

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, 2 OCTOBER 2008

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	
Ex-officio:	Dr H G Major	Senior Medical Adviser & Head of Medical Licensing Policy, DVLA
	Dr J McCaughan	DVLNI
	Dr R Hunter	Civil Aviation Authority
	Dr B G R Wiles	Medical Adviser, DVLA
	Miss J Chandaman	Drivers Policy Group, DVLA
	Dr J G G Hanley	Panel Secretary/Medical Adviser, DVLA

1. Apologies for Absence

Dr T Crayford
Professor A Bradbury
Dr S Evans
Mr P Tait
Mr B Jones

2. Minutes of the Panel Meeting of 6 March 2008

The minutes were accepted as an accurate record of the meeting.

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3. Panel Membership Changes

Dr J Burns has tendered her resignation from the Panel. The Panel Chairman and other members thanked her for the significant contributions she has made during her tenure. The Panel was advised that a replacement member will be appointed following completion of the normal consultation and appointment process.

Lay Members

Following the completion of Mr R Yates' term of office, a replacement member has been appointed who will likely attend the Spring meeting.

4. Myocardial Perfusion Imaging – Group 2 (LGV/PCV) licence

The potential risk from ionising radiation from this and other radiological investigations was first discussed by the Panel in 2004. Whilst the risk from a single myocardial perfusion scan was considered to be low, the concern was that the level of risk from repeated tests over the years might reach unacceptable levels. To explore this aspect, the Panel had 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 initially discussed at an ARSAC meeting on 28 February 2008 and a final opinion was provided following a further ARSAC meeting on 24 June 2008. This last meeting also considered information provided by Dr A Kelion (an expert member of this Panel) and by another relevant specialist.

The ARSAC view was that the use of repeated myocardial perfusion imaging (MPI) is justified on:

- 1) a 3 yearly basis when there is a documented history of coronary artery disease.
- 2) a 6 yearly basis (provided the MPI is normal) when there is no proven coronary artery disease but that person is considered to be at increased risk because of other vascular markers eg. symptomatic peripheral arterial disease.

The Panel advised that when practicable, Stress Echocardiography would be the preferred investigation of those who are under the age of 50.

During the subsequent Panel discussion the following items were also (re)considered:

a) **Left bundle branch block (LBBB) – Group 2 (LGV/PCV) licence**

The Panel confirmed the previously held view that when LBBB is an isolated finding and there is nothing else to suggest cardiac disease, then regardless of age, a stress echo (whenever possible) or myocardial perfusion scan should be undertaken. Provided the result is normal, no further functional evaluation is required.

b) **Carotid Artery Stenosis of sufficient degree to require intervention – Group 2 (LGV/PCV) licence**

It was agreed that the advice provided in ‘At a Glance’ should remain
ie. that exercise or other functional testing should be undertaken to

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exclude significant myocardial ischaemia resultant from associated coronary arterial disease. It was also considered appropriate to invite a member of the Secretary of State for Transport's Honorary Medical Advisory Panel on Driving and Disorders of the Nervous System with particular expertise in cerebrovascular disease, to attend the next Panel meeting in March 2009 to discuss the use of functional cardiac testing of those who had either suffered a stroke/TIA event or had significant carotid artery disease.

c) **Peripheral Arterial Disease – functional test intervals – Group 2 (LGV/PCV) licence**

The Panel advised that if exercise testing was used, this should be repeated every 3 years unless the result or a subsequent cardiac event suggest that earlier re-testing should occur. If myocardial perfusion imaging or stress echocardiography was undertaken then, provided the result was normal and no new cardiac event occurred, the test should be repeated after 6 years.

5. Acute Coronary Syndromes - Group 1 (car/motorcycle) and Group 2 (LGV/PCV) licences

The Panel continued its discussion of the wording of the guidance in 'At a Glance Guide to the Current Medical Standards of Fitness to Drive' (AAG), a topic initially raised at the March 2008 meeting. Further clarity had been sought by clinicians to enable them to provide all patients with appropriate driving advice and Dr Smith had circulated a revised draft wording for discussion. During this subsequent debate, concern was expressed about allowing Group 1 licence holders who had undergone successful coronary angioplasty (PCI), but who had significant impairment of LV function, to drive after just one week because of the significant risk of arrhythmias. It was

agreed that the wording of the section in AAG, entitled Acute Coronary Syndromes should be replaced by the following:

Acute Coronary Syndromes

1. Unstable angina (symptoms at rest with ECG changes).
2. Non STEMI with at least two of the following criteria:
 - Symptoms at rest
 - Raised Serum Troponin
 - ECG changes
3. STEMI symptoms with ST elevation on ECG

Group 1 entitlement (car, motorcycle)

If successfully treated by coronary angioplasty (PCI) driving may recommence 1/52 week after the angioplasty provided:

- No other urgent revascularisation is planned
- There is no other disqualifying condition
- LVEF is at least 40% prior to hospital discharge

If not treated with successful angioplasty driving may recommence after 4/52 provided:

- There is no other disqualifying condition.

Group 2 entitlement (LGV/PCV)

All acute coronary syndromes disqualify the licence holder from driving for at least 6/52.

Re-licensing may be permitted thereafter provided:

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- The exercise or other functional test requirements can be met
- There is no other disqualifying condition.

6. Licence(s) Surrender

At the previous meeting, (March 2008), the Panel had been advised of a change in the re-application process for a Group 1 (car/motorcycle) licence following licence surrender. This applied specifically to licence holders who had voluntarily surrendered their licence having been advised by their consultant that they no longer met the medical standards following implantation of an ICD (Implantable Cardioverter Defibrillator). The Panel had requested a further more detailed explanation of the meaning and implications of voluntary surrender of a licence and how the process could be effected. Policy colleagues explained the distinction in the legal framework between licence surrender and revocation, and the practical impacts for the driver. Amendments to the ICD re-application package following licence surrender previously suggested by Dr M Anderson had been included in the most recent version and were accepted. A further simplification amendment was suggested and will be implemented as soon as is practicable.

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

7. Research Update

i) Expert Consensus Workshop: Driving Safety and Vascular Disease

This workshop was held to review the currently available evidence on the risk factors for vascular events such as heart attack and stroke, including prior vascular events, diabetes, obesity, age etc, in the

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context of the risk to driving safety. The particular focus was on the Group 2 (LGV, PCV) licence holder where a risk level in excess of 2% per annum of a distracting or disabling event would preclude the holding of a licence. The Panel considered the extensive data provided by the workshop and the suggestion made that a ‘risk engine’ could be developed to provide a more personalised risk assessment of those with several co-morbid conditions. Whilst this was considered to be feasible, it will likely be time consuming and expensive to produce. The Panel was of the opinion that before embarking on this approach, research should be undertaken to establish the nature and frequency of medically caused road traffic accidents before deciding on the best risk stratification approach to those with potentially relevant medical conditions. Legal clarity is to be sought to confirm that the necessary data sharing and analysis between NHS, DVLA and other databases can be undertaken within the framework of data protection legislation.

It was proposed that the concept of a risk engine should be taken to the next Panel Chairmen’s meeting for further discussion and could also be considered at the Combined Transport Medical Heads’ meeting.

The workshop’s proceedings will be published and made available on the DfT website in due course.

ii) **DfT Research Programme**

- a) Attitudes of Health Professionals to Giving Advice on Fitness to Drive.
- b) ‘On the spot’ medical pilot.
- c) Feasibility of using hospital admissions database for more real time risk of recurrence data (cardiac risk).

A description of these projects is contained in the minutes of the 6 March 2008 meeting. The publication date of the 'Attitudes of Health Professionals to Giving Advice on Fitness to Drive' has yet to be finalised. The remaining projects are ongoing.

8. Cases and Late Entries

There were no cases for individual consideration.

9. Any Other Business

i) Coronary Angiography – Group 2 (LGV/PCV)

At the March 2008 meeting it had been agreed that when coronary arteries were described as '**unobstructed**' or the term '**non flow limiting**' was used, this would allow a Group 2 licence to be issued despite a previously unfavourable exercise test, provided the LVEF was at least 40%. It had been agreed at the previous Panel meeting that no change to the wording of the coronary angiography 'standard' was required. Following further discussion however, it was agreed that the standard should be reworded to include **both** of these descriptive terms.

ii) Catheter Ablation – Group 2 (LGV/PCV)

Following **successful** catheter ablation for an arrhythmia that has not, nor would likely have caused incapacity then driving may recommence 2 weeks post procedure provided the LVEF is at least 40% and there is no other disqualify condition.

10. Date of next meeting

5 March 2009.

DR J G G HANLEY MB BS MRCP(UK)

Panel Secretary

Medical Adviser, DVLA

13 October 2008