Driver & Vehicle Licensing Agency

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

Meeting held on Tuesday 3rd March

Present:

Panel Members:

Professor Robert Howard (Chair)	Professor of Old Age Psychiatry
Dr Nicholas Woodthorpe	Consultant Psychiatrist
Dr Abrar Ibrahim	General Practitioner
Dr Daniel Dalton	Consultant Forensic Psychiatrist
Mr Anthony Arcari	Lay member

Observers:

Dr Sarah Hanley	Irish National Office for Traffic Medicine

Ex-officio:

Dr Athanasios Lamprakis	Senior DVLA Doctor
Dr Nick Jenkins	DVLA Doctor
Dr Elliott King	DVLA Doctor
Dr Amanda Edgeworth	DVLA Doctor
Dr Sophie Carter-Ingram	DVLA Doctor
Joanne Todd	DVLA Nurse
Lisa Humphreys	Driver Licensing Policy
Joanne Bowden	Driver Licensing Policy
Andrew Harper	Driver Licensing Policy
Karen Hughes	Driver Licensing Policy
Sharann Oliver	Drivers Business Change
Tom Mogford	Senior Lead Drivers Medical Business Support/Change
Sian Taylor	Panel Coordinator/PA to Senior DVLA Doctor

SECTION A: INTRODUCTION

1. **Apologies for Absence**

Apologies were received from:

Dr Mary Fisher – Morris	Chartered Psychologist
Dr Sue Stannard	Chief Medical Advisor, Maritime and Coastguard Agency
Dr Tania Jagathesan	Civil Aviation Authority
Clare Forshaw	Principal Strategy Implementation Manager RSSB

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2. CHAIR'S REMARKS

The Panel Chair opened the meeting by welcoming all attendees and proceeding with a round of introductions.

SECTION B: TOPICS FOR DISCUSSION

3. Actions / Matters Arising of the previous meeting

i. Cognitive Scoring

Dr Sophie Carter-Ingram presented a quality improvement project on cognitive scores and safety to drive, building upon previous work presented to the panel. The presentation integrated findings from her project with those of DVLA colleagues, Dr Alison Stapley and Dr Ben Wiles.

Dr Carter-Ingram presentation covered three areas:

Dr Stapley's Research:

Explored the use of cognitive scores internationally to determine driving safety, highlighting challenges for the DVLA including case volume and reliance on potentially outdated clinical information. The presentation focused on the New Zealand model, which uses a 'traffic light' system based on cognitive test cut-offs Mini-Mental State Examination (MMSE), Addenbrooke's Cognitive Examination III (ACE-3) Montreal Cognitive Assessment (MoCA) and Rowland Universal Dementia Assessment Scale (RUDAS).

Green (No/Mild Cognitive Impairment): Generally safe to drive

Amber (Mild Dementia): Requires further investigation/review

Red (Moderate to Severe Dementia): Must stop driving.

Dr Stapley proposed the DVLA consider adopting a similar system to improve efficiency and clarity, noting potential disadvantages for some drivers.

Dr Wiles's Quality Improvement Project:

Analysed over 500 driving assessments, correlating pre-assessment MoCA scores with outcomes.

Key findings indicated an increasing chance of an unsafe assessment with a lower MoCA score. A score of ≤ 22 was associated with a 60% chance of failing the on-road assessment.

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Impairment in any specific cognitive domain on pre-assessment testing was associated with a 69% to 89% likelihood of being unsafe on the road.

Dr Carter-Ingram's Quality Improvement Project:

Aimed to determine if the CG2 form effectively identifies individuals requiring a driving assessment. Initial data supports Dr Wiles's findings, showing unsafe drivers tend to have lower MoCA scores (mid-teens or below). Age was also an influential factor, with unsafe outcomes clustering in the late 70s to mid-80s.

Panel Discussion & Recommendations:

The panel broadly considered the potential usefulness and limitations of using cognitive scores (e.g., MoCA, or equivalent like ACE-3) as a screening tool to categorise drivers into risk zones (e.g., green, amber, red) compared to using a single, hard cut-off score to determine fitness to drive.

- Green Zone (Mild): Could be licensed, but require re-testing (e.g., annually) to monitor for deterioration. It was suggested that memory services could potentially have a role in performing these annual reviews.

- Amber Zone (Moderate): Would warrant a formal on-road driving assessment to determine fitness.

- Red Zone (Severe): Generally considered unsafe to drive.

Panel raised concerns about professional drivers or experienced drivers with low MoCA scores who may still pass an on-road assessment. It was debated whether this group should have a pathway to an on-road assessment, even if in the 'red' zone. The consensus was that allowing this could create significant pressure on clinicians and was likely not a safe option. A suggestion was made to introduce an intermediary step for the 'amber' group, such as a theory and hazard perception test, before proceeding to a full on-road assessment to manage capacity. The panel agreed that a formal driving assessment remains the gold standard.

Panel highlighted the complexity in considering which cognitive tests would be most appropriate indicators to inform fitness to drive recommendations and acknowledged the lack of specific tests.

DVLA thanked panel for their advice.

4. Alzheimer's Disease Dementia and Alzheimer's Disease

DVLA update was deferred.

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5. Case Discussion

A case of persistent delusional disorder with a complete lack of insight was presented for discussion, specifically regarding the challenges posed by the standard for psychosis, which requires insight for licensing.

The panel noted the diagnostic complexity of delusional disorder. Unlike other psychotic illnesses like schizophrenia, delusional disorder is not typically associated with the same level of cognitive impairment or distraction that would directly impact driving. The delusions are often encapsulated.

It was argued that lack of insight is definitional to the disorder and, given the limited efficacy of treatment for many, a lack of treatment acceptance may not significantly alter prognosis or risk. The consensus was that delusional disorder and similar late-onset psychoses should not be judged by the same stringent standards of insight and adherence to treatment as schizophrenia. The risk in relation to driving is highly individual and often low.

It was recommended that the DVLA standards be amended to differentiate these conditions from other psychotic illnesses. Panel agreed a need was identified for a clear process for non-medical caseworkers to escalate complex cases like this for individualised medical assessment, rather than applying a rigid 'tick-box' approach.

6. Update from other panels

Panel's attention was directed to the minutes of the Autumn 2026 meetings and the agendas of the Spring 2026 meetings of all advisory panels.

Dr Edgeworth advised of recent updates:

- Diabetes: Focusing on continuous glucose monitoring (CGM) use for Group 2 drivers and hypo-unawareness
- Neurology: Discussed dementia, functional neurological disorder, head injuries (revisiting time off driving for Group 2), brain tumours (gliomas) and stroke.
- Cardiology: Working on functional testing, loss of consciousness standards, BP standards and other specialised topics.
- Vision: Addressed squints, visual fields for Group 2 drivers, and coroner's inquests.

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SECTION C: ONGOING AGENDA ITEMS

7. 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.

The panel discussed the increasing number of adult ADHD and autism diagnoses and the potential impact on the DVLA. DVLA colleagues noted a slight increase in notifications but not an overwhelming number. The challenge of assessing individuals diagnosed long after passing their driving test was acknowledged.

8. AOB

i. Cognitive Function and Driving assessments

Dr Mary Fisher-Morris provided a written update in her absence which is summarised below:

The twelve-month follow up data collection is progressing well, with reports expected to follow in due course.

An update was provided on the SENSOR study, which examines cognitive and biological differences between healthy older adults and those with mild cognitive impairment (MCI) or early dementia in a smaller population sample. Data analysis is ongoing, looking at participants with MCI and dementia versus controls. Two main data types being analysed include cognitive assessment data and in car sensor data, examining real-world driving behaviour with a 12 month follow up.

An update was also given on the INDICATE study, which aims to establish how the novel cognitive battery compares with current gold-standard driving fitness evaluation measures in real-world settings.

Analysis of self-reported views by older drivers on driving assessments based on information gathered in focus groups, is ongoing.

In addition, analysis continues of data from approximately 8000 drivers in UK aged over 70 who have undertaken driving assessments. This work is looking at factors influencing assessment outcomes, including whether a police notification had been received prior to taking an assessment and the impact of existing health conditions such as dementia, stroke,

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Parkinson's disease etc. It was noted that earlier delays caused by data access issues have now been resolved.

ii. Driver Licensing Policy provided an update on Panel recruitment

The recruitment process for new panel members is underway, with interviews scheduled for March/April. New members are expected to be in place for the autumn panels.

iii. Joint Neurology and Psychiatric panel subgroup meeting

The panel chair reported on a joint meeting where the most appropriate panel involvement for dementia was discussed. It was agreed that dementia is a shared area between the specialties and that collaboration will continue.

iv. Complex Case Review:

The panel agreed that there would be value in having a standing agenda item to discuss complex cases referred for a panel opinion. This would allow for a more balanced, multi-person review rather than relying on a single expert's opinion based on limited information. It was confirmed that anonymised case information could be shared with the panel ahead of meetings for this purpose.

9. Date and time of next meeting

Tuesday 6th October 2026

Original draft minutes prepared by:	**Siân Taylor** **Note Taker** **Date: 04/03/26**
Final minutes signed off by:	**Professor Robert Howard** **Panel Chair** **Date: 28/04/26**

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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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