



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 7th March 2024

Present:

Panel Members:

Dr Kim Rajappan (Chair)	Consultant Cardiologist & Electrophysiologist
Dr Sern Lim	Consultant Cardiologist
Dr Shahid Aziz	Consultant Interventional Cardiologist
Dr Robert Anthony Greenbaum	Consultant Cardiologist
Dr Francis Murgatroyd	Consultant Cardiologist
Dr Richard Bogle	Consultant Cardiologist
Mrs Linda Samuels	Lay member

Observers:

Dr Ewan Hutchinson	Civil Aviation Authority
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EX-OFFICIO:

Dr Nick Jenkins	Senior DVLA Doctor
Dr Aditi Kumar	Deputy Senior DVLA Doctor
Dr Anca Birliga	DVLA Doctor
Dr Jennifer Hughes	DVLA Doctor
Mr Leigh Andrew Bromfield	Driver Licensing Policy Lead
Mrs Emma Lewis	Driver Licensing Policy
Mr Dewi Richards	Driver Licensing Policy
Mr Richard Davies	Service Management
Mrs Suzanne Richards	Service Management
Mr Jamie Ward	Senior Lead, Drivers Medical Business Support and Change
Mrs Siân Taylor	DVLA Panel Coordinator/PA to the Senior DVLA Doctor

SECTION A: INTRODUCTION

1. Apologies for Absence

Apologies were received from:

Dr Nigel Brown	Consultant Cardiologist
Dr Sue Stannard	Chief Medical Advisor, Maritime and Coastguard Agency
Dr Derek Crinion	National Programme Office for Traffic Medicine, Ireland
Dr Edd Bebb	Professional Head of Health and Wellbeing RSSB
Mr Amar Vara	Lay member

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2. CHAIR'S REMARKS

The new Panel Chair welcomed all attendees and advised how privileged he was to have been appointed. The Chair reminded members to ensure their declarations of interest were up to date, and conflicts of interest were to be declared.

3. ACTIONS/MATTERS ARISING FROM PREVIOUS MEETING

i. Implantable Cardio Defibrillator (ICD)

Discussed in agenda Item 6.

ii. Brugada Syndrome

Panel concluded that there is a clear understanding of Group 2, however some questions remain on Group 1. It was also stated that arrhythmia sections need to be removed.

Concluded that another sub -meeting to be arranged to refine Brugada wording. We may need to also look at arrhythmia standards and consider people who are offered a defibrillator but who decline.

Discussed in agenda item 6.

SECTION B: TOPICS FOR DISCUSSION

4. Alternatives to ETT for Group 2 licensing in Asymptomatic Severe Aortic Stenosis

The Senior DVLA Doctor advised that the current Group 2 medical standard for asymptomatic severe aortic stenosis requires a satisfactory exercise tolerance test and details circumstances when a licence will be refused (or revoked). The standard also states that the licence will be refused or revoked should the test not be possible “for any other reason”.

Dr Jenkins queries the appropriateness of this wording.

In March 2023 panel advised that cardiac Magnetic Resonance Imaging (MRI) with Gadolinium enhancement may be appropriate in such circumstances. DVLA requested Panel’s confirmation that this should constitute the alternative investigation should exercise testing not be possible and, if so, the appropriate wording of the standard.

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Panel discussed the risks associated with severe aortic stenosis and the means of assessing the level of risk, including the use of cardiac MRI. Panel advised that in those situations where exercise testing is not possible cases should be assessed on an individual basis by a clinician who should confirm (i) that the individual is truly asymptomatic of their condition, and (ii) that the risk of a sudden and disabling event occurring is acceptable for Group 2 licensing (no more than 2% p.a.).

5. Implantable Cardioverter-defibrillator (ICD) Standards for Group 2 Drivers

In October 2021 panel had suggested that exceptional Group 2 licensing in the presence of a deactivated ICD might receive panel support in certain situations depending upon confirmation of the legal position of this approach. DVLA Drivers Policy explained that exceptional cases could possibly be considered for licensing on a case-by-case basis by the panel.

DVLA has recently dealt with a number of cases who have expressed the desire to be licensed exceptionally. DVLA requested panel's advice as to the clinical situations in which such exceptional licensing might be appropriate.

Panel advised that in such cases it is the level of risk of a disabling event that is the important consideration. Panel advised that such exceptional licensing might be appropriate when the underlying indication for ICD had resolved (e.g., improvement in ejection fraction) or the original clinical diagnosis which has necessitated ICD implantation had been revised. Panel agreed that they would consider such applications on a case-by-case basis.

6. Consideration of New Medical Standards

A panel subgroup met in November 2023 to reconsider the medical standards for Brugada Syndrome, Hypertrophic cardiomyopathy, ICD, and arrhythmia. The proposed changes were brought to the meeting for consideration by the whole panel.

Following discussion of the draft documents it was agreed that suggested changes would be discussed at a further subgroup meeting. The changes will be presented to panel in the October Panel meeting.

7. Proposed new Medical Standards for Aortic Aneurysm.

Following panel's agreement of a proposed new medical standards for aortic aneurysm in October 2023 the proposals were sent for consultation.

The proposals were essentially two-fold:

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- Separate the standards for thoracic and abdominal aneurysms and amend the guidance regarding aneurysm diameter
- Incorporate endovascular repair into the standards and also clarify the situation with regard to open aneurysm repair

Responses were received from The Vascular Society and British Society of Endovascular Therapy, and these were discussed.

Panel advised that a sub-group meeting should be convened with representation from the two Societies invited.

8. Frequency of Cardiac Functional Testing : Group2 Licence

DVLA has been keen to explore the option of increasing the time interval between successive Cardiac function tests for Group2 licence assessment . Dr Aditi Kumar gave the background about the longstanding DVLA practice of the use of functional cardiac testing as an assessment tool for Group 2 licensing in coronary artery disease/ischaemic heart disease “These tests are repeated at least every 3 years.”

Previous discussions have suggested that DVLA examine data for the purpose of ascertaining whether a population sub-group of drivers/applicants exists that might require less frequent testing. DVLA have also had correspondence with the E Reg Secretariat (Association of European vehicle and driver Registration authorities) on the practice of cardiac assessment for Group2 licence amongst the EU member states .It was clear from the responses received that for most of the member states, the use of and frequency of cardiac functional assessment was not well defined in their practice and not as frequent as 3 years .

Dr Kumar has initiated the review process and provided a summary of the issue and progress in this area.

Panel congratulated Dr Kumar for the work done so far. Panel agreed and supported the study/review process to continue, this was due to its relevance, importance and the potential invaluable data resource gathered and the positive operational impact . Panel suggested a larger volume of data to be examined and to consider selection bias. Panel members welcomed any queries/advise Dr Kumar required during this process and to be brought back to panel for further discussion in due course.

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SECTION C: ONGOING AGENDA ITEMS

9. Tests, horizon scanning, research, and literature

The DVLA Panel chair 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 chair advised members to forward anything on to DVLA for consideration at the next panel meeting.

10. AOB

DVLA Driver Licensing Policy provided updates on 2 areas:

i. Call for evidence

DVLA launched a call for evidence on driver licensing and medical conditions which ran for 12 weeks from 31 July 2023.

Evidence was gathered from members of the public and a range of experts across organisations and responses are currently being analysed to assist with reviewing the existing legislative framework.

A summary of the responses will be published in due course. We will provide a further update in the next panel meeting.

ii. Panel recruitment

Policy provided a composition update; Recruitment process for a Psychiatry Panel chair and new lay members (across all panels) is being orchestrated. Induction day for new members will be held at the end of this year.

Functional cardiac testing in Group 2 licensing following stroke

The Neurology Panel wish to review guidance in relation to cardiac functional testing following stroke in Group 2 licensing. Volunteers were identified to contribute to the discussions.

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Case Discussion

A case was reviewed and discussed regarding panel expertise in cases of peripheral vascular disease.

11. Date and time of next meeting

Thursday 10th October 2024

Original draft minutes prepared by:

**Sian Taylor
Note Taker
Date: 07/03/24**

Final minutes signed off by:

**Dr Kim Rajappan
Chairperson
Date: 14/04/24**

**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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