

**DRAFT MINUTES OF THE SECRETARY OF STATE FOR TRANSPORT'S
HONORARY MEDICAL ADVISORY PANEL ON DRIVING AND VISUAL
DISORDERS HELD ON THURSDAY, 8 MAY 2008.**

Present: Mr M H Miller Chairman
Professor C Dickinson
Mr A Elliott
Dr C W Fowler
Mr G McIlwaine
Dr G Plant
Mr A C Viswanathan

Lay Members: Mrs M Cornwell

Ex-Officio: Dr J McCaughan DVLNI
Mr A Chorley CAA
Dr L Read Research Manager, DfT
Dr H G Major Senior Medical Adviser and Head of
Medical Policy, DVLA
Ms J Chandaman Policy Casework and Advice, DVLA
Ms S Charles Drivers Medical Planning Group,
DVLA
Dr G B Rees Panel Secretary, Medical Adviser,
DVLA

1. Apologies for Absence

1.1 Apologies were received from Mr I G M Duguid and Mr F D Ghanchi.

2. Chairman's Remarks

2.1 The Chairman welcomed Dr C Fowler's and Mr A Elliott's acceptance of further five-year terms of membership of the Honorary Medical Advisory Panel.

3. Minutes of Panel Meeting of 6th December 2007

3.1 Panel accepted the draft of the minutes of the previous meeting without amendment.

4. Minutes of Chairmen's Meeting of 6th February 2008

- 4.1 Dr Major confirmed that there are a number of vacancies for Lay Members of various Panels. There had been an initial sift of applicants for these posts and interviews were scheduled to take place on 10th July 2008. Dr Major thanked Mr Miller, Panel Chairman, for agreeing to sit on the interview panel on that date. Dr Major mentioned that the longer-term intention was to have a rolling programme for recruitment of Lay Members so that the replacement of individual members would not all occur at one time. Panel Chairmen had agreed at their earlier joint meeting that Lay Members should have no formal professional health care links. Whilst recognising the benefits that health care professionals such as occupational therapists and physiotherapists provide for Panels, it was considered that their expertise would be best sought in its own right rather than as Lay Members. Since a number of current Lay Members are or had been health care professionals, it was considered that at the end of their tenure they should be replaced with Lay Members who had no links with the health care professions to allow opportunity for wider representation.
- 4.2 It was considered appropriate that all Panels should have access to statistical expertise and Panel discussed the mechanisms by which this may be achieved. Panel acknowledged that statistical assistance in the analysis of road accident data would be helpful. There was discussion about the impact of visual disorders on the causation of road traffic accidents. It was suggested that a relevant expert from DfT Statistics Division could be asked to address the next meeting of Panel. Further consideration could then be given as to whether such specialised statistical advice would be helpful on a regular basis at Panel meetings either permanently or for a trial period or on an ad hoc basis.

5. Matters Arising from the Minutes of Panel Meeting of 6th December 2007, not covered in the main Agenda

(i) Item 9.1 ARIF Search on Maculopathy – (VI form for drivers modified)

5.1 The modification made by DVLA to the VI form for drivers was discussed. Modification had been made following advice provided by Panel at the previous meeting.

(ii) Item 10.1 Isotretinoin

5.2 Panel re-affirmed that those drivers in whom there is a difficulty with dark adaptation as a result of taking the medicine Isotretinoin should self regulate and not drive in conditions of illumination likely to impair safe driving. Panel considered that a number of medicines may affect visual function and, therefore, an advisory note on the DVLA website referring to Isotretinoin only would not be appropriate. In these circumstances Panel decided that the matter should await the outcome of an ongoing DfT review of Medication and Driving Safety.

6. First applications for a provisional driving licence from those with a stable debarring visual field defect

6.1 Panel was provided with an update of the number of applicants so far considered in this way. Approximately twenty-five provisional licences have been issued for such applicants. These licences are restricted to use of a vehicle with dual controls and the driver is required to have tuition only with an accredited driving instructor. Some seven such licence holders have notified DVLA of having been advised by their driving instructor that they have achieved a sufficient level of basic driving competence to be referred for a driving assessment. These licence holders have then been referred for a driving assessment. To date the results of the four completed assessments have all been favourable while the results of the remaining assessments are still awaited.

6.2 Panel considered the information letter sent by DVLA to these applicants and the proposed information letter they would give to their driving instructor. Panel suggested some minor modifications.

6.3 Panel was provided with an update of a meeting, held in March 2008, between DVLA and DSA (Driving Standards Agency) at which this topic was discussed. Panel discussed the magnitude of the debarring visual field defect in applicants being considered in this way. It was noted that a DfT workshop is planned for autumn 2008 in order to consider the methodologies for assessment of those with debarring visual field defects of different extent and of different aetiology.

7. Stable diabetic retinopathy

7.1 Panel considered and approved the adoption of a new DVLA process to facilitate licensing assessment for those with diabetic retinopathy treated with laser to both eyes, in whom the binocular visual field meets the driving standard. Where the visual field meets the standard and provided there has been no further laser treatment to either eye since the last favourable visual field test (and there is no new condition likely to affect the visual field) then repeat visual field testing will not, generally, be required at licence renewal. This process will depend on self-declaration. However, those few cases in whom the visual field standard is only just achieved (ie those with a borderline pass) may be required to have a repeat visual field test at licence renewal, perhaps after one year initially.

7.2 Panel confirmed that those with a debarring visual field defect due to diabetic retinopathy treated with laser to both eyes cannot currently be considered under 'exceptional case' criteria. This matter would be considered further at the DfT workshop scheduled for autumn 2008.

8. Update on four cases previously discussed

8.1 An update was provided on each of the four cases discussed at the previous Panel meeting in December 2007. Further information had

subsequently become available on one of these cases involving a craniopharyngioma and this case was, therefore, considered further by Panel.

9. Fees paid to Optometrists

9.1 Panel was informed that the Association of Optometrists had enquired as to how the level of fees paid by DVLA to Optometrists was determined. The Association of Optometrists had not been involved in negotiations with DVLA on this matter. The original fee for visual field assessment had been set by DVLA and Optometrists invited to participate in service provision. The fee has been updated in line with increases in other fees paid by DVLA. Panel was informed that DVLA has recently agreed with the British Medical Association an increase of 3% in the level of fees paid for commissioned medical examinations and reports and that this increase would also apply to the fee paid to Optometrists for a visual field test report.

10. Equivalence of Perimeters

10.1 A Panel member provided an outline of two publications which had been translated from the original German by the University of Swansea. The first publication was entitled 'Recommendation of the German Ophthalmological Society and the Association of German Ophthalmologists for the Driving Aptitude Assessment for Road Traffic'. 2003 (3rd edition). The second publication was 'Perimetric Findings and Driving Performance. How Much Visual Field Does a Motorist Need?'. Schiefer U; Hofer R; Vischer P.M; and Wilhelm H. Ophthalmolgie 2000, 97: 491-497.

10.2 Following a request from a manufacturer of perimeter devices that its perimeter be 'accepted' by DVLA, the equivalence of various perimeters for the purposes of driver licensing is being considered and an overview of the different methods of perimetry currently available was provided. Panel considered that there are significant difficulties in their assessing the equivalence of perimeters. It was pointed out that

the International Perimetric Society make recommendations for the specifications of bowl perimeters so it was suggested that, providing a perimeter device conformed to International Perimetric Society guidelines, if a visual field undertaken on such a device clearly meets or clearly does not meet the driving standard a licensing decision can be made. However, in borderline cases a binocular Esterman visual field test carried out using a Humphrey Field Analyser could be commissioned. A manual binocular Goldmann visual field test might also be appropriate in certain circumstances. DVLA will consider the operational implications of this suggestion.

11. Cases for discussion

11.1 Potential conflict of interest: Panel agreed that if a Panel Member is involved in a particular case and if that case is referred for consideration by Panel as a whole then that member should not participate in Panel discussion about the case and would leave the room for the duration of the discussion. This would not apply if a case was referred by DVLA to an individual Panel Member for a particular specialist opinion and if the case was then subsequently discussed by Panel as a whole.

11.2 Panel considered three individual cases

- (i) The first case was of a craniopharyngioma and a visual field defect. This case had been discussed at the previous Panel meeting but was further discussed following receipt of new information subsequently.
- (ii) The second case was of a suprasellar mass and a visual field defect.
- (iii) The third case was of sectoral retinitis pigmentosa.

12. Research

(i) DfT Research Update

12.1 Panel discussed DfT research projects. One project investigating the attitudes of health professionals to giving advice on fitness to drive is expected to be published as soon as possible. A pilot study looking at the feasibility of quantifying the role of medical factors in accident involvement is ongoing; ethical approval for this study is being progressed. An expert workshop is planned for autumn 2008 when there will be an examination of issues related to visual function and its assessment, including evaluation of adaptation to defects and its measurement as well as driving assessment methods.

(ii) Future Vision Research

12.2 Panel was provided with feedback about a visit by several Panel Members to a Driving Simulator at the University of Leeds on 24th April 2008.

13. Other Updates

(i) Appeal Cases since last Panel meeting

13.1 Panel was informed of the number of Appeals lodged against unfavourable licensing decisions made by DVLA on the grounds of visual disorders since the last Panel meeting. One case was dismissed in Court, three were withdrawn and some four cases are ongoing.

(ii) Number of cases referred to Panel members

13.2 Panel was informed that some ten cases were referred to individual Panel members since the last Panel meeting.

(iii) Progress of European Working Group Report

13.3 Dr Major provided feedback about the meeting of the European Driving Licence Committee which was held on 1st April 2008.

(iv) Update on High Court Challenge

13.4 Dr Major provided an update on the matter of the challenge in the High Court to the refusal of a vocational driving licence because of an abnormal binocular visual field.

14. Any Other Business

(i) Panel Membership

14.1 The matter of a replacement for Mr J Elston following his retirement from Panel was discussed. It was considered that this was an opportunity for Panel to review its membership and the particular area(s) of expertise required. Panel would seek relevant guidance from the Royal College of Ophthalmologists.

(ii) Correspondence

14.2 Panel discussed correspondence from members of the public. Panel re-affirmed that its view as expressed in Panel minutes is that of Panel as a whole rather than that of any individual member. This is clearly stated in a footnote on all published Minutes. Panel also expressed concern about correspondence that includes comments about the liability of individual Panel members and about correspondence

containing any potentially libellous statement. Legal advice would be sought where appropriate.

(iii) Request for information about Bioptics and driving

14.3 Panel re-affirmed that it is not permissible to meet the prescribed eyesight standard by means of the use of a bioptic device.

(iv) Request for an article about glaucoma and driving

14.4 Panel discussed a request from The International Glaucoma Association for an article to be written on glaucoma and driving. This would be published as part of a supplement feature by a national newspaper.

15. Date of next meeting

15.1 The next meeting of the Vision Panel is scheduled for Thursday, 4th December 2008.

There being no further business the meeting closed at approximately 4.15 pm.

Dr Gareth B Rees
Secretary to the Vision Panel