



**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 12th October 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
Mrs Natalie Tubeileh- Hall (Lay Member)

OBSERVERS:

Dr Ryan Anderton Civil Aviation Authority

EX-OFFICIO:

Dr Nick Jenkins	Senior DVLA Doctor
Dr Aaron Chan	DVLA Doctor
Dr Sarah Brown	DVLA Doctor
Dr Iñigo Perez	DVLA Doctor
Dr Rajiv Ghose	DVLA Doctor
Mrs Keya Nicholas	Driver Licensing Policy Lead
Mr Leigh A Bromfield	Driver Licensing Policy
Ms Emma Lewis	Driver Licensing Policy
Mrs Claire Hughes	Driver Licensing Policy
Mr Ed Foxell	Driver Licensing Policy
Miss Danielle Theophilus	Service Management
Mr Richard Davies	Service Management
Mr David George	Business Change and Support
Mrs Katy Adams	DVLA Panel Coordination team
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

Dr Ed Bebb

Head of Health and Wellbeing, Rail Safety & Standards Board

Dr Karen O'Connell

National Programme Office for Traffic Medicine Ireland

2. CHAIR'S REMARKS

The Chair welcomed all attendees and reminded members to ensure their declarations of interest were up to date, and conflicts of interest were to be declared.

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. Assessing Fitness to Drive (AFTD) Updates

Agenda Item 5.

ii. Brain Tumour Standards

Panel were advised that the agreed standards would be published in the forthcoming update of the Assessing Fitness to Drive guidance document.

SECTION B: TOPICS FOR DISCUSSION

4. Epilepsy and Seizures

i. Provoked seizures and anti-seizure medication

Three cases were discussed. These had been previously reviewed by a panel member and concerned the issue of bus and lorry (Group 2) licensing following provoked seizures where anti-seizure medication had been prescribed.

Panel reaffirmed their previous advice on the time off driving for seizures that follow a structural central nervous system (CNS) provoking stimulus. A period of at least five years off Group 2 driving will be required, although earlier licensing may be considered should medical evidence be provided to indicate that the prospective seizure risk has fallen to no

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more than 2% p.a. in an individual case. Some individuals who have experienced a provoked seizure may be prescribed anti-seizure medication and this may be either continued on an indefinite basis or withdrawn after a period of time. Anti-seizure medication is only mentioned in the context of unprovoked seizures in law. Panel therefore sought to provide DVLA with guidance regarding Group 2 licensing in this situation.

Panel advised that such cases should still observe the previously recommended time off Group 2 driving following a provoked seizure, regardless of whether anti-seizure medication was prescribed or not. Should anti-seizure medication be prescribed and subsequently withdrawn, relicensing should not occur until the individual has been seizure free for two years from the date of medication withdrawal.

It was recognised that this guidance might result in an individual case requiring more than five years off group 2 driving following a provoked seizure should the medication be withdrawn at a time more than three years following the seizure. It was also agreed that should such anti-seizure medication be withdrawn following relicensing, then a 2-year seizure free period would need to be observed before Group 2 driving recommenced.

DVLA thanked panel for their consideration.

ii. Definition of provoked seizures

Panel discussed a seizure case in which the current wording in AFTD for provoked seizures appears to preclude the seizure as being considered as provoked. DVLA confirmed that it is the provoking stimulus that should be reasonably considered to not carry a risk of recurrence. It was agreed that the wording in AFTD would be clarified.

It was also noted that the term “convulsive syncope due to cardiovascular cause” which is included in the list of conditions in AFTD Appendix B, as an example of a provoked seizure is incorrect. True seizures which occur in the context of syncope may be considered to be provoked, but “convulsive syncope” represents non-seizure activity, and, in such cases, the relevant syncope standards should apply. AFTD will be updated to reflect this.

iii. Medical requirements for those with epilepsy who want to drive Group 2 vehicles Regulation 73 of the Motor Vehicle (Driving Licences) Regulations 1999 (as amended)

Current legislation requires a 10-year period of freedom from seizures without medication to treat epilepsy, before Group 2 licensing can be considered.

DVLA requested panel’s views with regards to the current requirements for licensing those with epilepsy.

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Panel confirmed that it is satisfied with the current requirements. However, agreed that they would consider any available evidence that indicates a review of the current requirements is necessary.

iv. Risk of posttraumatic epilepsy developing year by year after head injuries of varying severity

The current Group 2 medical standard for an isolated unprovoked seizure requires a period of five years off driving and a specialist's opinion stating that the risk of a further event does not exceed 2% p.a. A case of unprovoked seizure which occurred in the context of previous head injury was discussed and a panel member has corresponded the authors of a scientific article¹ addressing seizure risk following traumatic brain injury to obtain the raw data that the article was based on. The panel noted that the information provided by the research would prove useful when estimating seizure risk in the context of previous traumatic brain injury.

DVLA thanked panel for this information.

5. Assessing Fitness to Drive (AFTD) – Update

DVLA provided updates on:

- Stroke and Transient Ischemic Attack (TIA)
- Transient Focal Neurologic Episodes (TFNE)
- Posterior Reversible Encephalopathy Syndrome (PRES) and Reversible Cerebral Vasoconstriction Syndrome (RCVS)
- Subdural Haematoma
- Dissociative Seizures
- Dural Arteriovenous Fistula (Dural AV)
- Subarachnoid haemorrhage and Intracranial Aneurysm
- Functional Neurological Techniques
- Arteriovenous Malformation (AVM)

Panel reviewed the proposed new and amended standards and approved the documents subject to minor amendments.

¹ Post-traumatic epilepsy in adults: a nationwide register-based study. Markus Karlander 1 2, Johan Ljungqvist 1 3, Johan Zelano

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It was suggested that the requirement for functional cardiac testing in the context of Group 2 licensing following stroke / TIA should receive future consideration.

DVLA thanked panel for their guidance.

Section C: Ongoing Agenda Items

6. 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.

Dr E Henderson provided a presentation summarising the findings of the research article Real-World Driving Data Indexes².

7. AOB

DVLA update:

i. Call for Evidence (CFE)

DVLA provided an update on the Call for Evidence on driver licensing for people with medical conditions. The CFE launched on the 31st July and closes on 22nd October 2023. This call for evidence looks to gather evidence from experts across organisations. Responses to the call for evidence will be analysed to assist with reviewing the existing legislative framework. Responses will be used to identify areas where policy or legislative changes may be able to improve outcomes for drivers and other road users. Essentially the CFE will explore if there are opportunities to change the legislative framework on which the medical driver licensing process is based. DVLA welcomed responses from panel members and reminded them of the closing date.

² The Authors. Movement Disorders Clinical Practice published by Wiley Periodicals LLC on behalf of International Parkinson and Movement Disorder Society. Real-World Driving Data Indexes Dopaminergic Treatment Effects in Parkinson's Disease. Jun Ha Chang PhD, Danish Bhatti MD, Matthew Rizzo MD, Ergun Y. Uc MD, John Bertoni MD, PhD, Jennifer Merickel PhD

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ii. Transient Loss of Consciousness (TLoC)

Panel noted the updated standard which has been approved by the cardiovascular panel. A small amendment was suggested.

iii. Transcranial Magnetic Stimulation (TMS)

This topic was discussed at the Spring 2023 panel meeting.

Following the receipt of feedback from the neurological community panel agreed to keep the topic under review.

8. Date and Time of next Meeting

Thursday 21st March 2024

Original draft minutes prepared by:

**Siân Taylor
Note Taker
Date: 12/10/23**

Final minutes signed off by:

**Dr P N Cooper
Panel Chair
Date: 30/10/23**

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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