



**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 9<sup>th</sup> October 2025**

**Present:**

**Panel Members:**

Dr Kim Rajappan (Chair)	Cardiologist
Dr Shahid Aziz	Cardiologist
Dr Richard Bogle	Cardiologist
Dr Nigel Brown	Cardiologist
Dr Francis Murgatroyd	Cardiologist
Dr Robert Anthony Greenbaum	Cardiologist
Dr Jun Cheong	Cardiologist
Dr Yousef Daryani	Cardiologist
Mrs Trudie Loban	Lay member
Mrs Linda Samuels	Lay member

**Observers:**

Dr Mark Cairns	Civil Aviation Authority
Dr Sue Stannard	Chief Medical Advisor, Maritime and Coastguard Agency
Dr Ewan Hutchison	Head of Medical Assessment, Civil Aviation Authority
Dr Peter Wheen	Irish National Office for Traffic Medicine

**EX-OFFICIO:**

Dr Nick Jenkins	Senior DVLA Doctor
Leigh Andrew Bromfield	Driver Licensing Policy Lead
Emma Lewis	Driver Licensing Policy
Danielle Theophilus	Service Management
Tom Mogford	Senior Lead, Drivers Medical Business Support and Change
Michelle Davies	Doctors Casework Management and Support
Siân Taylor	DVLA Panel Coordinator/PA to the Senior DVLA Doctor

**SECTION A: INTRODUCTION**

**1. Apologies for Absence**

Apologies were received from:

Dr Aditi Kumar	Deputy Senior DVLA Doctor
Clare Forshaw	Principal Strategy Implementation Manager RSSB
Dr Sern Lim	Consultant Cardiologist

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## 2. CHAIR'S REMARKS

The Panel Chair welcomed all attendees and acknowledged the presence of new members. He provided a brief update on the Panel Chairs' meeting held in July, highlighting key discussions around Assessing Fitness to Drive (AFTD). He also recognised the significant efforts made by both the panel and DVLA in progressing this work and extended his thanks to all involved.

## 3. ACTIONS/MATTERS ARISING FROM PREVIOUS MEETING

### i. Resting invasive pressure wire studies

Dr Bogle reported on the potential use of Instantaneous wave-free ratio (iFR), and similar modalities as substitutes for Fractional Flow Reserve (FFR) when evidence is provided to DVLA with regard to coronary artery perfusion. Both are considered broadly equivalent, with suggested thresholds of  $FFR \leq 0.80$  and  $iFR \leq 0.89$ . Studies support low event rates for both.

CT-FFR was discussed, although currently access and variability prevent wider use of this modality.

Concerns were raised regarding the equivalence of various non-invasive tests, and this issue will be reviewed by panel at a later date.

The Panel agreed the suggested cut-offs to be used by DVLA/panel members in any future queries:

- $FFR \leq 0.80$
- $iFR \leq 0.89$

### ii. Assessing Fitness to Drive (AFTD) updates (cardiovascular section) – to include further discussion and incorporation of guidance regarding fascicular block

Driver Licensing Policy reminded the panel of the Spring 2025 meeting, where fascicular heart blocks and the risk of adverse cardiovascular outcomes were discussed. During that meeting, Dr Bogle presented a published study regarding the presence of fascicular heart block on ECG. The Panel Chair clarified that ECG testing is not mandated for licensing purposes. However, if an ECG is performed and the clinician identifies a potentially elevated risk of an incapacitating event, further assessment may be warranted.

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The panel had previously discussed the implications of the study's findings for driver licensing. It was agreed that a sub-group of panel members would discuss this matter further.

iii. **Arrhythmogenic right ventricular cardiomyopathy**

The Panel Chair recapped, that in Spring 2025, the panel discussed the current medical standard for arrhythmogenic right ventricular cardiomyopathy. At that meeting the Panel Chair gave a presentation on the subject and proposed amendments to the standard, including:

- a change in nomenclature,
- amendments to Group 1 standards to recognise risk even when the condition is asymptomatic,
- and the possible inclusion of specific named conditions.

The panel discussed these proposals. Further work will be undertaken, with a view to bringing revised recommendations back to a future panel for further consideration.

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

### **4. Hypertrophic cardiomyopathy Role of Cardiac Magnetic resonance imaging and Exercise Tolerance Test for Group 2 licence assessment**

The Senior DVLA Doctor advised that, in 2020, the Panel received a presentation and subsequently discussed the application of Group 2 medical standards for drivers with a diagnosis of hypertrophic cardiomyopathy (HCM). During these discussions, the rationale for exercise testing was redefined, and it was advised that ST segment changes observed on ECG are not relevant to licensing decisions, and rather that the test is used as a marker of exercise capacity.

For individuals unable to undergo exercise testing—such as those with musculoskeletal limitations—cardiac MRI with Gadolinium enhancement was recommended as an alternative method for risk assessment.

In subsequent meetings, the Panel indicated a desire to revisit the role of exercise testing in the context of Group 2 licensing for HCM. At the same time, DVLA is facing increasing challenges in sourcing and resourcing cardiac MRI investigations.

DVLA therefore requested the Panel's further consideration and advice on this matter.

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Panel discussed the merits of various tests and the literature regarding each of those tests and their accuracy in predicting risk of an incapacitating event whilst driving. They advised that cardiac MRI with Gadolinium enhancement should remain the preferred alternative means of assessment in those situations where exercise testing cannot be undertaken. It would be appropriate to revisit this topic should an expert in Inherited Cardiac Conditions (ICC) be recruited to panel.

## **5. Update from other panels**

Panel's attention was directed to the minutes of the Spring 2025 meetings and the agendas of the Autumn 2025 meetings of all advisory panels.

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

## **6. 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.

Panel Chair advised panel members to take the opportunity to review the AFTD.

## **7. AOB**

- i. Functional testing in coronary artery disease – follow on from email discussion regarding a case where neither exercise treadmill testing nor alternative functional tests were available options.

Panel discussed the challenges presented in formulating risk assessments in such situations. Where possible it is important to do everything possible to get a driver to have either an exercise treadmill test or functional test if needed. This will continue to be assessed on a case-by-case basis by an appropriate panel member.

- ii. Chief Medical Advisor, Maritime and Coastguard Agency discussed risks associated with infective endocarditis. Panel were advised to feedback any questions to the Chief Medical Officer

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- iii. The Panel Chair invited the Chief Medical Advisor from the Maritime and Coastguard Agency to provide an update on the revision of the medical fitness guidelines for seafarers. The Chief Medical Advisor shared background information on the scope and responsibilities of the Agency, as well as the potential impacts and legal considerations.

The Panel thanked the Chief Medical Advisor for her valuable input. She welcomed any follow-up questions and advised panel members to contact her directly with queries.

- iv. Driver Licensing Policy provided a Recruitment update. A new campaign is planned for January. Please can panel provide suggestions on expertise requirements. Panel will email any further requirements not noted at the meeting.

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

Thursday 5<sup>th</sup> March 2026

**Original draft minutes prepared by:**

**Sian Taylor**  
**Note Taker**  
**Date: 13/10/25**

**Final minutes signed off by:**

**Dr Kim Rajappan**  
**Chairperson**  
**Date: 02/11/25**

**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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