

DRAFT

MINUTES OF THE MEETING OF THE SECRETARY OF STATE FOR TRANSPORT'S HONORARY MEDICAL ADVISORY PANEL ON DRIVING AND VISUAL DISORDERS HELD ON THURSDAY, 4TH DECEMBER 2008.

- Present:** Mr M H Miller Chairman
Professor C Dickinson
Mr G Duguid
Mr A Elliott
Dr C Fowler
Mr F Ghanchi
Mr G McIlwaine
Dr G Plant
Mr A C Viswanathan
- Lay Members:** Mrs M Cornwell
Mr D Edmunds
- Ex Officio:** Dr J McCaughan DVA (formerly DVLNI)
Mr A Chorley Civil Aviation Authority
Dr T Crayford Chief Medical Adviser, DfT
(departed from meeting at 12:50)
Dr H Major Senior Medical Adviser and Head of
Medical Policy, DVLA
Dr S Williams Medical Adviser, DVLA
Dr G B Rees Panel Secretary, Medical Adviser,
DVLA
Ms Pat Kilbey DfT Statistics Division (attended to give
presentation)

1. Apologies for Absence

- 1.1 No apologies received.

2. Chairman's Remarks

- 2.1 The Chairman welcomed Mr David Edmunds as a new Lay Member of Panel and Dr Tim Crayford the new Chief Medical Adviser at DfT, both of whom were attending a meeting of the Honorary Medical Advisory Panel on Visual Disorders and Driving for the first time.

2.2 The Chairman thanked Mr Andrew Elliott for writing an article about glaucoma and driving. The article had been requested by the International Glaucoma Association and was published as a supplement feature by a national newspaper.

3. Minutes of Panel Meeting of 8th May 2008

3.1 Panel amended the first sentence of Paragraph 7.2 in the draft of the minutes of the previous meeting. This sentence should now read as follows: "Panel confirmed that those with a debarring visual field defect due to stable diabetic retinopathy treated with laser to both eyes cannot yet be managed operationally under 'exceptional case' criteria".

4. Matters Arising from the Panel Meeting of 8th May 2008 not covered by the Main Agenda

(i) Item 6: Congenital debarring static visual field defects.

4.1 Panel was provided with an update on the processing of cases of first applications for a provisional ordinary driving licence from those with a stable debarring visual field defect, under the "exceptionality" clause. Consultation with the Driving Standards Agency (DSA) continues with regard to the timing of referral by DVLA of these licence-holders for a formal driving assessment at an approved Mobility Centre, prior to readiness for a DSA standard driving test. Such a referral would be made when basic driving competency has been attained, and a draft outline of the requirements for this has been sent to DSA for consideration. Panel suggested minor amendments to the draft letter sent to these applicants and to the draft information letter provided for the approved driving instructor. Panel discussed the availability of appropriate motor insurance for these licence-holders.

4.2 There was also discussion about the subsequent driving record of these licence-holders and about that of other drivers licensed under the exceptionality clause in the 2nd EC Directive. Panel considered that such

information would be helpful and it was suggested that clarification and advice on application of the relevant Data Protection Legislation might be obtained by approaching the Information Commissioner. It was also suggested that relevant information for such a research study might be requested by approaching the Department of Health for a Section 60 Exemption and by making an application to the Patient Information Advisory Group (PIAG). In addition, Panel suggested that future communications to licence-holders could include a note to indicate that information requested may be used anonymously for research purposes; this remains subject to legal opinion.

5. Stable Diabetic Retinopathy

- 5.1 Currently, those with stable diabetic retinopathy but with a debarring visual field defect as a result of laser treatment to both eyes cannot be operationally managed under 'exceptional case' criteria. At present, consideration under such criteria is largely confined to those with a stable debarring visual field defect due to head injury or stroke in whom the visual field defect is well demarcated and the retina healthy. Panel discussed how full functional adaptation to visual field defects of different aetiology might be assessed. Panel also discussed the effect of the magnitude and location of a visual field defect on whether or not exceptionality might still be considered. Panel considered that further information was required on these issues and it was suggested that a working group be established in the first instance to evaluate available evidence.
- 5.2 Panel stated that comparing a superior visual defect to the effect of a sun visor was an inappropriate and inaccurate comparison.

6. Replacement for Recently Retired Panel Member

6.1 Panel was informed of those visual conditions most frequently encountered by DVLA so that consideration might be given to the specific area(s) of expertise required in a replacement member of Panel. Panel considered that such a new member should have a specific interest in strabismus. The Royal College of Ophthalmologists will be asked for the names of suitable candidates who may be interested in the appointment.

7. Update on three cases previously discussed

7.1 An update was provided on each of the three cases discussed at the previous Panel meeting in May 2008. Further information had subsequently become available on one of these cases and this case was therefore considered further by Panel.

8. Presentation by the Head of the Road Accident Statistics Unit at the Department for Transport

8.1 Panel was given a presentation on road accident statistics by the Head of the Road Accident Statistics Unit at the Department for Transport. Statistical information on all reported road traffic accidents is collated by the Department. This information includes data about the accident, the vehicle and the casualty. Information about the accident includes time of day, lighting conditions, weather conditions and details about the scene of the accident. Information about the number and type of vehicles involved as well as their registration numbers is also collected. The age, gender and number of people injured is recorded as is the severity of the injuries concerned. The grid reference of the site of the accident is also recorded as is the home postcode of any casualty. Since 2005 additional information has also been collected to provide data on contributory factors in accident causation. The findings of the accident group are published regularly by the Department for Transport. Panel discussed the contribution of visual disorders to overall accident statistics.

9. Pre-Perimetric Glaucoma

9.1 Panel discussed the requirement for drivers with glaucoma to notify DVLA. It was considered that no change was necessary to the advice already provided by Panel at its meeting of 18th May 2006. This advice is contained in Paragraph 12.2 of the minutes of the Panel meeting of 18th May 2006.

10. Bioptics

10.1 DVLA has recently been made aware that some individuals undertaking a DSA driving test may have passed the prescribed eyesight standard (the 'number plate test') with the aid of Bioptic (telescope) devices. DVLA has written to DSA on this matter and DSA has agreed to provide updated advice to driving examiners. Panel re-affirmed that Bioptic devices are not acceptable for driving in Great Britain.

10.2 Two publications were discussed: (a) A Demonstration Project on Driving with Reduced Visual Acuity and a Bioptic Telescope System in the Netherlands by Melis-Dankers B J M et al; Visual Impairment Research 10: 7-22, 2008 and (b) The Introduction of Bioptic Driving in the Netherlands by Kooijman A C et al; Visual Impairment Research 10: 1-6, 2008. Panel was provided with an example of a Bioptic telescope to illustrate the device used in the research publications discussed.

11. Monocularity

11.1 Panel received a report about a Coroner's Inquest into the case of a fatal road traffic accident involving a driver with a visual disorder. At one examination the driver concerned was reported to have no perception of light in his poorer eye but at another examination he was reported to have perception of light only in that eye.

11.2 Currently, those with perception of light only or better in their poorer eye are considered to be binocular for the purposes of Group 1 (ordinary) driving. Such classification requires that the driver needs to meet the less stringent binocular visual field standard. A driver with no perception of light in their poorer eye is required to have an entirely normal visual field in their only functioning eye and a better visual acuity than that required for drivers with binocular vision. There was discussion about whether the definition of monocularity applied for Group 2 (vocational) driving (ie corrected visual acuity <3/60) should apply to those with Group 1 driving entitlement. Panel considered that further discussion and consultation was required before amending the definition of monocularity for Group 1 (ordinary) driving.

12. Cases for Discussion

12.1 Panel considered seven cases. Three of these were of diabetic retinopathy (one of which only had perception of light in one eye). Two of the cases considered were of glaucoma (one of which had no perception of light in one eye). The remaining two cases considered were of sectorial retinitis pigmentosa.

13. Research

- (i) Panel discussed the publication Glaucoma and On-Road Driving Performance by Haymes S A et al; Investigative Ophthalmology and Visual Science; Volume 49, No. 7, pages 3035 to 3041.
- (ii) Expert Consensus Workshop: Diabetic Retinopathy and Fitness to Drive (March 2006). Panel considered that a further workshop was required to assess functional adaptation to visual field defects of different aetiology, including diabetic retinopathy.

- (iii) Publication of the 'Health and Driving Licensing Review' has been delayed. A provisional date of early 2009 was envisaged for publication of the consultation document.
- (iv) Publication of the 'Attitude of Health Professionals to Giving Fitness to Drive Advice' has also been delayed. It is hoped that publication will be at around the same time as that of the Health and Driving Licensing Review.
- (v) The meeting of the EC Driving Licence Committee, to agree changes to Annexe III of the Directive following the Working Group's report, has also been delayed. The next meeting is provisionally scheduled for early 2009.
- (vi) Panel discussed funding for additional research projects and a proposal that the Chairmen of the Honorary Medical Advisory Panels collectively make an approach for additional funding. Panel was informed that funding of research by the Department for Transport is currently being reviewed and that further information should be available for the next meeting of Panel Chairmen scheduled for February 2009.

14. Updates

- 14.1 Panel was informed that since the last meeting eight appeals have been lodged relating to licensing decisions made on the grounds of visual disorders. Of these one has been upheld, one dismissed, three are ongoing and three have been withdrawn.
- 14.2 Panel was informed that five cases have been referred to individual Panel members since the last meeting.

15. Any Other Business

- 15.1 Panel discussed correspondence from a customer.

16. Dates of Forthcoming Meetings

16.1 Thursday, 2nd April 2009.

16.2 Thursday, 5th November 2009.

There being no further business the meeting closed at approximately 5.00 pm.

Dr Gareth B Rees
Secretary to the Vision Panel