



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

Meeting held on Tuesday 17th March 2026

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
Professor David Russell-Jones	Professor of Diabetes & Endocrinology
Mrs Surekha Young	Lay Member

OBSERVERS:

Dr Ewan Hutchinson	Civil Aviation Authority
Clare Forshaw	Principal Strategy Implementation Manager RSSB
Dr Hannah Forde	Irish National Office for Traffic Medicine

EX-OFFICIO:

Dr Athanasios Lamprakis	Senior DVLA Doctor
Dr Nick Jenkins	DVLA Doctor
Dr Amanda Edgeworth	Deputy Senior DVLA Doctor
Dr Alun Hemington Gorse	DVLA Doctor
Dr John Evans	DVLA Doctor
Dr Agnieszka Siekacz	DVLA Doctor
Dr Terry Greene	DVLA Doctor
Julie Bartlett	Driver Licensing Policy
Helen Harris	Driver Licensing Policy
Tom Mogford	Drivers Medical Business Support/Change Lead
Jordan Kwan	Drivers Medical Business Support/Change
Karen Clare	Drivers Medical Business Support/Change
Kiren Singh	Drivers Medical Business Support/Change
Asma Mahmood	Drivers Medical Business Support/Change
Sharann Oliver	Service Management
Emma Nelson – Jones	Doctors Casework Management and Support Lead
Michelle Davies	Doctors Casework Management and Support

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SECTION A: INTRODUCTION

1. Apologies for Absence

Dr Sufyan Hussain
Dr Parijat De
Dr Sue Stannard
Siân Taylor

Consultant Diabetes & Endocrinology
Consultant Physician in Diabetes
Chief Medical Advisor, Maritime and Coastguard Agency
DVLA Panel Coordinator/PA to the Senior DVLA Doctor

2. CHAIR'S REMARKS

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

3. MATTERS ARISING/ACTIONS FROM PREVIOUS MEETING

i. Law Change - CGMS for Group 2 Drivers

A legislative change introduced in November 2025 allows lorry and bus (Group 2) drivers to use Continuous Glucose Monitoring Systems (CGMS) to monitor their glucose levels. Application forms, medical questionnaires and guidance were all updated to reflect this change.

Early indications suggest that most drivers are using CGMS alongside finger-prick testing, rather than as their sole method of monitoring, despite clinical evidence showing wider CGM-only use in practice. The panel noted that some of the guidance wording may be unclear, particularly around terminology and when finger-prick testing is required. This lack of clarity may be contributing to drivers continuing to use both methods of monitoring. The guidance will therefore be reviewed to improve clarity for both patients and clinicians, and to clearly distinguish between CGM-only use and situations where finger-prick testing is required.

ii. Hypoglycaemic Awareness for Group 1 Drivers (subgroup meeting)

A subgroup meeting was held in January 2026 to consider hypoglycaemic awareness in Group 1 drivers. Current regulations require drivers to recognise physical symptoms of low blood glucose, and reliance solely on alerts from Continuous Glucose Monitoring systems (CGMS) is not accepted. The panel advised that hypoglycaemic awareness is difficult to assess reliably, as it relies largely on self-reported symptoms and clinical scoring systems, such as Gold and Clarke scores, which may not align and can be influenced by individual perception and concerns about retaining a driving licence.

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Evidence indicated that many low blood glucose episodes are not recognised by individuals, while some reported symptoms are not confirmed as hypoglycaemia, suggesting that symptoms alone may be an unreliable indicator of risk. The panel discussed the growing role of CGMS in providing more objective data and highlighted evidence that time spent at low glucose levels (<4% Time Below Range) may be a stronger predictor of driving risk than awareness measures alone.

Data suggested that individuals with reduced awareness, but minimal time spent at low glucose levels may present a similar level of risk to those with normal awareness. It was also noted that severe hypoglycaemia can still occur in individuals considered to have normal awareness.

i. AOB

Hypoglycaemic awareness cases for discussion

Chair's note: This item was raised under AOB and followed on from the earlier discussion on hypoglycaemic awareness for Group 1 drivers.

Two recent case reviews were discussed, which highlighted practical risks associated with the use of glucose monitoring technology within existing processes.

In both cases, incidents occurred due to how the technology was used rather than a failure of the technology itself. This included one case where a CGM device was not being worn at the time and therefore no alert was received, and another where alerts were not received due to loss of Bluetooth connectivity.

The panel discussed risks associated with over-reliance on alerts, potential technical issues such as connectivity or battery failure, and non-adherence to existing requirements. The importance of guidance and processes continuing to support appropriate use of technology alongside personal monitoring and vigilance was emphasised.

These cases reinforced concerns about individuals with impaired hypoglycaemic awareness, particularly those with complete unawareness, indicated by the highest 'Gold' score, who were considered likely to present a higher driving risk. The panel also discussed that some individuals with partial impairment may be able to drive safely where appropriate safeguards are in place, including correct use of CGMS, active alarms, limited time spent at low glucose levels, and appropriate monitoring behaviour.

Current guidance on hypoglycaemic awareness and the use of glucose monitoring technology was identified as an area for further review. Further consideration will be given to how CGM-based data, including Time Below Range (TBR), could be better reflected within existing

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processes, while recognising legal and operational constraints. Ongoing monitoring of relevant cases will continue to inform future guidance and panel discussions, particularly in relation to drivers with impaired hypoglycaemic awareness.

iii. Diabetologist forum Update

A brief update was provided from the Diabetologist Forum held on 16 February 2026.

The summary of main items raised

- Casework backlogs associated with the transition to the Dynamics system are improving, with group 2 licensing decisions averaging 28 days in January. Some delays remain, mainly due to applicant response times and the availability of clinical appointments.
- It was reiterated that Section 88 applies only where a licence renewal application is in progress and the driver's existing licence entitlement has expired and does not apply to new insulin users. Clinicians advised that some employers and insurers continue to take a cautious approach.
- Feedback on the revised medical forms was generally positive, with only minor refinements identified. Diabetologists were reminded of the need to retain completed medical forms for an appropriate period.
- Continuous Glucose Monitoring (CGM) data remains the preferred source where available, with targets for TBR unchanged ($<4\%$ ideal and $>10\%$ unacceptable). Challenges remain for some drivers in accessing and submitting digital data.
- Existing guidance on managing hypoglycaemia when driving was reiterated, including avoiding driving when glucose levels fall below 4.0 mmol/L and only resuming once levels have remained at or above 5.0 mmol/L for at least 45 minutes. CGM alarms should be set at 4mmol/L or above.
- Ongoing regional variation was highlighted in access to diabetes education, CGM devices and blood glucose testing supplies, with opportunities identified for joint communication with Diabetes UK.
- A preference for digital, fillable forms was highlighted.
- Recruitment is underway for additional independent medical assessors to support ongoing workload pressures.
- DVLA will continue work to improve guidance, leaflets and digital submission routes.

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SECTION B: TOPICS FOR DISCUSSION

4. Update from other panels

A brief overview of the work of each advisory panel was provided, including reference to the Vision Panel's consideration of the potential introduction of mandatory vision testing at age 70, reflecting the importance of vision standards for all drivers.

Section C: Ongoing Agenda Items

5. Tests, horizon scanning, research, and literature

DVLA reminded panel members of their responsibility, as set out in their terms and conditions, to highlight any emerging evidence, tests or research that may affect current standards or processes.

The panel discussed recent developments in diabetes technology, including the increasing use of Continuous Glucose Monitoring Systems (CGMS) and closed-loop systems, which are associated with a reduced risk of hypoglycaemia. There is also a growing emphasis on the use of more objective measures, such as Time Below Range (TBR), to assess risk.

Ongoing research was considered, including international work exploring whether hypoglycaemia awareness can be restored, alongside plans for longer-term data collection. Emerging trends in diabetes care were also highlighted, including proposed new classifications of type 1 diabetes and the development of new therapies, such as immunotherapy and cell-based treatments.

6. AOB

i. Hypoglycaemic awareness cases for discussion

Chair's note: This item was discussed earlier in the meeting due to its relevance to subsequent discussion on hypoglycaemic awareness.

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Panel Recruitment

- ii. DVLA Policy provided an update on panel recruitment, noting a strong level of interest across advisory panels. Interviews are ongoing, with the aim of strengthening expertise, including within the diabetes panel.

7. Date and time of next meeting

Tuesday 10th November 2026

Original draft minutes prepared by:

**Siân Taylor
Note Taker
Date: 30/03/26**

Final minutes signed off by:

**Professor Choudhary
Panel Chair
Date: 21/04/26**

**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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