



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 21<sup>st</sup> March 2024

**Present:**

**Panel Members:**

Dr Paul Cooper (Chair)	Consultant Neurologist
Professor John Duncan	Professor of Clinical Neurology
Professor Catrin Tudur-Smith	Professor of Biostatistics
Dr Ralph Gregory	Consultant Neurologist
Dr Jeremy Rees	Consultant Neuro-Oncologist
Dr Peter Keston	Consultant & Clinical Lead Diagnostic & Interventional Neuroradiologist
Dr Kirstie Anderson	Consultant Neurologist
Dr Wojciech Rakowicz	Consultant Neurologist & Medical Examiner
Dr Emily Henderson	Consultant Senior Lecturer in Ageing & Movement
Mr Jonathan Bull	Consultant Neurosurgeon & Complex Spinal Surgeon
Mr Julian Cahill	Consultant Neurosurgeon
Professor David Werring	Professor of Clinical Neurology

**OBSERVERS:**

Dr Ryan Anderton	Civil Aviation Authority
Dr Ed Bebb	Professional Head of Health and Wellbeing RSSB

**EX-OFFICIO:**

Dr Nick Jenkins	Senior DVLA Doctor
Dr Inigo Perez	DVLA Doctor
Dr Elaine Conway	DVLA Doctor
Mr Leigh A Bromfield	Driver Licensing Policy Lead
Ms Emma Lewis	Driver Licensing Policy
Mrs Claire Hughes	Driver Licensing Policy
Mr Dewi Richards	Driver Licensing Policy
Mr Richard Davies	Service Management
Danielle Theophilus	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

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## SECTION A: INTRODUCTION

### **1. Apologies for Absence**

Apologies were received from:

Mrs Natalie Tubeileh-Hall

Lay Member

Dr Sue Stannard

Chief Medical Advisor, Maritime and Coastguard Agency

### **2. CHAIR'S REMARKS**

The Chair welcomed all attendees. Panel members were reminded to ensure their declarations of interest were up to date, and that 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. Draft medical standards for Subarachnoid Haemorrhage (cavernous sinus aneurysm) and Transcranial Magnetic Stimulation (TMS) were discussed.

Following the October 2023 panel meeting a subgroup discussed the situation regarding TMS. The subgroup advised that seizures associated with single-pulse TMS should be regarded as unprovoked seizures whilst those occurring during, or within 5 minutes of cessation, of repetitive TMS (rTMS) should be considered to be provoked.

Panel approved these recommendations and advised that provoked seizures associated with rTMS should be considered to be excepted provoked seizures and not require any time off driving.

## SECTION B: TOPICS FOR DISCUSSION

### **4. Sleep Apnoea**

Following discussions held with some of the Sleep Apnoea charities, Driver Licensing Policy asked panel whether the word 'syndrome' should be removed from "obstructive sleep apnoea syndrome"(OSAS) where it appears on DVLA forms and guidance.

Panel advised that the use of the word "syndrome" should remain in the guidance. The use of the word "syndrome" in the guidance denotes that the OSA is clinically significant, although it

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should be acknowledged that terminology may occasionally be used inconsistently by clinicians. “OSA” – is the term used to describe the medical condition which lacks symptoms of excessive sleepiness, whilst the use of OSAS should be reserved for those cases associated with excessive sleepiness.

## 5. Head Injury and Group 2 Licensing

Traumatic Brain Injury and Group 2 Licensing.

DVLA advised panel that, whilst the acceptable threshold for the occurrence of a sudden and disabling event is 2% or less p.a. for Group 2 licensing, this is expressed in the majority of medical standards as a time period required off driving. This allows DVLA to accept reapplication once the required period off driving has elapsed, and also allows for the applicant/driver to know when the required medical standard is likely to be met.

The issue was discussed by panel in March 2015 and the medical standard amended to its current form based upon panel advice which considered the spectrum of injury severities and injury patterns. However, the standard as stated in its current form continues to cause difficulties for both applicants/drivers and their clinicians who find difficulty in precisely evidencing an individual’s prospective seizure risk.

DVLA asked whether panel could offer guidance with regard to the wording of the standard in order to be more facilitative to applicants/drivers and their clinicians.

Panel reviewed the data summarised in the Karlander<sup>1</sup> scientific article which had been discussed at the Autumn 2023 panel meeting. Dr Gregory and Dr Anderton also provided insight as to how such cases are assessed for Civil Aviation Authority (CAA) purposes.

Panel advised that guidance might be dependent upon the modality of imaging used during investigation of the injury. It was noted that the guidance was concerned only with post-traumatic seizure risk as the issue of neurological deficit is dealt with separately in the enquiry process. Professor John Duncan agreed to liaise with the authors of the report with a view to further consideration of the data.

The CAA use 0.1% risk to allow for a pilot to fly unrestricted. DVLA wish to move away from risk percentage to defined periods. It was explained that when no set time off is required, it puts the onus on the driver to provide evidence, but that is very difficult for them to get. If there was set timescales it would be a lot easier for the driver. The CAA advised that although they have some defined periods, they still get cases that need reviewing case by case.

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<sup>1</sup> Karlander M, Ljungqvist J, Zelano J. Post-traumatic epilepsy in adults: a nationwide register-based study. *J Neurol Neurosurg Psychiatry* 2021;92:617–621

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Professor Tudur- Smith was asked to assist in data analysis and a subgroup would be convened to further discuss the guidance.

## **6. Visual Inattention and Related Syndromes**

The current medical standards and also DVLA correspondence refer to the medical condition of “Visual inattention”.

As a result of a query regarding the conditions of Visual Neglect and Visual Extinction DVLA requested that panel advise:

- i. Whether the same medical standard should apply to all related syndromes
- ii. The most appropriate wording that should be used

Panel advised that the precise clinical diagnosis in such circumstances may be challenging. Panel also advised that the conditions may improve, resolve or the customer may adapt to their presence.

Panel advised that, should one of these conditions have been identified clinically, the medical enquiry should ascertain whether the condition had since resolved, or the driver/applicant functionally adapted to any residual condition. Analogies with the exceptional case process for normally debarring visual field defects were discussed and it was suggested that assessment might include an on-road driving assessment.

Panel advised that terminology should include all conditions.

Group 1:

- Should the condition have resolved a licence might be issued without further enquiry
- Should the condition remain clinically apparent, but a clinician confirm that functional adaptation has occurred then the impact on driving should be assessed by on-road driving assessment
- Should the condition remain clinically apparent and the clinical advice state that functional adaptation has not occurred the licence will be refused/revoked

Group 2

- Should the condition have resolved a licence might be issued without further enquiry
- Should then condition remain clinically apparent then an individual specialist assessment would be required to confirm functional adaptation before proceeding to an on-road driving assessment

## **7. Group 2 Licensing, Epilepsy and Medication**

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This was deferred to the next panel meeting.

## 8. DVLA Case for Discussion

Panel discussed two cases and advised DVLA regarding fitness to drive.

## Section C: Ongoing Agenda Items

## 9. 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.

Panel discussed sleep studies that are taking place in hospitals that will be continuously monitored by closed circuit television (CCTV) checking this will be built into to patient observations.

Panel noted potential implications for medical licencing associated with the future introduction self-driving cars and also the use of Artificial Intelligence (AI) when applied to driving.

## 10. AOB

**Driving Licensing Policy provided two updates:**

### **i. Call for evidence**

Driver Licensing Policy discussed the 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.

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## **i. 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.

## **ALK Positive Lung Cancer UK**

DVLA met with representatives of ALK Positive Lung Cancer (UK) in August 2022 to discuss the driver licensing issues associated with the identification of asymptomatic cerebral metastases. The new brain tumour standards became operational on the publication of Assessing Fitness to Drive (AFTD) update on 19 January 2024 and the standard no longer requires cessation of Group 1 driving in these cases which are asymptomatic and identified incidentally. The panel advised DVLA to respond to the charity's recent communication and signposting the charity to the latest guidance.

## **Queries following publication of new brain tumour standards**

Following publication of the new medical standards for brain tumours a panel identified that a supratentorial WHO Grade 1 meningioma associated with a seizure would be considered in the "Low Risk" group. It was asked whether, following application of the relevant standard, should further treatment be required, the tumour should thereafter be considered in the "Very Low Risk" group in the absence of ongoing seizure association.

A further query was raised regarding the inclusion of the medical standard for "Recurrence or progression identified on imaging alone" in the "Low Risk" tumour group but its omission in the "High Risk" group. It was advised that "High Risk" tumours rarely progress for a significant period of time without associated clinical symptoms.

The panel agreed to keep the new guidance under review over the next 6 months and to discuss any issues identified at the October panel meeting.

## **11. Date and Time of next Meeting**

Thursday 17th October 2024

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**Original draft minutes prepared by:**

**Siân Taylor  
Note Taker  
Date: 27/03/04**

**Final minutes signed off by:**

**Dr P N Cooper  
Panel Chair  
Date: 28/04/24**

**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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