

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

THURSDAY, 9TH MARCH 2017

Present:

Mr A Viswanathan	Chairman
Mr J Clarke	
Dr G Plant	
Mr W D Newman	
Dr T Eke	
Mr D Edmunds	
Mr T Smart	

Ex-officio:

Dr P Logan	National Programme Office for Traffic Medicine, Dublin 2
Mr I A Pearce	Director of Clinical Eye Research Centre, Liverpool
Dr S Bell	Chief Medical Adviser, Maritime and Coastguard Agency
Dr W Parry	Senior Medical Adviser, DVLA
Dr G Rees	Panel Secretary/Medical Adviser, DVLA
Dr M Dani	Medical Adviser, DVLA
Dr C Armstrong	Medical Adviser, DVLA
Dr N Lewis	Medical Adviser, DVLA
Mrs L Rose	Head of Strategy, DVLA
Mrs J Grant	Operations, DVLA
Mr A P Green	Drivers Medical Service Support, DVLA
Mrs R Toft	Medical Licensing Policy, DVLA
Mr D Thomas	Senior Contract Manager, DVLA
Mrs S Charles	Business Change and Support, DVLA
Mrs S Taylor	Personal Assistant to Miss Nadine Davies, DVLA

1. Apologies for absence

Apologies were received from Professor Andrew Lotery

Important: These advisory notes represent the balanced judgement of the Secretary of State's Honorary Medical Advisory Panel as a whole. If they are quoted, they should be reproduced as such and not as the views of individual Panel members.

2. Minutes of Panel meeting of 6th October 2016

It was recommended that the link to the current 'fitness to drive' prototype should be removed from agenda item 6.

It was also recommended that in the penultimate sentence of agenda item 9 the phrase "and not because he was out of practice" be replaced by "and not for any other reason". Furthermore, the last sentence in this paragraph should be deleted.

3. Chairman's Remarks

The Chairman made no remarks at this agenda item.

4. Update on cases discussed at previous meeting

Panel was provided with an update on the cases discussed at the previous meeting.

5. Update on DVLA vision contract

Specsavers are returning on average 5,700 reports a month in 16/17 to date which is an increase of 8% on the same period last year. Of those returned 94% are within the 30 working day target.

Complaints received have decreased to an average of 11 in the last three months and when compared to reports received represent just 0.31% of licence holders attending stores.

Specsavers also conduct customer feedback surveys with licence holders and they have a customer satisfaction rating of 8.9 out of 10 since the start of the contract.

The DVLA and Specsavers will also be introducing a mystery shopper exercise to monitor stores with dummy cases being set up and this due to start in April 17.

Reports returned are now being scanned electronically from stores rather than being posted, this has reduced the average turnaround time from 18.4 days under the old process to just 10 days in January 2017.'

6. Update on 'Fitness to drive' project

Panel was provided with an overview of both the 'Report' and 'Renew' online services to date. The overview consisted of a timeline of progress and statistics which highlighted there were no issues identified with the release of visual medical conditions.

Panel was then shown how the benefits and amendments made in the online services would be introduced into the paper service. User insight had been conducted to gather opinion with

regard to design and flow. A conscious effort was made to use similar questions and terminology where possible to help align with the online services. A newly redesigned V1 was demonstrated to the panel and had proven a preferred form over the existing V1 through user insight.

The panel was informed of the continuing engagement with external stakeholders and support groups. Some visual support groups have signposted both services through publications and communication channels.

Panel was briefly provided with next steps for the 'Fitness to Drive' project as phase 1 came to a close and phase 2 began. The main focus will be analysis and redesign of processes around requesting further information from medical practitioners.

7. 'Exceptional cases' for Group 1 driving

Panel discussed the legal criteria for exceptionality contained in the Driving Regulations of March 2013.

It was considered that having 'light perception only' in a poorer eye would allow an applicant for exceptionality to be considered as having sight in both eyes. Panel also re-affirmed that there is no minimum visual field specified for these cases. A draft of a form to be completed by the applicant's ophthalmologist was also considered by panel, and amendments were suggested. Panel considered that DVLA should accept the opinion of the applicant's consultant as to whether or not each of the criteria for exceptionality is achieved and this would apply to cases of stable proliferative diabetic retinopathy treated with laser as much as to those with a visual field defect as a result of stroke. With regard to the criterion that there must be no other impairment of visual function, including glare sensitivity, contrast sensitivity or impairment of twilight vision, it was pointed out that proliferative diabetic retinopathy treated with laser was often associated with impairment of twilight vision.

With regard to tuition prior to a driving assessment as an 'exceptional case,' panel suggested that a period of no greater than 3 months should be offered. This should be available because a number of these applicants would otherwise not have driven for some time prior to the driving assessment. Panel considered that a condition for issuing a provisional disability assessment licence (PDAL) for tuition and assessment should stipulate training or re-familiarisation with an accredited driving instructor in a car with dual controls only.

Panel was given some preliminary statistics about the driving performance of those licensed as 'exceptional cases' during 2016. Following previous revocation or refusal due to visual field defect, a total of 30 licences were issued to those meeting exceptional case criteria. Of these 30 cases there was no evidence in the case files of any subsequent notifications from the Police, from medical personnel or from other third party of issues with driving.

8. Glare sensitivity

Panel suggested that question 9 in the current vision assessment part of the D4 medical examination form for Group 2 drivers should be modified. This should now read “Does the applicant on questioning report symptoms of intolerance to glare and/or impaired contrast sensitivity and/or impaired twilight vision that impairs their ability to drive”.

Panel noted that Keystone Vision Screeners test for recovery from glare, rather than for glare per se.

9. Review of vision section in ‘Assessing fitness to drive – a guide for medical professionals’

Assessing fitness to drive – a guide for medical professionals’ had been up-dated and the new version was available earlier in the week of the panel meeting. Panel agreed the vision section in this updated publication.

10. Cases for discussion

Panel considered four cases (a) inability to demonstrate adequate width of visual field for Group 2 driving despite apparent absence of causative pathology (b) amblyopic eye and an ability to achieve the visual acuity standards for Group 2 driving (c) intolerance to glare in an applicant for Group 2 driving entitlement (d) optic disc drusen that had led to the refusal of application for Group 1 entitlement.

11. Appeal cases since last panel meeting

Since the last panel meeting in October 2016, DVLA had received 90 summonses against unfavourable licensing decisions. Of these, 11 were vision-related appeals. No vision-related appeal had been upheld in Court since the last panel meeting.

12. Any other business

Panel agreed to participate in a post-implementation review following implementation of the Driving Regulations of March 2013.

Panel was informed that during the calendar year 2016 DVLA made 143,462 Group 1 licensing decisions for drivers with a vision condition. Of these, 7,071 licences were refused or revoked because of the vision condition and 3,301 were refused or revoked for other medical reasons. During the same period DVLA made a total of 16,181 Group 2 licensing decisions for drivers with a vision condition. Of these 1,125 licences were refused or revoked because of the vision condition and 1,202 were refused or revoked for other reasons.

There was discussion about replacement for manual kinetic Goldmann perimetry, and about the possibility of visual field testing to 90 degrees on either side of fixation.

13. Date of next meeting

To be arranged

Original Draft Minutes prepared by: Dr Gareth Rees
Panel Secretary

10th March 2017

Final Minutes signed off by: Dr Wyn Parry
Senior Medical Advisor

Mr Jason Donovan
Medical Licensing Policy

Mr Ananth Viswanathan
Chairman