood glucose sensors in a watch type device which is currently being developed. Panel discussed different types of manufactured CGM devices and the requirement for them to be registered with the National Health Service as medical devices. The issues of authorisation and CE marked certification to show they have been assessed to meet high safety, health, and environmental protection requirements were discussed. Panel advised that devices which are not approved as medical devices (CE marked) would not be approved for glucose monitoring for driver licensing purposes.

DVLA thanked panel for their advice.

### **Research fellow:**

DVLA colleagues from Information Governance / Data Protection have advised that in general they would be able to make data available to a researcher proposed by panel. However, any progress on this would need the following two points addressed:

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- i. Research objective would be of direct relevance to driver licencing.
- ii. Research question is formulated, plus a likely indication of the type of data required.

Panel discussed two ways to acquire information; a DVLA funded investigator lead with a research question or a fellowship, option one would provide a better understanding. Panel discussed the information that would be required and questioned whether that would be obtainable from the DVLA/DfT database. DVLA advised that only data relevant and necessary to carry out its statutory functions is recorded. DVLA thanked panel and would consider their suggestions.

## 8. AOB

### Clarification of the AFTD standards

Diabetes treated by medication other than insulin - Managed by tablets carrying hypoglycaemia risk, including Sulphonylureas and Glinides.

- i. Group 1 - Wording needs to be reviewed

Panel discussed the standards and agreed the wording of the last sentence needs to be reviewed. The current phrase 'DVLA must be notified if clinical information indicates the agency may need to undertake medical enquiries' needs clarification.

Proposed wording:

'DVLA must be notified if the above requirements and those set out in Appendix D (page 127) are not met, and/or, clinical information indicates the agency may need to undertake medical enquiries.'

DVLA thanked panel and will review the wording.

- ii. Discuss consistency of process in relation to CRM versus current notification process.

### Customer Relationship Management Update (CRM)

The DVLA's replacement to the existing online service continues to be developed and the first iteration to enable drivers to renew their Diabetes driving licence is planned for mid June 2023. The first release will incorporate many new features, including the ability to send communications to customers, integration with identity and a telephony option which allows a customer to request a renewals pack.

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DVLA updated panel regarding the rewording of the question on the current paper DIAB1 medical questionnaire to ensure consistency with the CRM process of notification.

The next iterations for diabetes renewals are being planned and will include the vision questionnaire and an email integration with Specsavers.

Panel thanked DVLA for the update.

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

Tuesday 24<sup>TH</sup> October 2023

**Original draft minutes prepared by:**

**Siân Taylor  
Note Taker  
Date: 9<sup>th</sup> March 2023**

**Final minutes signed off by:**

**Professor Mark Evans  
Panel Chair  
Date: 14<sup>th</sup> March 2023**

**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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