

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

**Thursday, 12 October 2017**

**Attendees**

Mr A Viswanathan	Chair
Dr G Plant	
Mr W D Newman	
Professor A Lotery	
Mr J Clarke	
Dr T Eke	
Mr D Edmunds	

**Observers**

Mr S Chen - National Programme Office for Traffic Medicine, Dublin 2

**DVLA**

Dr G Rees	Panel Secretary/Doctor, DVLA
Dr W Parry	Senior Medical Doctor, DVLA
Dr N Jenkins	Medical Doctor, DVLA
Mr J Donovan	Medical Licensing Policy, DVLA
Mr D Thomas	DM Contracts, DVLA
Mrs K Bevan	Medical Support, DVLA
Dr P Prasad	Medical Doctor, DVLA
Dr A Stapley	Medical Doctor, DVLA
Mr P R Davies	Continuous Improvement, DVLA
Mr I McTaggart	Continuous Improvement, DVLA

**SECTION A**

1. Apologies for absence

Apologies were received from Dr Sally Bell, from Dr Colin Graham and from Mr Timothy Smart

## **2. Chair's remarks**

The Chairman informed Panel that the meeting of Panel Chairs had recently been held at DVLA in Swansea and that the minutes of that meeting will be forthcoming in due course.

## **3. Minutes of the meeting of 9 March 2017**

Panel agreed the draft minutes of its last meeting

## **4. Matters arising**

4.1 Panel considered a draft form to support an applicant applying for re-instatement of a Group 1 licence as an 'exceptional case'. Panel stated that the form should be completed by an appropriate clinician after discussion with the patient. Panel suggested amendments to this form, including explanatory notes on the reverse with regard to how to assess full functional adaptation. It would be the responsibility of the applicant to commission completion of the form.

4.2 Panel considered replacement for manual kinetic Goldmann perimetry, and was informed of a possible successor to this. Further information on any potential substitute is required before a decision is made.

4.3 Panel was informed that a Provisional Disability Assessment Licence (PDAL) could be issued with a legal restriction for use in a dual-controlled car only. Such driver training must be under the supervision of an individual with a full driving licence.

## **SECTION B**

## **5. Diplopia**

In recent months DVLA has received a number of queries regarding diplopia and driving. A presentation was therefore given to Panel on this topic. It was noted that diplopia at the very extremes of gaze may be physiological rather than pathological. Congenital and childhood disorders of eye movement were discussed as was diplopia associated with presumed vascular cranial nerve palsies. In addition, other temporary causes of diplopia such as myasthenia gravis and treatment with botulinum toxin were considered. Panel advised there should be further discussion with orthoptists before considering any amendments to the relevant section in 'Assessing fitness to drive – a guide for medical professionals'. Such discussion with other health-care professionals would ensure that the view of orthoptists would be represented in any amended standards.

## **6. How to interpret Group 2 visual field charts**

6.1 Panel discussed the interpretation of visual field charts for Group 2 driving. Panel re-affirmed that, outside the central 30 degree radius from fixation, an upper-limit of three missed points is acceptable within a 'letterbox' extending 70 degrees on either side of fixation and 30 degrees up and down. No defect of any size within this 'letterbox' is acceptable if contiguous with a defect outside the 'letterbox' that is of a total of more than three missed points.

With regard to the four points tested most laterally on either side of fixation at around 80 degrees, then if the two are missed on one side and one or both are missed on the other side this would not meet Group 2 standards. If only one of these four most lateral points is missed on either side, this is acceptable for Group 2 driving.

Panel discussed testing to 90 degrees on either side of fixation. If both of the two most lateral points are missed at around 80 degrees on one side from fixation, then it would be necessary (in a case in which there is no causative pathology) to test to 90 degrees on the other side to determine whether or not a horizontal width of 160 degrees could be achieved with only 70 degrees horizontal width on one side. Panel considered that such testing could be by Donders' technique (confrontation testing).

6.2 Panel was asked about a circumstance in which one visual field chart meets the driving standards while a further five or six charts do not. This will be discussed at the next panel meeting.

6.3 Panel was asked about a circumstance in which a person needs to wear spectacles for driving and visual field charts derived while wearing those spectacles show missed points centrally while charts derived without spectacles being worn do not. This will also be discussed at the next panel meeting.

## **7. Synopsis of visual field case appeal upheld by District Judge, Feb 2016**

Panel carefully considered the Judge's summary, and noted that the case had been discussed extensively by Panel prior to the decision in Court. Nevertheless, the case was further considered and the relevant literature was reviewed. The literature reviewed included the following:

*Patterns of visual field progression in patients with retinitis pigmentosa* by Grover S, Fishman G A & Brown J, *Ophthalmology* 1998; 105: 1069 – 1075

*Disease course of patients with pericentral retinitis pigmentosa* by Sandberg M A, Gaudio A R, Berson E L,  
Am J Ophthalmology 2005; 140: 100 – 106

*The genetic basis of pericentral retinitis pigmentosa – a form of mild retinitis pigmentosa* by Comander J et al,  
Genes 2017; 8, 256: 1 - 14

The opinion of Panel was that its view on this case remains unchanged from that of October 2015. Panel re-affirmed that such cases will continue to be assessed on a case-by-case basis.

## **8. Review of vision section Chapter 6 of Assessing Fitness to Drive – a guide for medical practitioners**

Panel reviewed Chapter 6 (Visual Disorders) in ‘Assessing fitness to drive – a guide for medical professionals’ and re-affirmed that this document represents its current view.

## **9. Letter from Association of Optometrists**

Panel considered a letter from the Association of Optometrists regarding cataracts. The Association had noted that, for drivers with cataract, DVLA provided different advice in the publication ‘Assessing fitness to drive – a guide for medical professionals’ from that elsewhere on its website. Panel stated that the advice in ‘Assessing fitness to drive – a guide for medical professionals’ is correct and that this information should be reconciled with that on the DVLA website. ‘Assessing fitness to drive’ states that, providing the vision standards are achieved, the individual is “Often safe to drive and may not need to notify DVLA”.

## **10. Drivers’ Medical Group licensing statistics (vision)**

Panel was informed that during April to August 2017 DVLA received 9 summonses appealing licensing decisions made on the basis of a visual disorder. Five of these appeals have subsequently been withdrawn, and to date there has been no final Court hearing on any of the remaining cases. Appeals against vision-related licensing decisions represented some 7% of the total.

## **SECTION C**

## **11. New case for discussion**

*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.*

A case of sectorial retinitis pigmentosa was discussed. Panel considered that the visual field charts had been borderline for several years and that there was no evidence of progressive loss of visual field during this time. Panel decided that the customer met the driving standards but recommended reviewing the visual field in three years to determine if any progression had occurred in this time. DVLA therefore decided to issue a Group 1 licence valid for three years. Panel re-affirmed that such cases should be considered on an individual basis in the same way as had the case at agenda item seven above.

### **12. Up-date on cases previously discussed at the meeting of the Vision Panel on 9 March 2017**

Panel was provided with an up-date on the four cases considered at the last panel meeting in March 2017.

### **13. Any Other Business**

There was no further business to discuss

**Original Draft Minutes prepared by: Dr Gareth B. Rees  
Panel Secretary**

Date: 13th October 2017

**Final Minutes signed off by: Mr Ananth Viswanathan  
Panel Chair**

Date: 2<sup>nd</sup> January 2018