

**MINUTES OF THE SECRETARY OF STATE'S HONORARY  
MEDICAL ADVISORY PANEL ON DRIVING AND DIABETES MELLITUS  
HELD ON TUESDAY, 18<sup>th</sup> SEPTEMBER 2012**

Present:	Dr Ann E Gold	Chairperson
	Professor J Saunders	
	Professor K M Shaw	
	Dr M D Feher	
	Dr I Gallen	
	Dr D Flanagan	
	Dr D J C Flower	
Lay Members:	Dr Marian L Shaw	
	Mr K J Clinton	
Ex Officio:	Dr C Beattie	Occupational Health Service, N. Ireland
	Dr G Roberts	Consultant/Specialist Endocrinologist
	Dr S J Mitchell	Civil Aviation Authority
	Mr D Bastin	Head of Drivers' Medical Policy, DVLA
	Dr Judith Morgan	Senior Medical Adviser, DVLA
	Mr K Rees	Head of Drivers' Medical Group, DVLA
	Mrs Sue Charles-Phillips	Medical Business Change, DVLA
	Dr S D R Rees	Panel Secretary/Medical Adviser

### **1. Apologies for Absence**

- 1.1. No apologies were received. The Panel welcomed Dr Ann Gold as the new Panel Chairperson.

### **2. Minutes of the Last Meeting**

- 2.1. The Minutes were accepted as a true account of the proceedings on 21<sup>st</sup> February 2012.

### **3. Matters Arising from the Minutes**

- 3.1. Ref Para 3.1. This manuscript has now been published – Renewal of driving licences and long duration insulin-treated diabetes: a comparison of medical assessment and self-reporting by drivers. *Practical Diabetes* 2012; 29: 117-119.

#### **4. Panel Chairmen's Meeting**

- 4.1 The Panel noted that the Chairmen's meeting had discussed risk modelling and cumulative risk which may be present due to an individual's multiple medical conditions. It was noted that impairment secondary to multiple medical conditions is now included in the introduction to the At A Glance Guide to the Current Medical Standards of Fitness to Drive.
- 4.2 The Panel re-visited Road Safety Research Report No. 106 - Expert Consensus Workshop: Driving Safety and Vascular Disease (January 2010) and discussed the difficulties in conducting meaningful research in the area of multiple medical conditions. One suggestion was that as older drivers are more likely to have multiple pathologies, it may be worth starting with older drivers. Other possibilities for acquiring data include disease registries although there are many ethical considerations.
- 4.3 The Panel also discussed the need for data concerning the actual risk of road traffic accidents in people with multiple medical conditions. DVLA receives police notifications of road traffic incidents where a medical condition is thought to be the cause. The Panel suggested that DVLA analyse this data to identify which medical conditions are involved.

#### **5. Medical Standards for Group 1 drivers**

- 5.1. The Panel considered in detail the medical enquiry forms designed to assess Group 1 drivers with diabetes and suggested some amendments. These forms will be tested on a group of volunteers with insulin-treated diabetes and will be discussed again with Diabetes UK.
- 5.2. The Panel considered a discussion paper regarding the possibility of extending the maximum duration of a Group 1 licence for those with insulin treated diabetes from 3 to 5 years. This was considered in conjunction with Road Safety Research Report No 61 – Stratifying Hypoglycaemic Event Risk in Insulin-treated Diabetes. Any change in licence duration would require a change in primary legislation. The Panel recognised the benefits and were not opposed to the proposal but requested more data before further consideration. DVLA agreed to provide data on third party notifications received during the first and second 3 year renewal cycle and the numbers of licences which are refused or revoked and the reasons for the refusal.
- 5.3. The Panel recognised the need to educate drivers and medical professionals with regard to notifying DVLA about a relevant medical condition. In view of the current economic climate, DVLA intends to communicate with stake holders by electronic means.

## **6. Medical Standards for Group 2 drivers on insulin**

- 6.1. DVLA has identified 40 independent consultant Diabetologists in addition to 5 Panel members to undertake the assessment of Group 2 drivers on insulin. DVLA will be writing to these assessors with individual agreements and it is planned that the process of independent assessment will start from November 2012.
- 6.2. The Panel discussed the forms designed to assess these drivers and suggested some amendments.
- 6.3. The Panel considered a letter from a pharmaceutical company regarding a new blood glucose monitoring device. The Panel advised that a blood glucose monitor would be appropriate for Group 2 drivers on insulin as long as it has an electronic memory function or can be linked to an electronic device capable of storing at least three months of blood glucose readings which are readily available to the assessor. Drivers are required to test at least twice daily and at times relevant to driving. The Panel also highlighted the need for health professionals and applicants to ensure that if an older meter is used it has sufficient memory and batteries should be changed regularly to ensure data is not lost. The question of how to deal with an application where a day or more of data is missing because the applicant has been in hospital was raised and DVLA will consider this.

## **7. Literature Search**

- 7.1. The Panel discussed the following paper: Driving and Diabetes: Changes to legislation and implications for primary care. Diabetes and Primary Care 2012; 14; 147-152.
- 7.2. The Panel also considered the European Older Driver Survey Report (2012) prepared by DVLA for the Association of European Vehicle and Driver Registration Authorities E-Reg. Responses were received from 20 European Countries. The Panel noted that the age thresholds for which licences are initially valid for varied from 50 to 80 years.

## **8. Any Other Business**

- 8.1 The Panel discussed a letter from a pharmaceutical company regarding a blinded trial involving starting patients on insulin or placebo with a 50/50 chance of either. Patients would not know if they were on insulin or placebo. The Panel decided that Group 2 drivers should be advised to notify DVLA and stop driving. Group 1 drivers should be advised to notify DVLA if they are on insulin for more than 3 months and take the advice of their doctors regarding fitness to drive while DVLA

makes enquiries. If he/she is on insulin for up to 3 months DVLA do not need to be notified as long as the patient is under medical supervision. However the investigator would still need to assume that the patient may be on insulin and provide appropriate education about driving and detecting and managing hypoglycaemia. If experiencing severe hypoglycaemia, or impaired awareness of hypoglycaemia DVLA should be notified.

- 8.2 With regard to appropriate blood glucose testing with insulin-treated diabetes the Panel clarified that this should be no more than 30 minutes before starting the first journey and every 2 hours while driving.

### **8.3 Retirement of a Panel Member**

The Panel thanked Professor J Saunders for his significant contribution to the work of the Panel for the past 10 years and offered him their best wishes for the future.

## **9. Date and Time of next meeting**

- 9.1. Tuesday 19<sup>th</sup> March 2013.

**Dr S Rees**  
**Panel Secretary**

21<sup>st</sup> September 2012