



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 16th October 2025

Present:

Panel Members:

Dr Paul Cooper (Chair)	Consultant Neurologist
Professor John Duncan	Professor of Clinical Neurology
Dr Kirstie Anderson	Consultant Neurologist
Dr Wojciech Rakowicz	Consultant Neurologist & Medical Examiner
Dr Jeremy Rees	Neuro-Oncologist
Mr Jonathan Bull	Consultant Neurosurgeon & Complex Spinal Surgeon
Professor Catrin Tudur-Smith	Professor of Biostatistics
Dr Peter Keston	Consultant & Clinical Lead Diagnostic & Interventional Neuroradiologist
Professor David Werring	Professor of Clinical Neurology
Miss Hayley Misell	Lay Member

OBSERVERS:

Dr Sue Stannard	Chief Medical Advisor, Maritime and Coastguard Agency
Dr Ewan Hutchinson	UK Civil Aviation Authority
Dr Karen O'Connell	Irish National Office for Traffic Medicine

EX-OFFICIO:

Dr Amanda Edgeworth	Deputy Senior DVLA Doctor
Dr Laura Tattersall	DVLA Doctor
Leigh A Bromfield	Driver Licensing Policy Lead
Dewi Richards	Driver Licensing Policy
Karen Hughes	Driver Licensing Policy
Danielle Theophilus	Service Management
Suzanne Richards	Service Management
Siân Taylor	DVLA Panel Coordinator/PA to the Senior DVLA Doctor
Emma Nelson-Jones	Doctors Casework Management and Support Lead

SECTION A: INTRODUCTION

1. Apologies for Absence

Apologies were received from:

Clare Forshaw	Principal Strategy Implementation Manager RSSB
Dr Emily Henderson	Consultant Senior Lecturer in Ageing & Movement
Dr Ralph Gregory	Consultant Neurologist
Mr Julian Cahill	Consultant Neurosurgeon

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Tom Mogford
Claire Hughes
Edward Foxell

Drivers Medical Business Change/Support Lead
Driver Licensing Policy
Driver Licensing Policy

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. The Chair welcomed the new lay member and discussed tenure of a current panel member.

3. ACTIONS AND MATTERS ARISING FROM THE PREVIOUS MEETING

i. Brain Tumours

Dr Amanda Edgeworth provided updates on brain tumour standards, forms and changes to Assessing Fitness to Drive (AFTD).

ii. Time off Group 2 driving following isolated seizure

At the Autumn 2024 meeting, panel considered the article 'First-ever seizure and eligibility for commercial motor vehicle driving¹'. The Panel advised that a full literature review on the subject would be necessary prior to forming a definitive view.

Professor Catrin Tudur Smith confirmed the analysis was based on a cohort of 1218 patients, with COSY (Chance of Seizure per Year) estimated at 3.9% at 5 years and not dropping below 2% until 9 years post-seizure. The cohort consisted of idiopathic and remote symptomatic seizures and follow-up was for a median of 7.1 years. Panel discussed the study and the various factors which can increase risk of seizures.

DVLA confirmed that a charity had separately contacted the agency to request a summary of the evidence base for the Group 2 standard for epilepsy and seizures. The planned literature review will additionally be helpful in responding to their request.

Professor Tudur-Smith is in the early stages of conducting the requested literature review. A Cochrane review has been identified which included numerous studies. Professor Tudur-Smith asked panel for parameters to assist her with identifying suitable studies to include in the review. Panel thanked Professor Tudur-Smith for her work so far, Panel agreed additional work was required. Professor Tudur-Smith will circulate a proposed protocol for the literature review for panel members to comment on. The complete literature review will be discussed at a future meeting.

¹ (N Lawn, J Lee and J Dunne; J Neurol Neurosurg Psychiatry 2025; 96, 4-10).

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iii. Visual neglect

Panel thanked the subgroup for the work that has taken place suggesting changes to the standard and the process DVLA has in handling cases of visual neglect. The subgroup consisted of representatives from neurology panel, vision panel, DVLA policy and the senior DVLA doctor.

It was confirmed the correct term is visual neglect and this encompasses other terms used clinically such as visual inattention and visual extinction. Most cases of visual neglect are caused by strokes, and this would usually be a bar to licensing until adequate recovery has taken place. Six months following a stroke the majority of cases of visual neglect have improved or resolved. Assessment of visual neglect is best done by occupational therapists in an acute stroke service. The therapists use a minimum of three tests to reach the diagnosis, a single test is not adequate.

It was acknowledged that individuals may have some difficulty accessing the tests for visual neglect outside of an acute service and potential services they could be directed to were discussed.

Panel approved in principle the recommendations made by the subgroup. The wording of the proposed standard needs to be finalised and DVLA will need to operationalise the recommendation.

iv. Recommended period off Group 1 driving following anti-seizure medication withdrawal

At the Autumn 2024 meeting, the panel reviewed the evidence regarding the required period off Group 1 driving following the withdrawal of anti-seizure medication. The panel agreed that the evidence supported a reduction in the recommended period from six months to three months, with the revised period commencing from the date of the last dose of medication.

The DVLA is grateful for the panel's recommendation and will be writing to relevant external bodies to help inform any revisions to the standards. Driver Licensing Policy will provide an update at the spring 2026 panel meeting.

v. Treatment of supratentorial Arteriovenous Malformation (AVM): embolisation vs. Stereotactic Radiosurgery (SRS)

At the Spring Panel meeting, panel discussed Arteriovenous malformation (AVM) and risk of seizures in Group 2 licensing: Panel noted that the current published medical standard requires a 10-year period off Group 2 driving following any form of treatment of incidentally identified (unruptured) supratentorial AVM. It was agreed that a subgroup would be convened to discuss whether this standard is appropriate.

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The Senior DVLA Doctor advised that a subgroup discussion was held on 15th July 2025. Notes from the meeting were shared.

The literature reviewed at the meeting of the subgroup suggests that a period of 5 years off Group 2 driving would be appropriate following treatment of supratentorial AVM (whether an incidental finding or post-haemorrhage)

Panel advised embolisation was being used less frequently to treat AVMs due to the high rate of complications and reduced efficacy compared to other treatments. For AVMs treated with SRS it was recommended consideration should be given as to whether the time off driving is measured from the time from treatment or from the time of obliteration of the AVM.

The proposed medical standard for Group 2 driving and treated Arteriovenous Malformation needs amendment and further review. An updated proposal will be brought to a future panel meeting,

vi. Difficulties in accessing GPs/Antiseizure medication

In the Spring Panel meeting the Panel Chair discussed difficulties experienced by individuals in accessing prescribed antiseizure medication. Driver licensing policy agreed to clarify the classification of seizures due to medication supply issues and determine whether such seizures might be considered, to be provoked seizures.

Driver licensing policy advised that the causative factor of a seizure allows us to classify it as provoked or unprovoked. A seizure that occurs in a patient with epilepsy is caused by that condition and should be classified as unprovoked.

A seizure that follows the unavailability of medication is still primarily caused by the condition and not by the unavailability of the medication. For that reason, such a seizure should not be considered as 'provoked'.

vii. ALK Positive Lung Cancer, letter request

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 charity has remained in contact with DVLA since then, most recently attending the charities forum meeting in April 2025

The new brain tumour standards became operational on the publication of Assessing Fitness to Drive (AFTD) update on 19 January 2024 and the time off driving for customers with cerebral metastases has been reduced.

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Further correspondence has been received from the ALK Positive Lung Cancer (UK) charity (23rd July 2025) requesting the Panel's guidance regarding the evidence required to support a review of the medical standards applicable to intracranial metastases associated with this form of cancer.

Panel observed ALK positive lung cancer was prone to cause multiple small volume cerebral metastases which are treated with molecular targeted therapy alone. Panel were not aware of any difference in eliptogenicity of cerebral metastatic disease in ALK positive lung cancer compared to other primary cancers. It was observed, in general, individuals who have cerebral metastases have a 2-3 times greater mortality than those without cerebral metastases. It was agreed a response to the letter from the charity will be sent.

SECTION B: TOPICS FOR DISCUSSION

4. Craniotomy

Postoperative de novo epilepsy after craniotomy: a nationwide register-based cohort study
Giraldi L, et al. J Neurol Neurosurg Psychiatry 2022;93:436–444. doi:10.1136/jnnp-2021-326968

This research paper looked at the risk of seizures following craniotomy. Professor Tudur-Smith commented the residual risk of having a seizure dropped to less than 2% per annum after 3 years. Panel had requested that DVLA provide a summary of the current recommended time off driving following craniotomy for Group 2 drivers by medical condition. The resultant table indicated the time off driving was influenced by both the nature of the underlying medical

condition and the location of the pathology. This was discussed and no amendments to current standards were recommended.

5. Provoked Seizures and Anti-Seizure Medication AFTD guidance

In Autumn 2023 panel provided guidance regarding the time required off Group 2 driving should anti-seizure medication, prescribed following a provoked seizure, be withdrawn.

The Panel is requested to review the guidance considering a relevant case to ensure its continued appropriateness and consistency.

Panel members agreed with the existing recommendation. Following a seizure provoked by a CNS cause 5 years off Group 2 driving is recommended. If anti-seizure medication is prescribed and the individual stops taking the medication on direction of their clinician, a minimum of 2 years should have elapsed since stopping the medication before they return to Group 2 driving.

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6. Permitted seizures – not affecting consciousness or ability to act

In 2019, the panel issued guidance on which seizure manifestations may generally be considered permitted—this guidance was specifically in relation to epileptic seizures which do not affect consciousness or the ability to act.

The panel is now asked to revisit this guidance considering a recently reviewed case that raises relevant considerations.

The current panel emphasised several aspects of confirming a seizure does not affect consciousness or ability to act,

- the importance of a reliable witness account.
- Whilst déjà vu and epigastric rising may be acceptable seizure manifestations careful history taking and review of witness accounts should be done to rule out any impairment of consciousness or impairment of ability to act.
- It was reiterated length of seizure should be taken into consideration, seizures of durations of minutes or more are likely to have an impact on consciousness or ability to act.

Panel reviewed the entry in the March 2019 panel minutes and confirmed the advice it provided remains relevant with no additions or amendment recommended.

7. Head Injuries/Traumatic Brain Injury and Group 2 Licensing

Driver Licensing Policy advised panel that in the Autumn 2024 meeting Panel discussed and accepted a proposal for amended Group 2 medical standards for traumatic brain injury.

Driver Licensing Policy will carry out an engagement exercise with relevant external bodies to help inform any revisions to the medical standards. An update will be provided at the spring 2026 panel meeting.

8. 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.

The Senior Deputy DVLA doctor advised of recent updates to Assessing Fitness to Drive guidance:

- i. Cardiovascular and neurology changes.
- ii. Inclusion of functional neurological disorders.
- iii. New chapter on loss of consciousness.

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Publication of a further update is planned once expected changes to the Group 2 processes in insulin-treated diabetes are operationalised.

The Neurology panel expressed interest in contributing to dementia discussions. The Psychiatry panel welcomed joint meetings for sharing of expertise.

Neurology requested a Dementia & Cross-Panel Collaboration, which would provide strong support for joint working between neurology and psychiatry panels, especially for younger-onset dementia.

Neurology requested regular cross-panel meetings to ensure comprehensive guidance and recognised the overlap in patient care between neurologists and psychiatrists.

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.

10. AOB

i. Revision of the medical fitness guideline for seafarers

The Chief Medical Advisor to the Maritime and Coastguard Agency requested future support from panel members on neurological standards for seafarers. Panel thanked the Chief Medical Advisor and agreed to contact her with any suggestions.

ii. Driver Licensing Policy provided an update on Panel recruitment.

A new campaign is planned for January. Please can panel provide suggestions to expertise requirements

Panel advised:

Consideration of recruiting panel members with expertise in:

- Cognitive neurology
- CSF biomarkers
- Functional neurological disorders
- Multi-morbidity in older adults

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11. Date of next Meeting

Thursday 12th March

Original draft minutes prepared by:

**Siân Taylor
Note Taker
Date: 20/10/25**

Final minutes signed off by:

**Dr P N Cooper
Panel Chair
Date: 09/12/25**

**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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