



**MINUTES OF THE SECRETARY OF STATE FOR TRANSPORT'S
HONORARY MEDICAL ADVISORY PANEL ON DRIVING AND DISORDERS
OF THE CARDIOVASCULAR SYSTEM
Meeting held on Thursday 5th October 2023**

Present:

Panel Members:

Dr Robert Henderson (Chair)
Dr Kim Rajappan
Dr Sern Lim
Dr Shahid Aziz
Dr Robert Anthony Greenbaum
Dr Francis Murgatroyd
Dr Nigel Brown
Dr Richard Bogle
Mr Amar Vara (Lay member)

OBSERVERS:

Dr Ewan Hutchinson Civil Aviation Authority

EX-OFFICIO:

Dr Nick Jenkins	Senior DVLA Doctor
Dr Loraine Haslam	DVLA Doctor
Dr Aditi Kumar	DVLA Doctor
Mrs Keya Nicholas	Driver Licensing Policy Lead
Mr Leigh Andrew Bromfield	Driver Licensing Policy
Miss Emma Lewis	Driver Licensing Policy
Miss Danielle Theophilus	DVLA Service Management
Mr David George	Drivers Medical Operational Delivery and Support
Mrs Siân Taylor	DVLA Panel Coordinator/PA to the Senior DVLA Doctor

SECTION A: INTRODUCTION

1. Apologies for Absence

Apologies were received from:

Mrs Linda Samuels	Lay Member
Dr Sue Stannard	Chief Medical Advisor Maritime and Coastguard Agency
Dr Derek Crinion	National Programme Office for Traffic Medicine, Ireland
Dr Ed Bebb	Professional Head of Health and Wellbeing, RSSB

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2. CHAIR'S REMARKS

The panel Chair welcomed all attendees and reminded members to ensure their declarations of interest were up to date. No conflicts relevant to the topics under discussion at the meeting were declared.

3. ACTIONS/MATTERS ARISING FROM PREVIOUS MEETING

- i. **Aortic Aneurysm** – Discussed in agenda item 10
- ii. **Wording of Appendix C (Assessing Fitness to Drive)** - Discussed in agenda item 10
- iii. **Other inherited aortopathies** – Discussed in agenda item 10
- iv. **Angina and Acute Coronary Syndrome standards** – Discussed in agenda item 10

SECTION B: TOPICS FOR DISCUSSION

4. Transient Loss of Consciousness (TLoC) new standards

DVLA requested panel members to review the draft medical standards for TLoC.

The Chair explained that historically this section had sat in the neurology chapter of the Assessing Fitness to Drive (AFTD) guidance document. In a joint meeting of the Neurology and Cardiovascular panels in 2019, it was agreed that the guidance in relation to non-neurological causes of TLoC should reside in the cardiovascular, section. A sub-group has met on several occasions to discuss and develop the new medical standard and this work was shared with members of the Neurology panel in February 2023, when further amendments were made to the proposed document.

The proposed TLoC standard was discussed by the panel, and it was agreed that, until DVLA is provided with a diagnosis of the episode of TLoC, then the standard for an episode of TLoC of unknown cause should be applied. The medical standard applied, and thus the time required off driving, may subsequently be amended should a diagnosis for the episode be provided.

In order to address postural/orthostatic conditions, which may cause confusion amongst clinicians with regard to the requirement to notify DVLA, it is stated in the proposed new standard, that such cases will only require notification to DVLA and subsequent enquiry if medical opinion considers they are relevant to driving.

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With regards to the proposed standard for reflex syncope, the panel Chair advised that reference to posture has been removed. The current standard refers to episodes occurring whilst sitting or standing, whereas the panel chair explained that no evidence regarding risk of a future episode has been identified to allow such a differentiation to be made.

A number of the proposed standards require a report from an appropriate specialist before licensing/relicensing is considered. It was agreed that the issues that should be addressed in such a report will be detailed in Appendix C of the AFTD guidance.

With regards to the time required off driving in cases of TLoC where a cause could not be identified, it was agreed that there was not a requirement to mirror the existing medical standards for seizures of “blackout with seizure markers” as the episodes are likely to have a more favourable prognosis than these neurological conditions.

5. Implantable Cardioverter Defibrillator (ICD) Discussion

Panel reviewed the current medical standard for fitness to drive.

It was agreed that current clinical practice and medical evidence would allow for the medical standard to be rationalised

It was agreed that a sub-group meeting should be convened to discuss rewording of the medical standard.

6. Brugada Syndrome

Dr Rajappan provided a presentation regarding Brugada Syndrome.

The current medical standard has been derived from the EU Directive and refers to a history of syncope possibly associated with Brugada Syndrome. This does not account for those individuals who experience episodes of loss of consciousness which are not Brugada-related, and the current standard potentially disadvantages such individuals.

The panel agreed that, in individuals with Brugada Syndrome, cases of non-arrhythmogenic syncope pose a lower risk than cases where the loss of consciousness was due to an arrhythmogenic cause.

It was agreed that a subgroup would review the wording of the medical standard with a view to possible amendment.

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7. Spontaneous Coronary Artery Dissection (SCAD)

This medical condition is being diagnosed with increasing frequency in the clinical setting. Panel were asked to consider whether the condition should be specifically referenced in Assessing Fitness to Drive (AFTD) guidance, and, if so, under which medical standard.

Panel advised that the condition should be addressed in a dedicated standard in AFTD. In the case of Group 1 licensing a four-week period should be required off driving with return to driving dependent on recovery. Group 2 licensing should be dependent upon individual consideration and Panel noted potential concerns with regards to the advisability of undertaking functional testing in these individuals.

8. Hypertrophic Cardiomyopathy (HCM)

Panel discussed the medical standards for hypertrophic cardiomyopathy – particularly with regards to cases of non-sarcomeric aetiology (e.g., Fabry Disease).

Panel advised that the main concern regarding the current medical standard was that the ESC HCM Risk-SCD calculator, referred to in the current Group 2 standard, is not applicable to cases of HCM of non-sarcomeric origin. Such cases will require an individual assessment for driver licensing purposes.

SECTION C: ONGOING AGENDA ITEMS

9. Tests, horizon scanning, research, and literature

DVLA reminded all panel members that as part of the Terms and Conditions they have an obligation to update panel about any information/tests/research that could impact on the medical standards or existing processes.

Panel discussed driving restrictions with Transcatheter Aortic Valve Implantation (TAVI). The panel chair had been asked whether driving could resume following this procedure before the four-week period stipulated in the current medical standards. Panel agreed that this topic would require future discussion.

Panel also identified that obesity may be an issue relevant to diving that requires future consideration. Panel noted that a 16% increase in relative risk of sudden cardiac death has been reported for every 5-unit increase in BMI.

10. AOB

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DVLA provided updates on:

Call for evidence (CFE): On the 31st July, DVLA launched a call for evidence for drivers with medical conditions. Evidence will be gathered from health and other experts across organisations to help DVLA to review the existing legislative framework on which the current medical driving licence processes are based.

Responses will be used to identify areas where policy or legislative changes may be able to improve outcomes for drivers and other road users. The call for evidence closes on the 22nd October 2023 and Panel members were invited to provide their views.

AFTD Changes: Panel approved proposed amendments to the medical standards for angina and acute coronary syndromes to incorporate INOCA and MINOCA respectively.

Proposed updated medical standards were presented for:

- Aortic Stenosis
- Aortic Aneurysm (separate standards for abdominal and thoracic aneurysms, and incorporation of endovascular repair)
- Inherited aortopathies
- Appendix C

Panel members were asked to review these proposals and provide their comments following the meeting. DVLA advised Panel that all the proposed changes would not be made in time for the forthcoming edition of AFTD, as considerable work is needed to align operational processes, forms, and customer-facing information. They will however be captured in the Spring 2024 AFTD publication.

Panel Recruitment – Panel identified the requirement of the following areas of expertise for future recruitment:

- Imaging (including specific cardiac MRI expertise)
- Cardiac Surgery
- Pulmonary Arterial Hypertension
- Adult Congenital Heart Disease
- Cardiac genetics
- Interventional valve disease

The possibility of co-opting future expertise was noted, and it was agreed that this would likely be the most appropriate option with regards to Peripheral Vascular Surgery expertise.

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Thanks were given to the panel members attending by the Chair

DVLA and Panel extended their gratitude to the outgoing Chair for all the hard work and commitment provided during his tenure as panel member and subsequently as panel Chair.

11. Date and time of next meeting

Thursday 7th March 2024

Original draft minutes prepared by:

**Sian Taylor
Note Taker
Date: 10/10/23**

Final minutes signed off by:

**Dr R Henderson
Chairperson
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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