



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

Meeting held at Great Minster House on Thursday 23rd March 2023

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
Dr Peter Keston
Professor Catrin Tudur-Smith

OBSERVERS:

Dr Ryan Anderton	Civil Aviation Authority
Dr John McVicker	Occupational Health Service, Northern Ireland
Dr Ed Bebb	Head of Health and Wellbeing, Rail Safety & Standards Board

GUEST SPEAKER:

Dr May Nwe	Specialist Registrar in Clinical Neurophysiology, Manchester Centre for Clinical Neurosciences, Salford Royal Hospital
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EX-OFFICIO:

Dr Nick Jenkins	Senior DVLA Doctor
Dr Claire Fang	Deputy Senior DVLA Doctor
Dr Maria Debritto	DVLA Doctor
Dr Iñigo Perez	DVLA Doctor
Mrs Keya Nicholas	Driver Licensing Policy Lead
Mr Dewi Richards	Driver Licensing Policy
Ms Emma Lewis	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

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SECTION A: INTRODUCTION

1. Apologies for Absence

Apologies were received from:

Dr Sue Stannard	Chief Medical Advisor, Maritime, and Coastguard Agency
Mrs Natalie Tubeileh- Hall	Lay Member
Dr Ed Bebb	Head of Health and Wellbeing, Rail Safety & Standards Board

2. CHAIR'S REMARKS

The Chair welcomed panel members

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. **Dural Arteriovenous Fistula**

The draft standards were discussed in detail and minor revisions to the wording were discussed and agreed. It was noted that the most common presentation for those with a low-grade dural AV fistula (i.e., one with antegrade flow into draining sinus/no cortical venous drainage or reflux) is that of tinnitus and the chance of haemorrhage in this sub-group is low (compared to those with a high-grade dural AV fistula). Individual assessment will be required for those with a high-grade dural AV fistula given the higher risk of associated haemorrhage.

ii. **Functional Neurosurgical Techniques**

The draft standards were discussed, and revisions were suggested and agreed.

The revised deep brain stimulation standards will reflect that this medical standard refers to drivers who have undergone invasive deep brain stimulation e.g., electrode implanted rather than techniques that are non-invasive such as MR-guided focused ultrasound.

A distinction will be made for drivers undergoing invasive and non-invasive thalamotomy. Any complication risks as a result of invasive thalamotomy are considered likely to be comparable to those associated with intraventricular shunt insertion or other neuroendoscopic procedures.

iii. **Intra-Cranial Aneurysms and Arteriovenous Malformation**

The draft standards for Subarachnoid Haemorrhage (SAH), Arteriovenous Malformation (AVM) and Multiple Aneurysms were all reviewed, and revisions were suggested and agreed. At present there have been no changes made to the standards for drivers with Haemorrhage from middle cerebral artery aneurysm and those with Haemorrhage from non-middle cerebral artery aneurysm although this may be reviewed in future.

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SECTION B: TOPICS FOR DISCUSSION

4. Transient Ischaemic Attack, Stroke and Amyloid Spells

Dr Iñigo Perez provided a presentation discussing the current Assessing Fitness to Drive (AFTD) standards and the changes which were drafted following the extraordinary panel meeting held in 2022. Dr Perez discussed the four conditions below and the changes were discussed in detail. Further changes to the draft standards were agreed as a result.

- i. Perimesencephalic (non-aneurysmal) subarachnoid haemorrhage
The new standards will clarify that the ‘normal cerebrovascular imaging’ refers to normal angiographic imaging of the vessels.
- ii. High risk Transient Ischaemic Attacks
A long discussion was held on this matter. The time off driving Group 1 vehicles is to remain 1 month unless there is persisting functional impairment identified at that stage. A one-month period off driving is to be observed following every TIA, if the driver was to experience more than 1. e.g., The clock ‘re-sets’ with each TIA event.
- iii. Cerebral Amyloid Angiopathy - Related Transient Focal Neurologic Episodes
Professor Werring agreed to provide a further description of what is meant by transient focal neurologic episodes. Additionally, these standards will cross-reference with those of non-aneurysmal sub-arachnoid haemorrhage.
- iv. Posterior Reversible Encephalopathy Syndrome (PRES) and Reversible Cerebral Vasoconstriction Syndrome (RCVS)

During the course of the discussion, it was identified that further research into SMART (Stroke-like migraine attacks after radiation therapy) syndrome may be beneficial. The panel chairman (Dr Cooper), Dr Jeremy Rees and Professor Duncan will discuss/meet prior to the October 2023 panel meeting and consider presenting further data to the panel at that stage, as required.

Panel thanked Dr Perez.

5. Transcranial Magnetic Stimulation (TMS) and Driving

Dr May Nwe provided a virtual update.

Dr Nwe presented the panel with a literature review as to the seizure risk associated with the use of Trans-Magnetic Stimulation. The overall conclusion was that TMS-induced seizure rate is similar in those who have a history of seizures and those who do not. The overall risk of seizure is considered to be < 1% per annum.

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Following the presentation, a discussion was held regarding the driver licensing standards that may be applied in relation to TMS. It was agreed that no restrictions are required for drivers being in receipt of TMS and consequently drivers do not need to inform DVLA that they are undergoing this treatment, per se (but may need to notify if they have an associated relevant medical condition). If a driver were to experience a seizure associated with TMS – unless presented with evidence to the contrary - this would be considered as an unprovoked seizure and the appropriate isolated seizure/epilepsy regulations would apply.

6. Transient Loss of Consciousness (TLoC)

A joint Cardiovascular and Nervous system panel meeting was held in February 2023. Dr Cooper provided an update from the meeting.

Minutes of the meeting held on Thursday 9th February 2023

New standards in relation to syncope are planned to be found in the Cardiology section of Assessing Fitness to drive. For those drivers experiencing unexplained transient loss of consciousness, a new chapter within Assessing Fitness to Drive may be required and/or revision to the section currently within the Neurology section of the guidance.

No changes are planned to the current ‘Blackout with seizure markers’ standard.

Dissociative seizures and the apparent discrepancy between the medical standards within the psychiatry and neurology chapters of Assessing Fitness to Drive were discussed. Revisions to the published standards were suggested.

A discussion was held regarding drivers with Postural tachycardia syndrome (PoTS) and whether consideration of a standard within Assessing Fitness to Drive is required. Dr Wojciech Rakowicz and the panel chairman will meet to discuss the subject matter on a preliminary basis prior to the next panel meeting in October 2023.

Section C: Ongoing Agenda Items

7. 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.

8. AOB

Acute Encephalitis

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A short discussion was held where panel reviewed the current Assessing Fitness to Drive (AFTD) standard. No changes were suggested as a result.

Burr Holes

A query has been received from one of the DVLA Doctors' Group; does there need to be specific clarification within Assessing fitness to drive that Burr Hole surgery should/should not require any time off driving? (Currently Chronic subdural haemorrhage, for example, can drive on recovery regardless of whether they have had Burr Hole surgery.)

A short discussion was held regarding the article presented. However, the panel was content that the evidence suggested that any increased risk of seizure was likely to be as a result of the underlying injury – that is before any burr-hole treatment – and that subsequent to treatment, it was reasonable that drivers follow the current standards for Chronic subdural haematoma or acute on chronic haematoma. E.g., Group 1 drivers may return to driving following clinical recovery / where there is no persisting functional impairment relevant to driving.

Brain tumours

Dr Claire Fang provided the panel with a brief process update as to the planned operational changes being undertaken in advance of the expected publication of the revised brain tumour standards within Assessing Fitness to Drive. (The standards were previously approved by the panel in March 2021.) In conjunction with the new standards, Dr Edgeworth has had further discussion with Dr Rees via email with a view to further defining those drivers who meet the medical standards but remain at a higher risk of progression or relapse and those who represent more favourable prognostic groups. This will allow operational discretion to be applied and ideally result in the medical licensing duration offered reflecting the severity of the underlying condition. Any prior advice provided by panel in respect of brain tumour licence duration will be superseded by the guidance provided in conjunction with the new standards due for publication in 2023.

Dr Cooper panel chair also wished to discuss:

- i. Non-epileptic attacks: this was discussed at point 6 above.
- ii. The category of “spontaneous acute subdural haematoma” and whether or not this was distinct from traumatic brain injury was discussed in some detail. Changes to the wording of the current standards was suggested.
- iii. Panel discussed the implications if a driver with a history of epilepsy were to change from their current anti-seizure medication to one that was less efficacious.

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Panel suggested that the existing advice that the driver should not drive during the change and for 6 months after was appropriate, noting that this is not a statutory requirement. If a seizure occurred, then the Epilepsy Regulations do then apply. Any implications for their insurance, and the consequences of any Civil action were they to be involved in a collision, are outside of the scope of the Panel, but Doctors might wish to discuss these matters with their patient.

9. Date and Time of next Meeting

Thursday 12th October 2023

Original draft minutes prepared by:

**Dr Claire Fang
Note Taker
Date: 27th March 2023**

Final minutes signed off by:

**Dr P N Cooper
Panel Chair
Date: 14th April 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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