

DRAFT

MINUTES OF THE SECRETARY OF STATE FOR TRANSPORT'S HONORARY MEDICAL ADVISORY PANEL ON DRIVING AND PSYCHIATRIC DISORDERS MONDAY 12th MAY 2008

Present: Professor M Lader Chairman
Professor P Howlin
Professor D G Cunningham Owens
Dr P Divall
Dr S Banerjee
Miss P Steel

Ex-Officio: Dr H G Major Senior Medical Adviser/Head of Medical
Policy, DVLA
Mrs Jan Chandaman Drivers Policy Unit, DVLA
Dr P Reading Consultant Neurologist
Dr A G Marson Consultant Neurologist
Dr C Campbell Medical Adviser DVLNI
Dr Pat McKenna Consultant Clinical Psychologist
Dr John Hunter FORUM Board Member
Mr Ed Passant CEO, FORUM
Dr M Pawley Medical Adviser, DVLA
Dr Judith Morgan Medical Adviser, DVLA
Dr A White Panel Secretary, DVLA

SECTION A

Item 1. Apologies for Absence.

Apologies were received from:

Dr D Olajide, Mrs J Gall, Dr N L Read, Dr K Watts, Dr P Collins-Howgill CAA.

The Chairman welcomed the guests and colleagues from the Secretary of State for Transport's Honorary Medical Advisory Panel on Driving and Disorders of the Nervous System and from the FORUM of Mobility Centres.

Item 2. Minutes of the last meeting.

The minutes were accepted as a true record of the proceedings on the 14th May 2007, and were signed by the Chairman.

Item 3. Matters arising from the Minutes.

It was proposed that a Psychiatrist with particular expertise in epidemiology be recruited to the Panel. This was discussed and agreement reached that such an appointment would add valuable expertise to the Panel.

Dr Major confirmed that publication of the report on “The Attitudes on Health Professionals on Giving Advice on Fitness to Drive” was expected soon. It was therefore decided that an in depth discussion of this report be deferred to the next Panel meeting in the autumn, following its publication & circulation.

Item 4. Feedback from Chairmen’s Meeting of 7th February 2008.

The Panel Chairman reminded the Panel that the role of Nurses and Allied Health Professionals in advising on driving fitness had increased and that they were often the first point of contact for drivers; the Panel’s recommendations should reflect this. The possibility of General Practitioner representation on the Panels had been discussed on previous occasions and it was noted that this had, in the past, proved problematic due to external factors and practice commitments.

The previously proposed suggestion of merging the Psychiatry Panel and the Drugs and Alcohol Panel was raised. It was confirmed that because of the differing focus of the Panels this would not be appropriate, however the possibility of members attending the other Panels as observers was suggested and this was met with a favourable response.

Item 5. Annual Report

The annual report was received; the Chairman expressed his thanks on behalf of the Panel.

The Panel took this opportunity to reaffirm their willingness to provide advice on contentious or difficult individual cases.

The Panel enquired as to the number of formal appeals to the courts arising from psychiatric cases and whether this number was increasing or decreasing. The Panel was reassured that the numbers of such appeals remain very small. Concern was expressed over the mental capacity of some drivers to formally appeal, the Panel emphasising that it may be appropriate to seek confirmation of testamentary capacity in such situations.

Item 6. Presentation from The FORUM of Mobility Centres.

The Panel received presentations from Dr Pat McKenna, Consultant Clinical Neuropsychologist on assessing fitness to drive in those with “normal ageing” and in patients following brain pathology, using a battery of psychometric procedures, and from Dr John Hunter who explained the process of in-car driving assessment as developed at the Scottish Driving Assessment Service. The presentations were very well received and an enthusiastic and detailed discussion ensued. The Chairman expressed the Panel’s gratitude to Dr McKenna, Dr Hunter and Mr Passant for their contribution to the meeting.

Item 7. Report from pilot of cognitive assessment enquiry process.

The Panel was informed of the results of a pilot scheme using proposed new medical questionnaires for use in drivers with cognitive impairment. The pilot had been successful and had resulted in a more efficient investigative process. The importance of the clinical opinion, supported if necessary by an on-road assessment,

was emphasised. The meeting was reminded that when an on-road driving assessment was being arranged, it was very important that all appropriate clinical details were supplied to the FORUM centre to enable the assessment process to be tailored to the condition.

Item 8. Update on Health and Driver Licensing Review

The department is progressing work on the proposed consultation and is looking to identify an available date for publication.

Item 9. Appointment of Epidemiologist/Statistician

This was considered earlier in the meeting and agreement was reached that the appointment of a psychiatrist with particular expertise in epidemiology was appropriate.

Item 11. Preliminary discussion on driving in the elderly and in early dementia.

The Panel was asked to consider the implications of an increasing elderly population and the concomitant increase in the numbers of individuals who will potentially suffer from dementia. It was proposed that the Panel adopts a pro-active approach to managing the implications for driving and suggested the establishment of a sub-committee to examine the issues; this proposal was favourably received. The Panel was reminded that some aspects of the topic are already managed through other parts of DfT and that cross-departmental and interdepartmental interests should be represented in the discussions.

The Panel was informed that a significant number of notifications from the Police of elderly confused drivers were received every week, some of whom may be demonstrating the early presentation of dementia or cognitive impairment. In some,

the formal diagnosis of dementia was made at a later stage when greater functional impairment had become apparent and necessitated formal medical assessment.

The Panel was informed that dementia has been recognised by the Department of Health (DoH) as a national health priority by the Care Services Minister. The DoH is in the process of developing a National Dementia Strategy [England] and publication is anticipated in October 2008. The Panel felt that there was the potential for liaison with DoH and other stakeholders and requested the opportunity for input during the consultation period.

Item 12. Research update.

Dr Major reported that the study into attitudes of health professionals on giving fitness to drive advice was due to report soon. It was agreed that this should be discussed as a substantive agenda item at the next meeting.

The Panel was also appraised of the OTS (On the Spot) Medical Pilot, a collaboration between the DfT and Highways Agency which will examine whether medical factors are implicated in 3,000+ accidents. Ethical approval has now been progressed..

The Panel examined two papers, firstly, “The Long Term Court of Cognitive Impairment in Schizophrenia”, Morrison et al, British Journal of Psychiatry (2006), 189, 556-557 and secondly, “A Community Based Survey of Cognitive Functioning, Highway Code Performance, Traffic Accidents in a Cohort of Over 65 Year Old Drivers” by Dr S Ingley Consultant Psychiatrist, Conwy & Denbighshire NHS Trust. Poster presentation 2007.

The contents of the papers and their relevance to driving were noted.

Item 13. Literature Search

The Panel considered the literature search undertaken by ARIF in 2007 on whether the results of on-road driving assessments in drivers with dementia correlated with a clinician's opinion regarding fitness to drive. The literature search demonstrated that there was very limited information available in this field and that what was available was not immediately applicable to the UK driving population. It was noted that this was an area where further research was required.

The studies quoted in the report mentioned the use of a "restricted" driving licence; Dr Major clarified the meaning of this for the Panel. Certain US states and some European countries issue licences restricting a licence holder to driving within a certain radius of their home or between specified times of the day. Current UK legislation does not allow this restriction, the possession of a full UK licence, whether valid for a year or till the age of 70, giving entitlement to drive on any road at any time. It was uncertain, given the level of self-regulation by many drivers with impairing conditions, that such a formal restriction would be necessary or practical.

Item 14. Any other business.

Case discussion.

The Panel considered a case where an anti-social personality disorder impacted on driving, the consensus being that the licence should be revoked.

There followed a wide-ranging discussion as to the appropriate handling of such cases within the Medical and Criminal Justice systems. The need to differentiate between actions committed on a voluntary basis with an awareness of their consequences and those committed as a consequence of mental illness was emphasised.

Forum invitation:

The Panel considered the invitation from FORUM for individual members of the Panel to attend a local centre to see how assessments are undertaken. This invitation was very positively received, a number of members indicating their intention to attend. Dr Major agreed to act as a liaison point for these appointments.

Press article:

The Chairman brought to the Panel's attention a recent newspaper article, which impinged on another Panel. The Panel was reminded of their need to consider the effect of any statement or potential conflict of interests, which may impinge on their role as Panel members.

Item 15. Date and times of next meeting.

The next meeting will take place on the 10th November 2008, a further date was confirmed as the 11th May 2009.

The meeting closed at 15.45 hours.

DR A M WHITE MB BCh

PANEL SECRETARY

15th May 2008