

MINUTES OF THE SECRETARY OF STATE FOR TRANSPORT'S HONORARY MEDICAL ADVISORY PANEL ON DRIVING AND VISUAL DISORDERS HELD ON THURSDAY 10TH JUNE 2004

Present:	Mr M H Miller	Chairman
	Mr A Elliott	
	Mr J Elston	
	Dr C W Fowler	
	Mr F D Ghanchi	
	Dr G McIlwaine	
	Mr A C Viswanathan	
Lay Members:	Mrs M Cornwell	
	Mr R Yates	
Ex-Officio	Dr N L Read	Research Manager, DfT
	Dr H G Major	SMA, DMDG, DVLA
	Mrs S Martin	DPG, DVLA
	Mr D Bastin	DPG, DVLA
	Dr C Jenkins	,MA, DMDG, DVLA (Panel Secretary)

1. Apologies

Mr G Duguid, Dr T Carter, Dr J McCaughan and
Dr K Davies.

2. Report from Chairmen's Meeting held on 12th February 2004.

(i) Annual Report 2003

- 2.1 The Annual Report of the Secretary of State's Honorary Medical Advisory Panel on Driving and Visual Disorders 2003 was received.
- 2.2 It was clarified that although Mr S Keightley had in fact resigned in 2002, as this was between meetings the resignation had been formally recorded in Panel minutes in 2003.
- 2.3 Amendment - Item 5.1(i) The Panel was advised of research evidence relating to glaucoma which indicates that it is very rare to have peripheral restriction in glaucoma, severe enough to reduce the width to less than 120 degrees, without central defect being present as well. It was agreed that the concern expressed in the annual report was therefore in conflict with this evidence and should be removed from the report
- 2.4 The final paragraph should read:
"Whilst these results were of interest they were relevant only to patients who suffer from glaucoma."
- 2.5 With this amendment, the annual report 2003 was received.

(ii) Resignation of Dr Dunne

- 2.6 The Chairman informed the meeting that Dr M Dunne had tendered his Resignation from the Panel, because of pressure of other commitments. The meeting noted this with regret but understood his reasons. The meeting recorded its thanks and appreciation to Dr Dunne for his support to the Panel in the past.

(iii) Minutes of Chairmen's Meeting of February 2004

- 2.7 The Minutes of the Panel Chairmen's meeting of 12 Feb 2004 were received.
- 2.8 The Chairman noted in particular the report given to the meeting by Ms McMahon, Economic Adviser and Deputy Head of Road Safety Division DfT. The government sought a 40% reduction in death and serious injury from Road Traffic accidents by 2010, (from a base as at 1994-8) with a higher target for children. There had been discussion on the role of the Secretary of State's Honorary Medical Advisory Panels in helping to achieve this, bearing in mind the limitations of evidence in the area. It was nevertheless felt that good evidence should be obtained before current standards were relaxed or otherwise amended.
- 2.9 Research into the accident rates using available data would be valuable but there were issues to be resolved regarding confidentiality and Data Protection. The Panel expressed the strong opinion that such data, appropriately anonymised, should be made accessible to the DfT research department. Without this, it was difficult to collect data either before or after any change in the standards and monitor the impact of such changes.
- 2.10 The Chairman remarked on the statistics of the activity in Drivers Medical Group and noted how few of the cases investigated actually had their entitlement removed.
- 2.11 Expressions of interest had been received for an external review of medical licensing processing in the UK and comparison with similar processes elsewhere in Europe. The review had been jointly commissioned by the Drivers Policy Group and Drivers Medical Group.
- 2.12 It was also noted that there were areas of discussion that crossed between Panels and it was agreed that it would be good practice to share minutes of meetings with other relevant Panels, in the interest of keeping Panels informed of these overlapping areas of interest.

(iv) Dr PA Raffle

- 2.13 2.13. The Chairman drew the attention of the meeting to the recent obituary for Dr P A (Andrew) Raffle who had written the original Medical Aspects of Fitness to Drive (MAFD), now out of print, for the (now disbanded) Medical Commission on Accident Prevention. Dr Raffle had in the past attended meetings of the Department for Transport's Advisory Panels. MAFD was the precursor of the DVLA's At a Glance Guide to Current Medical Standards of Fitness to Drive. The Panel paid tribute to the contribution Dr Raffle had made to many areas in medicine.

3. Minutes of Meeting of Vision Panel of 2 December 2003

- 3.1 Item 6.3. It was agreed that the words 'in the other eye' should be added after 'any pathological defect'
- 3.2 The minutes were approved.

4. Minutes of the Meeting of the Combined Vision and Neurology Panels held on the 25th March 2004.

- 4.1 This had been a meeting to discuss matters of mutual interest. Although no changes had been made to current practice as a result, the meeting had raised several interesting areas for future research. The minutes were approved.

5. Matters Arising from both Minutes not elsewhere on the Agenda.

(i) From Vision Panel Meeting

Item 4 (iii) Defects caused by Vigabatrin

- 5.1 The Panel noted correspondence with the manufacturers of Vigabatrin. The following paper was received to inform the discussion.

Visual field defect associated with vigabatrin: observational cohort study Wilton et al BMJ 1999;319:1165-66

- 5.2 The Panel was satisfied that the defects caused by Vigabatrin could be considered as non-progressive and that, subject to satisfactory epilepsy control, applicants with a field defect caused by Vigabatrin could have consideration as exceptional cases. Licensing could be permitted subject to the usual requirements for people with a static debarring field defect being met.
- 5.3 The Panel wished to be satisfied regarding the accuracy of information that is given by the manufacturer to patients with respect to driving. Enquiry will be made and information will be brought to the next Panel meeting.

(ii) Comparison of perimeters

- 5.4 Following consideration of correspondence, the Panel was satisfied that field testing on the Henson perimeter was not inferior to testing on the Humphrey perimeter.

Item 7.4.

- 5.5 DVLA is working on the feasibility of the production of a co-operation card, to facilitate the submission, with renewal applications, of appropriate visual fields that had been assessed at a routine recent clinic attendance. This would have the benefits of both speeding up the processing of renewal applications and also avoiding the requirement to attend an unfamiliar optometrist for testing for licensing purposes. The meeting felt that this development would be welcomed by many people.

Item 12.13.

- 5.6 The Panel agreed that Chief Superintendent J Moore, from DfT Road Safety Division, would be invited to speak to the Panel at the next meeting, to outline the powers of the police for roadside testing.

Item 12.17.

- 5.7 It was confirmed that as it had not been possible to arrange this for the combined meeting of the Vision and Neurology Panels, the next meeting would be preceded by the video presentation from a member of the Forum of Mobility Centres.

(ii) Matters Arising from the Combined Vision and Neurology Panel Meeting.

Item 2.8. - European Working Group on Driving and Vision

- 5.8 The Panel received a short update on the European Working Group on Driving and Vision. It was anticipated that a more detailed report would be presented to the Panel at some time in the future.

Item 4.5

- 5.9 **Five proposals had been submitted:**

(i) To examine the accident rate (including minor bumps and scratches) of drivers with central defects which are not currently considered debarring and compare this with the accident rate of a similar cohort of drivers with no defect. This could provide useful evidence to inform any proposed new standards for central defects. Either a prospective or a retrospective study could be of value, unlinked from licensing issues.

(ii) A comparison of binocular testing and monocular Esterman field testing, with and without fixation. Some patients can eliminate field defects by scanning whilst in others the defect persists unchanged. The mechanisms involved remain unclear and the relevance for safe driving has not been evaluated.

(iii) The observation of eye movements during driving assessment to give information on any differences between candidates without visual defect and others with known defects in various areas of the fields.

(iv) Saccadic eye movement could also be observed in a clinical situation and then linked to performance at a driving assessment.

(v) The driving assessment of drivers with field defects is carried out using a protocol agreed with the Forum of Mobility Centres. A review of reports from all the Assessment Centres could be carried out to identify if there are key areas to the assessment that are of greater value in the assessment outcome. This could lead to a more standardised decision making process.

- 5.10 The proposals had been noted by the DfT Research Manager and will be considered for feasibility. In due

course, the Panel would be asked to rank these.

- 5.11 Proposal (i) would be hampered by the problems, previously discussed elsewhere, in the reporting of accidents and their linking with medical conditions.
- 5.12 Proposal (iii) is partly being addressed in other research projects.

Item 4.7 - Future Composition of Panel Membership

- 5.13 The Panel discussed the areas of expertise that were needed to enable the Panel to widen its knowledge base. Suggestions were made that a Neurologist/Neuro-ophthalmologist/Neuro-psychologist would be helpful clinically. It was agreed that nominations would be sought from appropriate bodies.
- 5.14 It was also recognised that there was currently no source of statistical advice available to the Panel on a regular basis. It is the current advice from the Minister for Transport that all Panels should consider the appointment of a statistician. The Panel noted the lack of available data in relation to road safety and medical conditions, which limits the application of statistics. Whilst this could appear to make such an appointment less than a necessity, it was nevertheless agreed that access to statistical advice as and when it was required would be advantageous. Consideration would therefore be given as to how best to provide a source of statistical advice to all Panels.
This would also link usefully to the proposed provision of a literature review service to the Drivers Medical Group at DVLA.

6. New Cases – Group 1

- 6.1 Five individual cases were discussed.

7. New Appeal Cases since October 2003 meeting.

- 7.1 The Panel was informed that between October 2003 and May 2004, five new appeals had been lodged. Of these, four related to decisions regarding the field and one related to acuity. None was currently ongoing as, following further correspondence with DVLA, three had withdrawn and two were currently reapplying.

8. Case Reviews from Previous Meeting.

- 8.1 The Panel was up-dated with the outcome of cases discussed at the previous meeting.

9. Appeal Reviews from Previous Meetings.

- 9.1 The Panel was updated on the outcome of the Appeal cases presented at the previous meeting.

10. Number of Complaints received since last Meeting.

- 10.1 The Panel was advised that between October 2003 and May 2004, 99 complaints had been received in respect of cases related to visual matters. This represented approximately 10% of the total number of complaints received in that period.
- 10.2 Of these 99, 10 related to the licensing decision. The remainder related to the processing of the case, 65 relating to delay in processing and 24 to other complaints such as testing location.

11. Research Update.

- (i) **Proposal for workshop on diabetic retinopathy**

- 11.1 The Panel was reminded that owing to the lack of availability of the proposed speakers the decision, taken at the previous meeting, to host a discussion at the current meeting, had been cancelled.
- 11.2 However, it was now proposed that the workshop should come under the auspices of the DfT research programme, and that DfT should fund a workshop on this topic, to allow for a full and open debate. It was hoped that funding could be found for this to enable it to take place within the next 6 months. The Panel further agreed that the workshop would be confined to the discussion of diabetic retinopathy. It may be appropriate to consider other conditions in the future.
- 11.3 To enable contribution from the public it was proposed that a lay workshop should precede the scientific workshop. It was suggested that there should be involvement of relevant patient advice groups. Dr Read would seek nominees from these groups. The points made at this preliminary workshop would be taken forward to the scientific workshop by the DfT Research Manager and the two lay members of the Panel.
- 11.4 Members were asked to provide Dr Read, the DfT Research Manager, with suggestions for appropriate clinical contributors, and of the relevant patient advice groups, as soon as possible. Dr Read would make appropriate approaches; attendees should include an invited representative from the Diabetes Panel

(ii) BiOptics Conference: London, 18-20 June 2004

- 11.5 The Panel was advised that a representative from DVLA would attend the forthcoming conference and would report to the next meeting. A paper of relevance had been received and would be circulated with the papers for the next meeting:
Helping the visually impaired to drive – The BiOptic spectacle telescope Verezen C and Jose R *Optician* 2004 226 20-24
- 11.6 Dr Read outlined the current position with respect to ongoing research projects. The research into central defects was making progress and it was anticipated that a report would be available in around 9 months. Recruitment was not a problem. The proposal for a longitudinal study relating vision to accident rate was currently under consideration by the department with respect to funding.
- 11.7 Other projects of interest include the study in to the attitude of the medical profession in informing patients about fitness to drive. The project has now been awarded and meetings are now ongoing to establish the methodology. Dr Read will report again on the progress with this work at the next Panel meeting.
- 11.8 Dr Read also asked the members to send her their opinions with respect to the appropriate degree of active involvement that should be provided by Panel Members into the research project management. The consensus opinion of the Panel Members was that they would like to be given the chance to express their views but did not wish to attend additional meetings. Dr Read was asked to accept this as a response from the Panel. Dr Read will present the overall outcome of this discussion that also involved the other Panels at the next meeting.
- 11.9 Dr Read advised that, in the future, Steering Groups would be set up for all new projects to give ongoing support and direction and Panel Members would be invited to participate.

12. Trawl Update.

- 12.1 The Panel was advised that the processing of reapplication cases was ongoing with as little delay as possible. There has been no analysis of the figures since the last meeting but it was anticipated that a more detailed interim report would be available for the next meeting.

13. Correspondence.

(i)

- 13.1 The Panel noted correspondence from the coroner's office from a country that was not a signatory to the EC Directive, with respect to an individual road traffic accident. The suggestion had been made that a visual field defect had been the cause of the event. There was evidence that the driver concerned had a central defect. It was suggested that a defect subtending an angle of 15 degrees could mask an object the size of 2 people.
- 13.2 The Panel noted that there were other medical features that could have been contributory. It was not possible to estimate the extent to which the defect alone could have been causative. The comment was made that there was a tendency to look for features that appeared able to be objectively measured and to assume these to be causative. Factors such as inattention, both pathological and also as occurring in the normal population, were just as likely to have been a feature. The combination of pathologies and their influence on reaction to circumstances was an issue that has been previously noted by this and other Panels as an area for useful

review/research.

(ii)

13.3 The Panel noted ongoing correspondence from a licence holder, who had made enquiry about the methods of assessing field defects and the interpretation of these for licensing purposes. It was agreed that it was likely that some of the expressed concerns would be addressed when the deliberations of the proposed workshop were complete.

(iii)

13.4 The Panel was notified of correspondence from a licence holder, which drew the Panel's attention to a publication about the use of BiOptics when driving. This topic had already been addressed earlier in the meeting.

(iv)

13.5 The Panel was notified of correspondence from a licence holder regarding the composition of Panel membership. This topic had already been addressed earlier in the meeting.

14. Date of Next Meetings

14.1 The date of the next meeting was confirmed as Thursday 16 December 2004, time and location to be notified.

14.2 The date for the subsequent meeting was agreed as Thursday 21 April 2005, time and location to be notified.

15. Any Other Business

15.1 The suggestion was made that the Panel should receive information with respect to the use and function of Keystone apparatus in assessing visual function. A Panel Member will provide information on this and the matter will be discussed at the next Panel meeting.

The following papers were provided to the Panel for information:

Treatment of diabetic retinopathy Raynor et al CE Optometry; 2000;3:62-6

Prevalence and Characteristics of Central Binocular Visual Fields Defects in Patients Attending a Glaucoma

Perimetry Service Viswanathan et al Perimetry Update 2002/2003 83-85

There being no further business the meeting closed at 3.02 pm

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 and not as the views of individual Panel members.