# DRAFT MINUTES OF THE MEETING OF THE SECRETARY OF STATE FOR TRANSPORT'S HONORARY MEDICAL ADVISORY PANEL ON DRIVING AND DISORDERS OF THE CARDIOVASCULAR SYSTEM

**THURSDAY, 6 MARCH 2008**

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| **Present**: | Dr H Swanton | Chairman |
| | Dr M Anderson | |
| | Dr J Burns | |
| | Dr M Griffith | |
| | Dr D Holdright | |
| | Dr A Kelion | |
| | Dr P Schofield | |
| | Dr L D R Smith | |
| | Mr G Venn | |

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| **Ex-officio**: | Dr T Carter | Chief Medical Officer, DfT |
| | Dr L Read | Research Manager, DfT |
| | Dr H G Major | Senior Medical Adviser & Head of Medical Licensing Policy, DVLA |
| | Dr E Hutchinson | Consultant in Aviation Medicine |
| | Dr C Beattie | Medical Adviser, DVL/NI |
| | Mr B Jones | DVLA |
| | Dr J Hanley | Panel Secretary/Medical Adviser, DVLA |

## 1. Apologies for Absence

Professor A Bradbury
Mr P Tait
Mr R Yates
Dr S Evans
Dr Jagathesan
Miss J Chandaman

## 2. Minutes of the Panel Meeting of 4 October 2007

The Panel Secretary apologised for omitting Dr D Smith's name from the 'Apologies for Absence' section. The minutes were then accepted as an accurate record of the meeting.

**3. Minutes of the Chairmen's meeting of 6 February 2008**

The Panel Chairmen drew the members' attention to the following items:

a) Dr H G Major's move from DVLA's operational area to join the Policy Directorate as Head of Medical Licensing Policy, whilst retaining the Senior Medical Adviser post.

b) Dr C Hawley's presentation 'A Study of the Attitudes of Health Professionals to giving Advice on Fitness to Drive'. This was a 3-year study (2004-2007) to investigate the current state of knowledge of medical aspects of fitness to drive across a range of health care professionals, to explore the factors that influenced their decision to advise patients appropriately and the methods and sources employed by them to keep their knowledge up-to-date. The study also explored ways of improving knowledge and willingness to give advice.

   The final report is due to be published on the DfT website within the next month.

c) Role of Statisticians in providing Panel support.

   This topic has previously been discussed when it had not been thought necessary to have a statistician as a permanent member of this Panel. The current options discussed were:

   i) The use of a statistician (not formally appointed to a Panel or Panels) on an ad hoc basis.

   ii) The formal appointment of a statistician to provide advice to all the Panels, as required.

iii) A designated current Panel member, with appropriate expertise, assuming the role of managing the available quantitative data for decision making.

iv) The appointment of a clinical epidemiologist to provide a 'big picture' viewpoint.

The Panel were content for DVLA and DfT to advise on the most appropriate option. It was also decided that this matter could be discussed again at the next Panel meeting following any available feedback from the proposed Health and Driver Licensing Review.

## 4. Annual Report January to December 2007

This was accepted as an accurate record of the Panel's considerations and activities for the reporting period.

## 5. Matters Arising from the Minutes

These are dealt with in sections 3 and 6 of these minutes.

## 6. Myocardial perfusion imaging – Group 2

The potential risk from ionising radiation from this and other radiological investigations was first discussed by this Panel in 2004. Whilst the risk from a single myocardial perfusion scan was considered to be of a low order of magnitude, the concern was that the level of risk from repeated tests over the years might reach unacceptable levels. To explore this aspect, the Panel assessed the information provided by the 12th Report (2007) of the Committee on Medical Aspects of Radiation (COMARE). In addition, DVLA had submitted to ARSAC (Administration of Radiological Substances Advisory

Committee) a detailed account of the reasons for myocardial perfusion imaging being used in the risk assessment of Group 2 drivers with a relevant cardiovascular history. The Committee had been requested to provide their views on the appropriateness of repeated use of this imaging modality. DVLA's submission was discussed at the ARSAC meeting on 28 February 2008. The Committee's views are awaited. Consequently, a decision on the reasonableness of requesting repeated myocardial perfusion imaging as a risk assessment tool was necessarily deferred. In the general discussion it was recognised that cardiac investigation techniques will advance and that cardiac MRI should be considered as a future possible alternative for DVLA's purposes.

Whatever ARSAC recommends, the Panel were in agreement that DVLA should produce an information pamphlet for Group 2 drivers requested to undergo any form of cardiac investigation by DVLA.

Dr Kelion presented initial findings of a study in 516 patients referred for myocardial perfusion scintigraphy (MPS) who were able to perform 9 minutes of the Bruce protocol on exercise stress testing (EST). 11% of the patients who would have satisfied the EST standard for Group 2 licensing would have failed the MPS standard. 80% of the patients who would have failed the EST standard, primarily because of asymptomatic ST depression, would have satisfied the MPS standard. In any event, the risk of cardiac events in 296 consecutive patients followed for 4 years was very low (3%), irrespective of other EST and MPS findings.

Discussion occurred around the group who had achieved 9 minutes of the Bruce protocol without symptoms but with significant ST depression. DVLA confirmed that when the reporting specialist was uncertain of the cause or relevance of such ST segment changes, a further functional test (MPS or stress echo) would be offered to the patient with an explanation as to why further testing was required.

**Conclusion**

The Panel confirmed that:

i) Exercise testing should remain the initial functional assessment (unless other factors made this impossible) for those who had suffered a relevant cardiovascular event.

ii) When 9 minutes had been achieved on the treadmill with unfavourable ST segment change only, then any comment by the reporting specialist that there was uncertainty about the cause should lead to an alternative functional test being offered.

## 7. Coronary Angiography – Group 2

The Panel considered their previous guidance and the current wording of the coronary angiography 'standard' in At a Glance. Following discussion, it was agreed that when the coronary arteries were described as unobstructed or the term 'non flow limiting' stenosis(es) was used, then this would allow a Group 2 licence to be issued despite a previously unfavourable exercise test, providing the LVEF was at least 40%. No change to the wording for the coronary angiogram 'standard' was considered necessary.

## 8. ICD re-licensing process - Group 1

The Panel was advised of a change in the re-application process for a Group 1 (car/motorcycle) licence when a licence holder had either voluntarily surrendered their licence (having been advised that they did not meet the relevant medical standards at the time), or whose licence had been revoked following medical enquiry. The change had been driven by the observation from ICD support groups that the time taken for a licence to be re-issued could

exceed the required 6 month period off driving following ICD implantation. To obviate delay and to have up-to-date information, a person who has either surrendered or had their licence revoked is supplied with all the necessary forms to re-apply, to include a certification form for their cardiologist to complete at the appropriate time confirming that the applicant can meet the ICD re-licensing criteria. The applicant then returns all documentation to DVLA and a licence re-issued, unless there is reason to make additional enquiry.

Some discussion ensued about the terms 'surrender' and 'revocation' and their implications from a (re)licensing perspective. There remained uncertainty within the Panel on whether the new process would achieve its desired aims, however, as the procedure will be monitored, further changes can be made if required without undue delay.

The Panel suggested that it may be helpful for DVLA to provide some advice about and explanation of the terms 'surrender' and 'revocation' in the 'At a Glance Guide to the Current Medical Standards of Fitness to Drive'.

## 9. Cases and late entries

Two Group 2 cases were presented to the Panel for further guidance as to their fitness for (re)licensing.

## 10. Research Update

Dr L Read provided the Panel with an update on the projects most immediately relevant to this Panel.

i) **Attitudes of Health Professionals to giving Fitness to Drive Advice**.

Details of this have already been provided in item 3 of these minutes. Prior to publication of this study, DfT will seek to arrange a meeting with relevant stakeholders to disclose the study's findings and consider the promulgation of the recommendations.

ii) **Expert workshops on Driving Safety and Vascular Disease**.

This workshop occurred over 2 days in November 2007. It examined the excess risk of future sudden incapacitation whilst driving of those with existing risk factors and/or cardiac event and the scope for secondary prevention to reduce this risk. A draft report of the workshop has now been sent to all the participants for comment before publication of the final document around May 2008.

iii) **'On the Spot' Medical Pilot**

The pilot study was to examine the feasibility of quantifying the impact of drivers' medical conditions on accident involvement. Due to delays in securing ethical approval, the pilot is still ongoing, but when completed may provide useful data on the effects of medical conditions on road safety.

iii) **Feasibility of using the hospital admission database for more real-time risk of recurrence**.

This study examines the feasibility of accessing the data held in the NHS hospital admission databases to assess its accuracy and completeness with specific regard to acute cardiac events in the first instance. The study will try to determine from the held data, the risk of

further acute vascular events at six months, one, two and three years after the index episode. The results will be compared with the findings of a systematic literature review completed recently. A preliminary report may be available in the Summer of 2008.

## 11. Any Other Business

i) Time off driving following successful catheter ablation – Group 1 licence.

Following discussion, it was agreed that the period of time off driving could be reduced from one week to 2 days.

ii) 'At a Glance Guide to the Current Medical Standards of Fitness to Drive' – Acute coronary syndrome including myocardial infarction.

The Panel reviewed the statements and guidance provided in this section of the 'At a Glance Guide to the Current Medical Standards of Fitness to Drive'. This review had been provoked by a Panel member's concern about the level and clarity of advice provided, as well as a query from a cardiologist. Despite detailed discussion it was not possible in the available time to come to an agreed revised form of words for this section of At a Glance. Dr D Smith was requested to collate the various Panel members' opinions and produce a draft statement to be circulated to all the Panel members for their comments. The matter is to be revisited at the next Panel meeting in October 2008.

## 12. Date of next meeting

2 October 2008.

**DR J G G HANLEY  MB BS MRCP(UK)**
Panel Secretary
Medical Adviser, DVLA

18 March 2008