

# MINUTES OF THE MEETING OF THE SECRETARY OF STATE FOR TRANSPORT'S HONORARY MEDICAL ADVISORY PANEL ON DRIVING AND DIABETES MELLITUS HELD ON 2nd OCTOBER 2002.

<b>Present:</b>	Professor B M Frier Dr D Kerr Dr A E Gold Dr J Saunders Dr A B Stevens Ms M Jackson Mrs B Hatton	Chairman
<b>Ex.Officio.</b>	Dr T Carter Professor A Nicholson Dr S R Heller Dr H G Major Dr D A Sheppard  Dr B McCarthy  Mrs Sarah Martin Dr L Read	Chief Medical Adviser DfT Project Manager DfT  Acting Senior Medical Adviser, DVLA Medical Adviser, DVLA Panel Secretary Observer Northern Ireland Occupational Health Service DPG, DVLA Research Manager DfT

## 1 Apologies for Absence:

- 1.1 Professor S A Amiel, Dr S Gilbey, Dr D T E Cunnah.  
Professor Frier welcomed Dr Saunders as a new Panel Member and also welcomed, in his absence, Dr Cunnah. Professor Frier also introduced Dr Read from DfT, Dr McCarthy, Northern Ireland Occupational Health Service observer, and Mrs Sarah Martin of Drivers Policy Group.

## 2 Minutes of Last Meeting

- 2.1 Points of accuracy in item 5, the final sentence should conclude, "Any technical hints which would improve the quality of the data obtained *are* disseminated". Section 9.8, second line should read, "on the basis of the data obtained". Item 9.9 should read, "The Panel questioned the *effect*" and in the fourth line, "Naturally this would *affect* the 2 year data". In 9.10 there was a misspelling of Dr Pieber's name.

## 3 Matters Arising

- 3.1 It was confirmed to the Panel that Dr Durston has now retired and at present Dr Major is Acting Senior Medical Adviser. The Panel were advised that the Senior Medical Adviser's post has been advertised and the closing date for applications was the 27th September. It is anticipated that within the next two to three months a new Senior Medical Adviser would be appointed.
- 3.2 The Driving and Diabetes Advice to Doctors Leaflet.
- 3.2.1 This is now available for distribution and enquiries have been made of Dr Greenwood, as previously suggested with regard to accessing a comprehensive appropriate circulation list. Dr Greenwood has advised that this list is the property of Diabetes UK, who have been approached and are willing to distribute this leaflet on behalf of DVLA. Consideration was also given to approaching the Royal College of Physicians for a list of Specialist Consultants. It was suggested that the information leaflet should be included each time a medical enquiry form is sent and DVLA will undertake a feasibility study into this.
- 3.2.2 The availability of the "At a Glance Guide to the Current Medical Standards of Fitness to Drive" on the website also provides the opportunity to have this specific information leaflet hot-linked to the section

pertaining to diabetes and driving. Discussion also considered favourably the suggested production of a publication similar to the previous "Medical Aspects of Fitness to Drive", to cover all the relevant medical conditions and to provide opportunity to include detailed information, such as this leaflet, for specific medical conditions.

- 3.2.3 Further consideration will be given to ensure the appropriate distribution of this leaflet.
- 3.3 As in 4.5 the Chairman reminded the Panel that Professor Amiel had agreed to undertake a Medline search of relevant papers/research for this meeting, but unfortunately she was unable to attend today's meeting.
- 3.4 The Chairman advised the Panel that he had been approached by the Public Carriage Office with regard to their policy on taxi licensing and had also been asked whether he would be willing to undertake an advisory Consultant's role to the Public Carriage Office. The Chairman considered that taking on such a role could present a potential conflict of interest and therefore has declined the position. It would not be appropriate for existing Panel members to act as advisors to other bodies involved in licensing. Members of the Panel were reminded that although DVLA is not responsible for the issuing of taxi licences, many taxi licensing enquiries are received in the Department. The Panel's recommendations on the issuing of C1 licences have been applied by a number of local authorities with respect to taxi licensing.

## **4 Research Update**

- 4.1 The Lead Clinician advised the Panel that all specialist registrars are in post in the six centres. A clinical Scientist has now been appointed as Project Co-ordinator.
- 4.2 The Panel was advised that at present 65 patients have been recruited to the study over the past three months and steps have been taken to accelerate recruitment rates. With regard to data analysis of blood glucose profiles, initially this will be performed locally and will then be passed to Sheffield for an independent second analysis. Should there then be discrepancy between these two analyses a third individual assessment will be undertaken at Sheffield.
- 4.3 The Panel was reminded of the concerns regarding power calculation and advised that, as soon as possible, a statistical analysis will be undertaken on early data to assess power and to consider whether extra recruitment would be required. Two of the centres will be undertaking Clamp studies to ascertain at what levels of blood glucose patients with type 2 diabetes experience cognitive impairment.
- 4.4 Delays in progressing the research study have been contributed to by the limited number of glucose sensors available to each centre. Each centre will now have three sensors available and other centres are in a position to obtain additional sensors to use in the study.
- 4.5 A paper produced by QinetiQ was presented to the Panel on "Risk Analysis and Fitness to Drive: an Evaluation of Sensitivity Issues". This paper follows the previous review analysis that had been undertaken by N D Spencer for QinetiQ. The sensitivity analysis demonstrates the limitation of risk analysis in relation to policy making.

## **5 Blood Glucose Monitoring and Accuracy of Records for C1 Application.**

- 5.1 Concerns have been raised regarding the accuracy of some of the blood glucose results that are being submitted to support applications to hold C1 driving entitlement. Regulations require holders/applicants for such an entitlement to demonstrate that they undertake blood glucose testing at least twice daily and at times relevant to the driving of the C1 vehicle. At the annual Consultant examination they are required to present blood glucose records for three months for assessment. The recent assessment of blood glucose results of an applicant by a Panel member had raised concerns that the results presented were fictitious and did not present an accurate reflection of current levels of glycaemia. This case reflected concerns that had been previously expressed by DVLA in the assessment of other cases. DVLA advised that there are two areas of concern, namely (a) the validity of blood glucose results and (b) the presumed failure of some drivers to undertake the

required blood glucose testing throughout the duration of the C1 licence, with such testing only being undertaken in the three months prior to the required Consultant examination.

- 5.2 The Panel recognise the difficulty faced by consultants in assessing these readings at such consultations and the potential problems that can arise in the professional relationship with the patient in the event of obvious confabulation.
- 5.3 The Panel were reminded that the majority of licensing decisions are based on self-declaration and the premise that these declarations will be accurate.
- 5.4 Reference was made to a previous study which had demonstrated that up to half of recorded blood glucose readings do not correlate with the records held in a glucose meter, with a memory facility, which was being used concurrently.
- 5.5 At present there are approximately 800 insulin-treated drivers holding C1/Grandfather vocational licences. The Panel considered that it would not be unreasonable, due to the relatively small numbers involved, for these drivers to be required to use a glucose meter with a memory facility to ensure accuracy of blood testing results. This would ensure that accurate data was obtained and would also help form a base for risk assessment in the future. Such data would additionally indicate the dates and timing of testing, which again forms part of the criteria for the holding of a C1 licence, i.e. the testing is undertaken at times appropriate to the driving of such vehicles.
- 5.6 The Panel recommended that it would not be unreasonable for drivers wishing to hold higher category entitlements to undertake blood glucose testing using a glucose meter with a memory facility.
- 5.7 DVLA indicated regulation change should not be required and would seek policy advice as to the implementation of such a recommendation. It was noted that many manufacturers do supply these glucose meters free of charge to many patients through diabetes OP clinics, so the cost of purchase of such a meter need not be incurred by a C1 applicant.
- 5.8 Objective measurements of blood glucose would be in line with objective measurements already used for the issuing of vocational driving licences.e.g in drivers with heart conditions,( i.e. required to undergo exercise testing rather than accept a declaration of having no cardiac symptoms.)
- 5.9 Details of blood testing are part of the criteria for the holding of such licences by patients with insulin-treated diabetes and Panel advice is that these should be robustly assessed. The Panel will wish to readdress this issue following policy advice. It recognises that there would have to be a period to allow for information distribution prior to any implementation of such changes. Any changes will also need to be incorporated in the proposed leaflet for distribution to doctors. A minimum one year implementation lead in would be required.
- 5.10 It is recognised that such changes will be of interest to Diabetes UK and other interested groups, however, these changes are in line with Diabetes UK expressed advice with regard to routine blood glucose testing before and at intervals during driving.

## **6 Blood Glucose Testing and Driving**

- 6.1 In July 2002 the media reported the case of a fatal road traffic accident in Berkshire which had occurred July 2001, which involved a driver with type 1 diabetes who had developed hypoglycaemia while driving. The Chairman reminded the Panel that at the previous meeting he had reported a similar incident which had occurred in SE Scotland and had been tried in Edinburgh Sheriff Court. The Chairman reminded the Panel that the driver in the Edinburgh case had been banned from driving and had also received a community service sentence. In the more recent event the driver responsible for the fatal accident had been admonished and no penalty was imposed. These cases would appear to highlight the lack of consistency across the country in dealing with such cases.
- 6.2 At least five fatal incidents have been brought to the attention of the DVLA within the last twelve months involving hypoglycaemia at the wheel. It was noted that the recent case was referred to in the September/October edition of "Balance" and included in Diabetes UK's response had been a statement that "There were also some rather dubious statistics given for the number of hypos people with diabetes

experience, which tended to exaggerate the dangers associated with driving when you have diabetes". It was also commented that, "Serious driving accidents as a result of hypoglycaemia are very rare". The Panel was advised that in response to this article the Chairman of the Panel and the Panel Secretary have submitted a letter to "Balance" to advise that, on the information provided by Police notifications to the DVLA, driving accidents, as a result of hypoglycaemia, are not rare and that the statistics should not be considered dubious.

- 6.3 It was brought to the Panel's attention that in the most recent case this was not the first Police notification that had been received on this particular driver. It was of concern to the Panel that in the evidence provided to the Court that the gentleman in question was not undertaking blood glucose monitoring before driving, despite the previous incident and the advice that he had been given. It was also noted that this case came to the attention of DVLA only when it was reported in the media. Neither the driver nor the police had reported the incident at the time of the event.
- 6.4 The Panel recognises that it would be unreasonable to impose a blanket bar to the issue of a driving licence to a person requiring insulin to control diabetes. However, the Panel also recognise that there are wide discrepancies in the advice that is given to such drivers with regard to monitoring their blood glucose levels specifically in relationship to driving. Concerns were also raised that in primary care, due to financial implications, the materials required for blood glucose testing are sometimes being restricted. Furthermore some of the new insulin analogues are being marketed with the suggestion that patients using this therapy may require less frequent blood glucose testing, promoting this as a potential benefit of the insulin.
- 6.5 The Panel was concerned that blood glucose monitoring in relation to driving is not being emphasised sufficiently to patients and also questioned whether this could be a mandatory requirement for the holding of an ordinary driving licence. DVLA explained that there is a policy that intrusive investigations should not be mandatory for ordinary driving licensing, although in the case of C1 licensing this forms part of the regulation due to these being exceptional cases. It was however considered important that the question should be reintroduced into the diabetic questionnaire that is completed by the driver as to whether they undertake regular blood glucose monitoring, although this gives no indication of frequency of testing. If this response is negative then enquiry should be made of their Consultant as to whether there is any risk of the driver experiencing hypoglycaemia. It was emphasised however that the fact that somebody does not undertake blood glucose monitoring would not be the final arbiter in the decision to refuse an ordinary driving entitlement.
- 6.6 The Panel advised that although they recognise that mandatory blood glucose monitoring cannot form part of driving requirements for a car licence, they firmly endorse the requirement for such testing. The Panel consider that drivers with insulin-treated diabetes do have a duty of care and the responsibility to ensure that they are safe to drive and that this does require regular and appropriate blood glucose monitoring.

## **7 Information Leaflet for Drivers**

- 7.1 At present an information leaflet is supplied to all drivers with insulin-treated diabetes on issue of their driving licence. A copy of the current information leaflet was provided to the Panel, together with an updated version which stresses the importance of blood glucose monitoring, particularly in relationship to driving. The Panel agreed that an information leaflet was useful and desirable, however, concern was raised as to the vocabulary used and were of the opinion that it should be more "user friendly". The Panel suggested that the information leaflet should be distributed with the DIAB1 so that drivers are aware of the recommendation of blood glucose monitoring, especially as there is the intention to reinsert the specific question in the DIAB1 form. It was also suggested, that on the issue of a licence to an insulin treated driver with diabetes, that an information leaflet is sent to the General Practitioner, advising them that their patient has been issued with a licence but also emphasising the need for regular blood glucose monitoring and the necessity to inform DVLA should any problems occur with their diabetes control or if any associated complications develop.
- 7.2 DVLA are already distributing information leaflets to General Practitioners with regard to the issue of licences to patients with other medical conditions. Thus, it would seem appropriate to issue a similar information leaflet when a driver with insulin-treated diabetes is issued a licence, so that the medical standards required for the holding of such a licence are clearly stated and the necessity to inform DVLA should these standards not be met.
- 7.3 It was concluded that the patient information leaflet should be revised and a leaflet designed for distribution to General Practitioners when a driving licence is issued to their patient.

## 8 Literature Review

8.1 This was not undertaken in the absence of Professor Amiel.

## 9 Code of Practice

- 9.1 Dr Major reported back to the Panel regarding the Code of Practice Workshop that was held on the 9th September 2002 at the Office of Science and Technology. All of the Panel Chairmen had been invited to attend this workshop but unfortunately, because of the extremely short notice, only one Chairman had been able to attend.
- 9.2 The workshop consisted of three presentations and then discussion in syndicate groups
- 9.3 The meeting was chaired by Jo Durning, Group Director of TDST and the first presentation was given by Professor King on the importance of science to policy making. A statistic of note in his presentation was that only 13% of the people surveyed trusted Government advisory bodies for accurate information on scientific facts.
- 9.4 Jane Wilmot from the Disabled Transport Advisory Committee gave a presentation about openness and transparency from a committee perspective.
- 9.5 There was discussion regarding the independence of committees and whether the secretariat should be independent of Government. It was noted that it is often impractical to have a separate secretariat.
- 9.6 There was a brief discussion regarding the European dimension, although it is recognised that the UK is ahead of other states in the scrutiny of our scientific advisory system and subsequent guidance on best practice.
- 9.7 The syndicate groups discussed various topics including:-
- 9.7.1 Horizon scanning. The code of practice states that committees must have mechanisms in place to enable them to carry out horizon scanning but recognises that these can be resource intensive and each committee should consider how best to handle this.
- 9.7.2 Openness/confidentiality. The code of practice states that committees should operate from the presumption of openness but recognises that there will be occasions in which information must remain confidential.
- 9.7.3 Balance of expertise/conflicts of interest. It is recognised that in some disciplines the pool of experts is small and recruitment of committee members from outside the UK could be considered. It was considered that the existence of a conflict of interest should not be a bar to membership of a committee but should be declared. Lay members have been found to make a positive contribution to committees and this is endorsed by the experience of the inclusion of lay members in the Medical Advisory Panels.
- 9.7.4 Handling risk and uncertainty. It is recognised that many of the licensing decisions are based on uncertainty and it is important to be honest with regard to the degree of uncertainty used to make such assessment. Public access still poses a practical difficulty for the DVLA Panels and this will be discussed further at the forthcoming Chairmen's meeting.
- 9.7.5 Reward and recompense. It would appear that the Government relies on the goodwill of the scientific community and that financial reward is not a motive for most people who serve on such committees.
- 9.7.6 Consideration was also given as to whether members of the committee would find media training beneficial.
- 9.8 There will be a more in-depth feedback with regard to the code of practice workshop to the Chairman at the forthcoming Chairmen's meeting with the intention of producing a paper for feedback to the Panel.

## **10 Any Other Business.**

- 10.1 The Panel was reminded that when lay members were first introduced the original term of appointment was for 18 months with a view to extension to 5 years. The 18 month period will be reached at the Spring rotation of Panel meetings and it is therefore proposed that when the annual reports are produced at the end of this year, the Panel Chairmen will be asked for their comments regarding lay membership and particularly if they agree with the extension from 18 months to 5 years. Subject to Panel Chairmen agreement the lay members will then be written to confirming this extension.

## **11 Date and Time of Next Meeting**

- 11.1 The next meeting will be held on 5th March 2003, at 12.30 p.m.

***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 NOT AS THE VIEWS OF INDIVIDUAL PANEL MEMBERS.***