Driver & Vehicle Licensing Agency

MINUTES OF THE SECRETARY OF STATE FOR TRANSPORT'S HONORARY MEDICAL ADVISORY PANEL ON DRIVING AND DIABETES MELLITUS

Meeting held on Tuesday 25th March 2025

Present:

Panel Members:

Professor Pratik Choudhary (Chair)	Professor of Diabetes and Honorary Consultant
Professor Jeffrey W Stephens	Professor of Diabetes & Endocrinology
Dr Karen Tait	Consultant Diabetologist

GUEST SPEAKERS:

Professor Mark Evans	Professor of Diabetic Medicine and Honorary Consultant Physician/Diabetologist
Dr Alistair Lumb	Consultant in Diabetes. Chair of Diabetes Technology Network-UK
Mr John Pemberton	Diabetes Specialist Dietitian
Dr Gillian Garden	Specialist Registrar in Diabetes and Endocrinology and Clinical Research Fellow

OBSERVERS:

Dr Ewan Hutchinson	Civil Aviation Authority
Dr Sue Stannard	Chief Medical Advisor, Maritime and Coastguard Agency
Clare Forshaw	Principal Strategy Implementation Manager RSSB

EX-OFFICIO:

Dr Amanda Edgeworth	Deputy Senior DVLA Doctor
Dr Alun Hemington-Gorse	DVLA Doctor
Tom Mogford	Drivers Medical Business Support/Change Lead
Leigh A Bromfield	Driver Licensing Policy Lead
Julie Bartlett	Driver Licensing Policy
Helen Harris	Driver Licensing Policy
Emma Lewis	Driver Licensing Policy
Karen Hughes	Driver Licensing Policy
Danielle Theophilus	Service Management
Richard Davies	Service Management
Suzanne Richards	Service Management
Russell W Jones	Driver Medical Re-Model Project Team Senior Lead
Emma Nelson-Jones	Doctors Casework Management and Support Lead
Jonathan Reed	Doctors Casework Management and Support
Siân Taylor	DVLA Panel Coordinator/PA to the Senior DVLA Doctor

Driver & Vehicle Licensing Agency

SECTION A: INTRODUCTION

1. Apologies for Absence

Professor David Russell-Jones	Professor of Diabetes & Endocrinology
Dr Parijat De	Consultant Physician in Diabetes
Dr Sufyan Hussain	Consultant Diabetes & Endocrinology

2. CHAIR'S REMARKS

The Panel Chair welcomed everyone, and introductions were provided. The Panel Chair reminded attendees of meeting etiquette.

3. MATTERS ARISING/ACTIONS FROM PREVIOUS MEETING

i. Hypoglycaemic Awareness for Group 1 Drivers

Discussed Agenda item 8.

SECTION B: TOPICS FOR DISCUSSION

4. Update from other panels

The Deputy Senior DVLA Doctor advised panel that the minutes and agendas of all the DVLA advisory panel meetings are available to view online.

The Deputy Senior DVLA Doctor emphasised the importance of cross-panel collaboration when the need arises. Examples were provided of instances when cross panel work had occurred. These included dissociative seizures, which have been covered by both psychiatric and neurology panels, and provoked seizures which had impacted many panels including Diabetes panel. Deputy Senior DVLA Doctor highlighted the fact that DVLA encourages cross-panel working. No current cross panel work has been identified for Diabetes panel.

5. Three-to-five-year licensing for Group 1 drivers

DVLA has provided data from 2019 to 2024 of the number and percentage of drivers renewing their driving licences for insulin treated diabetes who have been refused or revoked. This has been reviewed by the Panel Chair and he advised the data showed that the proportion of people being refused remains consistent over time.

The Deputy Senior Doctor mentioned that the DVLA has increased its efficiency in dealing with renewals, making the process smoother for drivers, especially those with diabetes who need to renew their licenses every three years. When asked about other conditions, she advised conditions, for example epilepsy and Parkinson's disease, have different licensing durations based on the progression of the condition. They considered whether a similar approach could be applied to diabetes.

The Panel Chair suggested an electronic renewal process which involved a way to robustly check, and test drivers' knowledge could be incorporated with any decisions in the future which led to longer term licensing.

It was agreed longer duration licences would be something panel would keep under review, and this can be re-visited once CRM has gone live.

DVLA thanked panel for their advice.

6. Presentation on continuous glucose monitoring systems (CGM) vs. finger prick results

A guest speaker presented data from a study comparing the Dexcom G6 CGM to finger prick glucose monitoring in pilots with insulin-treated diabetes. The aim of the study was to evaluate whether Dexcom 6 CGMS was as accurate and reliable as self-monitoring of blood glucose with finger prick testing and to explore the feasibility of using CGMS to monitor insulin treated diabetic pilots when working.

On analysis of the data, it was concluded continuous glucose monitoring with Dexcom 6 was a sufficiently reliable method of monitoring glucose levels in insulin treated diabetes to be used as an alternative to finger prick testing in pilots.

The guest speaker advised panel insulin treated airline pilots in several countries were now using continuous glucose monitoring to monitor their sugar levels when working.

The panel and DVLA thanked the guest speaker for their presentation and helpful insight into CGM versus finger prick testing.

7. Continuous glucose monitoring for Group 2 drivers

Driver Licensing Policy advised panel that the consultation on the use of CGMS for Group 2 driving has now concluded, with 89% of respondents expressing support for the proposed changes. Work is in progressing to implement the law change for Group 2 drivers, reflecting the

strong backing received. Following the legislative update, relevant guidance and literature will need to be revised to reflect the new policy and provide clear information for all stakeholders.

Panel then discussed some of the challenges around introducing CGMS monitoring for Group 2 driving.

A panel expert presented data comparing the accuracy of three CGM systems: The study showed that the risk of significant hypoglycaemia is low when CGM readings are above 5 mmol/l.

The data indicated that the risk of hypoglycaemia increases when CGM readings are between 4 and 4.4 mmol/l but remains low when readings are above 5 mmol/l. Drivers are currently recommended to eat a snack if their glucose is 5.0mmol/L or less, and if it is less than 4.0mmol/L or they feel hypoglycaemic not to drive and wait at least 45 minutes and confirm their glucose has risen to over 5.0mmol/L before driving.

Panel agreed this supports the safety of using CGM for driving with the current recommendations on monitoring glucose levels.

Panel discussed the various systems currently available for continuous glucose monitoring, it was explained that CGM systems measure interstitial glucose and use algorithms to estimate blood glucose levels. The accuracy of these systems is crucial for making safe driving decisions.

Panel discussed how to identify continuous glucose monitoring systems which are of sufficient quality and reliability to be used for driving. It was confirmed both Group 1 and Group 2 licence holders need monitors which are consistently reliable for driving.

Panel advised DVLA there is a move to an ISO standard for continuous glucose monitoring, which is likely to be sufficiently rigorous for the device to be used for driving. The current CE marking system does not provide reassurance that the device is of sufficient reliability and accuracy for driving purposes.

The importance of using CGM systems with non-adjunctive use approval for driving safety was discussed. It was explained a non-adjunctive CGM system can be used to determine the dosage of insulin without finger prick test verification.

It was suggested that the DVLA consider requiring non-adjunctive use approval for CGM systems used by drivers, as this would ensure higher accuracy and safety. There was a discussion about the challenges of implementing this requirement, including the need to educate drivers and healthcare professionals about which CGM systems meet the criteria.

Panel were advised international standards for CGM accuracy are being developed. This could provide a more robust framework for assessing the suitability of CGM systems for driving.

DVLA thanked the panel expert for the presentation.

8. Continuous glucose monitoring for hypoglycaemia unaware patients

DVLA Licensing Policy has confirmed that the existing legislation does not specifically state that hypoglycaemia awareness must be physiological. This may provide scope for CGM alarms to be used in identifying hypoglycaemia, especially when physical symptoms are reduced or not present.

Panel Chair commented other countries already allow individuals without hypoglycaemic awareness to drive if they carefully monitor their glucose levels before and during their journey.

Panel Chair presented data on the use of CGM for individuals with impaired hypoglycaemia awareness. The data showed that individuals with impaired hypoglycaemia awareness can safely drive using CGM, provided they meet specific criteria such as maintaining a low time below range.

The group discussed the need for a specialist annual review of these individuals' CGM data to ensure they are managing their condition effectively and minimising the risk of hypoglycaemia while driving.

The proposed criteria for allowing individuals with impaired hypoglycaemia awareness to drive include maintaining a time below 3.9 mmol/l range of less than 4% and a time below 3 mmol/l of less than 1%.

The group considered the practical aspects of implementing this policy, including the need for healthcare professionals to review CGM data and provide guidance to drivers.

DVLA thanked panel and will review the guidance provided.

9. Customer relationship management (CRM) update

Driver Medical Re-Model Project Team Senior Lead provided an update on the CRM Dynamics project, which aims to replace the legacy casework system with a new platform. It was reported that the CRM Dynamics project has successfully processed over 80,000 licensing decisions, with the majority being issued with a licence.

The new platform allows for the creation of new cases, payment requests to healthcare professionals, and handling of various medical conditions, improving efficiency and accuracy.

Panel thanked the Re-Model Project Team Senior Lead for the presentation and discussed the need to update forms and communication materials with the changes which have been proposed. A working group was proposed, and it was recommended panel member and patient representatives contributed to any changes.

10. Independent diabetologists forum

The Panel Chair and Deputy Senior DVLA Doctor discussed the geographical gaps in the availability of independent diabetologists across the United Kingdom. They identified areas with limited coverage and considered the need for recruitment to address these gaps to ensure that drivers have access to independent assessments in a timely manner.

There was a discussion about the use of virtual assessments to reduce travel burdens, especially in remote areas. DVLA confirmed the independent diabetologists already have the option to consult remotely when suitable.

It was agreed by panel and DVLA to organise an independent diabetologist forum meeting to discuss scenarios and standardise assessment practices, targeting a date in May or June.

11. Communications

The Panel Chair discussed the need to update forms and communication materials to ensure clarity and understanding for drivers.
DVLA thanked the Chair for the feedback and will review forms and communications.

SECTION C: ONGOING AGENDA ITEMS

12. Tests, horizon scanning, research, and literature

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

Panel Chair discussed patients at risk of pre-type 1 diabetes. Panel discussed and advised that there was no requirement to act until they move to insulin and then the Assessing Fitness to Drive rules apply.

13. AOB

Glucagon-like Peptide 1 (GLP 1) agonists

The Deputy Senior DVLA Doctor asked panel regarding GLP 1 agonists – does the widening use of these medications in diabetic patients cause any significant increased risk of hypoglycaemia which the DVLA need to consider?

Panel advised GLP 1 agonists do not carry an increased hypoglycaemic risk in the majority of individuals who use them. There are some rare exceptions, however, panel was of the opinion the current medical standards of fitness to drive are sufficient.

Panel Recruitment

Driver licensing policy, provided an update on the recruitment of new panel members, including lay members and clinicians. The panel discussed the need for representation from primary care and nursing.

14. Date and Time of next meeting

Tuesday 4th November 2025

Original draft minutes prepared by: **Siân Taylor**
Note Taker
Date: 27/03/25

Final minutes signed off by: **Professor Choudhary**
Panel Chair
Date: 01/05/25

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.