



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 10<sup>th</sup> October 2024

**Present:**

**Panel Members:**

Dr Kim Rajappan (Chair)	Consultant Cardiologist
Dr Shahid Aziz	Consultant Cardiologist
Dr Richard Bogle	Consultant Cardiologist
Dr Nigel Brown	Consultant Cardiologist
Dr Francis Murgatroyd	Consultant Cardiologist
Mr Amar Vara	Lay Member
Mrs Linda Samuels	Lay member

**Observers:**

Dr Ryan Anderton	Civil Aviation Authority
Clare Forshaw	Principal Strategy Implementation Manager

**EX-OFFICIO:**

Dr Nick Jenkins	Senior DVLA Doctor
Dr Aditi Kumar	Deputy Senior DVLA Doctor
Leigh Andrew Bromfield	Driver Licensing Policy Lead
Emma Lewis	Driver Licensing Policy
Karen Hughes	Driver Licensing Policy
Richard Davies	Service Management
Danielle Theophilus	Service Management
Siân Taylor	DVLA Panel Coordinator/PA to the Senior DVLA Doctor
Katy Adams	Doctors Casework Management and Support

**SECTION A: INTRODUCTION**

**1. Apologies for Absence**

Apologies were received from:

Dr Robert Anthony Greenbaum	Consultant Cardiologist
Dr Sern Lim	Consultant Cardiologist
Tom Mogford	Senior Lead, Drivers Medical Business Support and Change
Dr Sue Stannard	Chief Medical Advisor, Maritime and Coastguard Agency

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

The new Panel Chair welcomed all attendees. The Chair reminded members to ensure their declarations of interest were up to date, and conflicts of interest were to be declared. The Panel Chair meeting will be held on the 19<sup>th</sup> November.

## **3. ACTIONS/MATTERS ARISING FROM PREVIOUS MEETING**

### **i. Alternatives to ETT for Group 2 licensing in Asymptomatic Severe Aortic Stenosis**

Panel reviewed the draft proposed standard and amendments were suggested.

### **ii. Medical standards for ICD, Brugada Syndrome, Hypertrophic Cardiomyopathy, and Arrhythmia**

Panel reviewed the draft proposed standard and amendments were suggested.

### **iii. Medical standards for Aortic Aneurysm**

Panel reviewed the draft proposed standard and amendments were suggested.

### **iv. Functional testing Group 2 licensing following stroke**

The joint subgroup meeting with members of the Neurology Panel (26<sup>th</sup> July 2024) was noted. It was agreed at that meeting that there should be no change to the DVLA's current practice.

## **SECTION B: TOPICS FOR DISCUSSION**

## **4. Cough Syncope**

The Senior DVLA Doctor advised that during the recent review of the "Loss of Consciousness" medical standard the query was raised as to whether Cough Syncope should be considered as a distinct entity or whether it should be considered with other examples of situational syncope.

The condition has previously resided under the oversight of Neurology Panel. The issue was last reviewed in October 2017 when the Neurology Panel co-opted a Consultant in Respiratory Medicine which resulted in the medical standard as currently published.

DVLA request panel to consider:

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- Whether the medical standard for Cough Syncope should be incorporated within the recently agreed new Loss of Consciousness standards; if so, should future advice be provided by the Cardiovascular Panel?

Panel agreed that the condition would more appropriately be overseen by the Cardiovascular panel.

- Whether the current medical standard is appropriate?

Panel considered that the unpredictable and sudden occurrences of cough syncope should dictate that it remains a separate entity from other forms of situational syncope. Panel advised that an expert in Respiratory Medicine should be co-opted to provide a presentation on Cough Syncope to ensure the most up-to-date evidence is considered before future recommendations.

## **5. Trans-catheter Aortic Valve Implantation (TAVI)**

The Panel Chair advised panel that the current medical standard for TAVI requires 4 weeks off Group 1 driving following this procedure. The British Cardiovascular Intervention Society (BCIS) have suggested that this time period could be reduced without compromising safety and had suggested a range of time periods that might be appropriate for a number of procedures.

Panel advised that following any percutaneous valve intervention, patients should not drive for 2 weeks following that procedure. Panel also advised that the section in the published guidance be renamed “Percutaneous Valve Intervention”.

## **6. Left Bundle Branch Block (LBBB)**

The current medical standard for LBBB medical standard and Group 2 licensing requires that a functional cardiac test is undertaken.

DVLA requested panel advise on:

- Is this medical standard appropriate?
- Is functional testing required if recent angiography has demonstrated non-obstructed coronary arteries?

Panel discussed and advised there is a need to assess left ventricular function and to also identify any structural heart disease.

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Panel advised that the currently published standard is appropriate and provided DVLA with operational advice as to the enquiry required when recent evidence of non-obstructed coronary arteries has been provided.

## 7. Dilated Cardiomyopathy (DCM)

The Panel considered that there were inconsistencies between the medical standard for Dilated Cardiomyopathy (DCM) and that for Heart Failure.

Panel advised that the medical standard for DCM should be incorporated into that for Heart Failure with minor wording amendments.

## 8. Resting Invasive Pressure Wire Measurements of Ischaemia

Dr Richard Bogle provided a presentation on abnormal stress tests, unobstructed coronary arteries, and resting indices in coronary lesion assessment.

Dr Bogle concluded by asking panel,

- Should DVLA accept only Fractional Flow Reserve (FFR)
- Is there a role for instantaneous wave-Free Ratio (iFR) or other resting indices
- If iFR is accepted what should the threshold be?

Panel discussed the information provided and agreed that DVLA's current FFR value of greater than 0.8 for Group 2 licence purposes accepted for Group 2 licence purpose was correct. For iFR a value of greater than 0.89 similarly may be accepted for Group 2 licence purposes but will need individual assessment because there was debate regarding cut-off value/need for additional FFR. It was agreed that FFR or iFR should not be promoted for licensing purpose, but if the information has been presented to DVLA from a clinician then this could be considered as above. On-going discussion with Panel will continue regarding the acceptability of iFR/the acceptable cut off value.

## 9. Pacemaker

Currently DVLA practice requires customers to sign a declaration agreeing to continued clinical follow up / medical checks as advised by their clinician.

DVLA request that panel advise whether this requirement is appropriate

Panel discussed and advised that this requirement is appropriate. Panel advised that requirement should be incorporated into the published medical standard and the wording should reflect

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current clinical practice of remote implantable device monitoring in some drivers with pacemakers.

## **10. Draft Transient Loss of Consciousness (TLoC) Standards**

The Senior DVLA Doctor advised that the updated TLoC standards have previously been approved by panel and are currently being operationalised with a view to publication in the near future.

With regard to episodes of loss of consciousness of unknown cause the proposed standard requires a period of 3 years off Group 2 driving following a single episode and 5 years for multiple episodes. Multiple episodes are defined as more than one episode over the preceding 2 years.

Panel advised that rewording the standard to define multiple episodes as more than one episode within any 2-year period would provide greater clarity.

## **SECTION C: ONGOING AGENDA ITEMS**

### **11. Tests, horizon scanning, research, and literature**

DVLA reminded all panel members as part of the terms and conditions of the requirement to update panel about any information/tests/research that could impact on standards or existing processes.

As a result of time constraints, a planned presentation from Dr Bogle considering fascicular heart blocks and risk of adverse cardiovascular outcomes will now be received in Spring 2025.

### **12. AOB**

**DVLA Driver Licensing Policy provided updates on 2 areas:**

- i. Policy provided a composition update, advising that they have undertaken a campaign looking for a Psychiatry Panel chair, several expert members and new lay members (across all panels). Panel were asked if any new expertise was required, panel advised they would update DVLA of any additional expertise needed.
- ii. Policy asked Panel members if there were any further expertise requirements for future recruitment.

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Panel advised:

- Structural Intervention
- Vascular Surgeon
- Cardiothoracic Surgeon
- ICC (Inherited Cardiac Conditions)
- Adult Congenital Heart Disease (ACHD)

Policy thanked panel and will keep them updated.

### **13. Date and time of next meeting**

Thursday 06<sup>th</sup> March 2025

**Original draft minutes prepared by:**

**Sian Taylor  
Note Taker  
Date: 10/10/24**

**Final minutes signed off by:**

**Dr Kim Rajappan  
Chairperson  
Date: 17/01/25**

**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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