

DRAFT

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

MONDAY, 17 MARCH 2014

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| Present: | Professor D Cunningham-Owens | Chairman |
| | Professor S Banerjee | |
| | Professor G Lewis | |
| | Dr G Jones | |
| Lay members: | Mr B Alexander | |
| | Dr T Beanland | |
| Ex-officio: | Dr B G R Wiles | Senior Medical Adviser/DVLA |
| | Dr A M White | Panel Secretary/Medical Adviser/DVLA |
| | Dr J P Taylor | Guest speaker |
| | Dr S Williams | Medical Adviser/DVLA |
| | Ms J Chandaman | Medical Licensing Policy/DVLA |
| | Ms Sue Charles-Phillips | Business Change and Support/DVLA |
| | Ms Catriona Henderson | DfT Central |

1. Introduction and Apologies for absence

Northern Ireland representative, Professor P Howlin, Dr T Jagathesan, Mr B Jones (DVLA) and Dr P Connelly.

A number of agenda items had been deferred from the previous meeting held on 28th October 2013. Due to the extreme weather, only a few members were able to attend and the meeting was non quorate.

2. Matters arising from the minutes of the Chairmen's meeting held on 20th June 2013

Discussion of the minutes was deferred from the previous meeting in October 2013.

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DVLA provided an update on the proposed Managed Medical Services contract. It was felt that this would have limited impact on the area of mental health and driving.

3. Minutes of the last meetings held on 8th October 2012 and 28th October 2013

The minutes were accepted as a true record of the proceedings and duly signed by the Chair.

4. Matters arising from the minutes

The Panel briefly discussed the role of the Rookwood Driving Assessment and its predictive value against the performance during an on-road driving assessment.

It was noted that the Rookwood tool was more predictive of those who would be likely to fail an on-road driving assessment than those who would pass and that its predictive value decreased with the age of the driver. It was noted that other assessment tools have also been validated against driving. These may also need to be considered.

The Panel was advised that DVLA was in the process reviewing the results of driving assessments and would be presenting these at the next meeting.

Dr White gave a brief presentation to the Panel on areas of interest and concern to DVLA and DfT, of particular note was the issue of licensing where there was a diagnosis of learning disability; cognitive impairment of whatever cause; drivers with a personality disorder and those licence holders with a significant forensic history.

In respect of the last category of licence holders, the Panel reiterated its advice that as a general principle those drivers detained in hospital on a compulsory basis should not be licensed. It was emphasised that the important factor for licensing was the ability to safely control a vehicle and not whether the vehicle is used in the process of a criminal act. It was further noted that there has been a change in the management of those drivers involved with

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the forensic services and a community based approach has become increasingly common. Licensing practice has to reflect this change.

5. Presentation by Dr John Paul Taylor (Newcastle) on Cognitive Impairment and Dementia Pathways

The Panel received a presentation by Dr John Paul Taylor on the clinical pathways and algorithms used to advise patients/drivers within the Newcastle Memory Service. The presentation was well received and very informative. It provoked a wide ranging discussion around the nature and definition of dementia and mild cognitive impairment. An explanation was given regarding the medical enquiry process at DVLA. There was agreement that the medical questionnaires involved in the investigative process needed a degree of revision; however this would have to be tempered with the demands of operational requirements within DVLA.

There was recognition that the term ‘mild cognitive impairment’ or MCI is an imperfect descriptor and subject to wide variability in use. It was decided that the advice in the ‘At a Glance Guide to the current Medical Standards of Fitness to Drive’ should be amended and refined to reflect the opinion that DVLA would not need to be notified where there is no functional impact or effect on driving.

The Panel expressed their thanks to Dr Taylor for his presentation and for the resultant stimulating discussion. The updated versions of the guidelines will be circulated and are also available via the internet.

6. Assessment tools and rating scales used in dementia - update

Considered earlier under matters arising.

7. Panel recruitment

The Panel was informed about the ongoing recruitment exercise for new Panel members. Expertise has been sought in the areas of forensic psychiatry, general adult psychiatry, psycho-pharmacology and an interest in the personality disordered. The Panel was advised that recruitment was made difficult by the reluctance of trusts and universities to release members of staff to sit on honorary advisory committees. In the current economic climate there is an adverse impact on clinical, research and teaching commitments. Recruitment was a particular difficulty in the area of psychiatry and mental health. A number of suggestions were given to DVLA and will be pursued. It was suggested that an interest in liaison psychiatry could be of relevance to driving, contact details will be supplied.

8. Medical standards for Group 2 driving

The Panel noted that the current Group 2 medical standards in respect of serious mental health conditions such as psychosis or bipolar disorder have been extant for many years and have not been recently reviewed. Currently, these require a revocation period of 3 years. There has been a trend across DVLA for a relaxation of revocation periods and a general enabling of drivers.

It was felt that a re-consideration of the 3-year period was appropriate. Various options were discussed and it was decided that this topic should be discussed at the next Chairman's meeting in June 2014. Panel members were invited to forward their thoughts and ideas to DVLA. The subject will be considered further at the next Panel meeting in the autumn.

9. Drugs and driving: guidance for healthcare professionals

A presentation was given by Catriona Henderson from DfT Central about the proposed new drug driving offence. Currently, legislation requires that the police demonstrate that driving was likely to be impaired by the use of a drug. The new offence would only require that the police demonstrate the presence of a specified or controlled drug above a certain level. It would not require the demonstration of impairment for prosecution to take place.

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The drugs covered by the new offence fall into two groups. One consisting of commonly abused usually illegal drugs with very low limits set and the other of relatively frequently prescribed drugs with higher limits set. A medical defence is available for both groups if the medicine was taken in accordance with the advice of an approved health professional.

A wide ranging discussion took place and the Psychiatry Panel expressed their concerns around the proposed legislation. Responses from individual Panel members will be collated by the Senior Medical Adviser.

10. Research update

DVLA advised the Panel on the current status of research proposals. Two tenders have gone out. Firstly, for the effect of multiple medical conditions on driving and secondly, one to examine the link between medical conditions and road traffic collisions. Bids have been received at DVLA and that a final contract would be awarded to the successful bidder shortly. It is planned that a scoping study would be done and DVLA would then be able to consider whether the research meets the required criteria.

The Panel also discussed the possibilities of and the viability of linking to other databases for research purposes.

DVLA also provided an update on proposals to extend the licensing period from the current maximum of 3 years where a prospective disability exists. This proposal may appear in the forthcoming De-Regulation Bill. The Panel was asked to consider what mental health conditions were likely to be suitable for extended period licensing.

11. Any other business

Dr Wiles enquired of the Panel members as to whether they had received communication from the London School of Economics (LSE). A study is being conducted by the LSE into

decision making at Government Scientific Advisory Committees. Panel confirmed that there was no recollection of being contacted for such a study in recent months.

The subject of mental capacity was briefly raised following a recent appeal against a licensing decision. It was reiterated that the appeal process was the property of the licence holder and that capacity to act was an issue for the licence holder, their doctors and their legal adviser and that it would be inappropriate for DVLA to become involved in this process.

12. Date and time of next meeting

The date and time of next meeting was confirmed as 22 September 2014.

Meeting then closed.



DR A M WHITE MB BCh

Panel Secretary

24 March 2014