



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 5th March 2026

Present:

Panel Members:

Dr Kim Rajappan (Chair)	Consultant Cardiologist & Electrophysiologist
Dr Shahid Aziz	Consultant Interventional Cardiologist
Dr Richard Bogle	Consultant Cardiologist
Dr Nigel Brown	Consultant Cardiologist
Dr Francis Murgatroyd	Consultant Cardiologist& Electrophysiologist
Dr Robert Anthony Greenbaum	Consultant Cardiologist
Dr Jun Cheong	Consultant Cardiologist –Cardiac Imaging Specialist
Dr Yousef Daryani	Consultant Cardiologist –Cardiac Imaging Specialist
Mrs Trudie Loban	Lay member
Mrs Linda Samuels	Lay member

Observers:

Dr Ewan Hutchison	Head of Medical Assessment, Civil Aviation Authority
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EX-OFFICIO:

Dr Athanasios Lamprakis	Senior DVLA Doctor
Dr Nick Jenkins	DVLA Doctor
Dr Aditi Kumar	DVLA Doctor
Tracey Meek	DVLA Nurse
Leigh Andrew Bromfield	Driver Licensing Policy Lead
Emma Lewis	Driver Licensing Policy
Joanne Bowden	Drivers Licensing Policy
Tom Mogford	Senior Lead, Drivers Medical Business Support and Change
Jordan Kwan	Drivers Medical Business Change
Andrea Lee	Drivers Medical Business Change
Siân Taylor	DVLA Panel Coordinator/PA to the Senior DVLA Doctor

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SECTION A: INTRODUCTION

1. Apologies for Absence

Apologies were received from:

Dr Sue Stannard
Dr Sern Lim
Dr Peter Wheen
Clare Forshaw

Chief Medical Advisor, Maritime and Coastguard Agency
Consultant Cardiologist
Irish National Office for Traffic Medicine
Principal Strategy Implementation Manager RSSB

2. CHAIR'S REMARKS

The Panel Chair welcomed all attendees and thanked members for their participation in strong engagement across working groups.

The Panel Chair advised attendees on the recent recruitment campaign and the next drive planned for autumn 2026. Panel agreed to expand advertising beyond Royal Colleges to specialist societies (e.g., BHRS, AICC for inherited conditions, BCIS/intervention, BVS, SCTS; BMJ considered).

3. ACTIONS/MATTERS ARISING FROM PREVIOUS MEETING

i. Fascicular heart blocks

Dr Bogle and the Panel Chair summarised the current guidance which explicitly covers Left Bundle Branch Block (LBBB); proposed update to include Right Bundle Branch Block (RBBB) with first degree AV block (PR > 200 ms) and axis deviation (colloquially “trifascicular block”).

Panel discussed that while not all such patients meet international pacing indications, panel emphasised the DVLA’s duty to protect public safety, risk relates to sudden incapacitation (e.g., complete heart block/syncope) rather than general morbidity.

Panel acknowledged there may be exceptional cases where a pacemaker may not be required for Group 2 (e.g., younger individuals with detailed EP assessment). Wording refinements agreed: for Group 2, use “must not drive and must notify DVLA; licence refused/revoked unless pacemaker implanted” (avoid “permanently” and ensure clarity/consistency with other standards).

Panel agreed to proceed with revised RBBB/trifascicular wording as above; ensure Group 1 text remains consistent (no DVLA notification if no other disqualifying condition).

LBBB section historically emphasises ischaemia assessment (e.g., MPS); panel noted LBBB can also signal structural heart disease (e.g., cardiomyopathy/valvular disease) and LV function matters.

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Panel discussed stress echocardiography preferred by several clinicians for broader assessment (ischaemia, EF, structure), though access equity nationwide is a concern.

Historic “traffic light” phrasing (“may drive / must notify / may be relicensed”) can confuse Group 2 drivers; clarity to be improved but maintain overall consistency with Assessing Fitness to Drive (AFTD) style.

DVLA thanked panel and advised considering making stress echo the primary test (or reword to “a test of cardiac function” with guardrails), balancing clinical suitability and equitable access.

ii. Arrhythmogenic right ventricular cardiomyopathy

The Panel Chair advised heterogeneous phenotypes and risk levels; needs a dedicated review. Panel chair and Panel members agreed to convene a subgroup to draft risk stratified wording and thresholds.

iii. Review of functional testing protocols

The Panel Chair advised that a detail review was required and would circulate existing protocol set for initial comments, then meet briefly to finalise updates. Panel members agreed to coordinate consolidated comments prior to a subgroup meeting.

SECTION B: TOPICS FOR DISCUSSION

4. Functional Testing Frequency

Dr Kumar provided a summary of the subgroup meeting held in February.

DVLA pilot findings considered, however, literature review of prognostic data relevant to ETT and sudden disabling events had limited evidence (ETT is less used in contemporary clinical practice), while MPS, stress ECHO and Stress MRI have stronger relevant datasets; operationally and historically the 3-year ETT interval works and is defensible.

Panel discussed and advised retaining a 3-year interval for assessment by ETT in Group 2 drivers with ischaemic heart disease (no extension to 5 years at present). Initial MI (Management Information) suggests ~7,500 annual ETT request letters; finance matched “completed & paid” figures to follow as DVLA’s new system (Dynamics) beds in

5. Blood pressure measurements

The Senior Lead for Drivers Medical Business Support / Change discussed

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Questions for Panel:

- i. Is the current standard appropriate?
- ii. Is it still appropriate for blood pressure readings to be provided from the D4 examination / subsequent GP examinations – or are home-reading measurements appropriate (if available)?

Panel discussed D4 medical requests three Blood Pressure (BP) readings; increasing use of non-General Practitioner (GP) settings and home readings has created verification challenges. Panel considered the threshold discussion: Existing DVLA thresholds (e.g., 180/100 for Group 2; 180/110 for Group 1) may be outdated; several members favoured aligning with NICE “severe/accelerated” level of 180/120. Debate on whether Group 2 should be stricter than Group 1 continued; no final decision taken.

Panel agreed that any change must be evidence based, simple to apply, and defensible; guidance should clarify acceptable evidence for readings (clinician supervised vs home logs).

It was agreed that a DVLA and Panel subgroup was to be convened to bring a firm, referenced proposal on BP thresholds (and wording on “accelerated/malignant” terminology and re-licensing steps) to the next meeting. DVLA to extract case volumes and outcomes for recent hypertension referrals to inform impact assessment.

6. Wearable Cardioverter -Defibrillator (WCD)

Dr Kumar provided background at the panel meeting held on 6 March 2025. During the discussion, Dr Kumar queried current clinical practice regarding the use of wearable cardioverter defibrillators (Life Vest). Panel advised that reference to the guidance in Assessing Fitness to Drive would be required and agreed that this topic will be discussed at a future meeting.

Panel discussed and agreed, device is wearable, typically short-term bridging until ICD implanted, or if ICD has been explanted due to infection etc. or due to other transient reasons. Panel supports a brief addition under Implantable Cardioverter Defibrillator (ICD) standards with similar restrictions. Dr Francis Murgatroyd and Dr Aditi Kumar to draft a succinct WCD paragraph for inclusion under ICD guidance.

7. Transient Loss of Consciousness (TLoC)

Dr Nick Jenkins requested Panel’s clarification regarding the recently published medical standard for Transient Loss of Consciousness (TLoC).

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Panel advised that when multiple episodes occur within a 24-hour period, for licensing purposes this should be considered a single episode, thus aligning with seizure and Cough Syncope standards. This guidance will be explicitly incorporated into the published standard.

8. Long QT Syndrome

Dr Jenkins requested clarification regarding the wording of the medical standard for Long QT Syndrome. Panel confirmed that the published standard should require DVLA notification of Long QT Syndrome.

9. 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

10. 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.

11. AOB

i. Panel recruitment

Driver Licensing Policy provided a recruitment update. A recent campaign has come to a close, and unfortunately, we received no candidates for the Cardiology Panel. A further campaign will be held in Autumn 2026 with specialist outreach

ii. Myocarditis and LGE and risk

Myocarditis / LGE risk: Recognised as potentially > 2% annual risk for incapacitating events in some cohorts; subgroup to be convened with imaging/arrhythmia input.

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12. Date and time of next meeting

Thursday 8th October 2026

Original draft minutes prepared by:

Sian Taylor
Note Taker
Date: 09/03/26

Final minutes signed off by:

Dr Kim Rajappan
Chairperson
Date: 23/04/26

**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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