MINUTES OF THE SECRETARY OF STATE FOR TRANSPORT'S HONORARY MEDICAL ADVISORY PANEL ON DRIVING AND VISUAL DISORDERS HELD ON THURSDAY, 18th MAY 2006

Present: Mr M H Miller (Chairman)
Mr J Elston
Mr A C Viswanathan
Dr C W Fowler
Mr A Elliott
Professor C Dickinson
Dr G Plant
Lay Members: Mrs M Cornwell
Ex-Officio: Dr J McCaughan, DVLNI
Mr A Chorley, CAA
Dr N L Read, Research Manager, DfT
Mr D Bastin, DPG, DVLA
Dr H G Major, SMA, DMDG, DVLA
Dr G Rees, DMG, DVLA
Mrs A Rook, DMDG, DVLA
Mr O Davies, DMG, DVLA
Dr C Jenkins, Panel Secretary, DMDG, DVLA
Guest Speaker:-Mr A Milliken

1.Goldmann perimetry

1.1. The Panel received a presentation on Goldmann Visual Field Testing from Mr A Milliken, Senior Optometrist, Moorfields Eye Hospital. Following this presentation the Panel agreed that work should proceed on developing a DVLA protocol for binocular visual field testing using the Goldmann perimeter. The draft protocol would go out to consultation to optometric centres known to use Goldmann perimetry. When agreed, DVLA would ascertain how centres should be selected to carry out testing to the agreed protocol.
1.2. Case 1/05/06 was discussed. It was unanimously agreed by the Panel that the Goldmann field provided was not of sufficient accuracy or detail for licensing purposes and that the correspondent would be advised of this. Should a reapplication be submitted DVLA would be likely to require the applicant to attend for a further field assessment at a centre known to test according the proposed protocol.

2. Apologies for Absence.

2.1. Apologies were received from Dr T Carter, Mr G Duguid, Mr F Ghanchi, Mr G McIlwaine and Mr R Yates.

3. Chairmen's Meeting 3 February 2006

(i) The Chairman had attended the meeting of Panel Chairmen held on 3 February 2006.
He highlighted the following points from the Agenda.
(a) Whilst the use of DVLA medical standards by other organisations for their own purposes was acceptable, it was agreed that the Panels' remit did not extend to specific employment issues. Their responsibility was to provide advice on driver licensing and not the subsequent use of these licences in individual areas of employment.
(b) The recommendations from an independent review of medical licensing had been delivered at a Parliamentary Advisory Committee on Transport Safety conference. The recommendations were being considered by DfT, with formal public consultation expected later in the year.
(d) The Chairmen had suggested changes to the ARIF literature search process, with closer, more iterative, liaison with relevant Panel experts. This had improved the quality and understanding of a subsequent report.
(ii) The Panel received the Annual Report on the work of the Vision Panel for 2005.

4. Minutes of Meeting of 1 December 2005

The following corrections were made.
Paragraph 2.1 2nd sentence. "Other refractive surgery…………and others were more invasive."
Paragraph 7.5 1st sentence – "The Panel noted the difficulty which could be experienced….."
Paragraph 10.4 2nd Sentence "In conclusion …………ways of being able to stress….."
Paragraph 12 Case 1/12/05. 2nd Sentence to be changed to read "It is advised that the Humphrey Field Analyzer is considered a good approximation to the Goldmann instrument………"
Paragraph 13.7 Remove 2nd sentence
Subject to these amendments the Panel approved the Minutes of the meeting held on 1 December 2005.

5 Matters Arising from minutes not covered by the Agenda

(i) Item 8 - Low vision aids promoted for use by drivers
The Panel noted that a conference on the use of Low vision aids promoted for use by drivers, due to be held in London in June 2006, had been cancelled. The UK position on the use of these aids for driving remained unchanged pending the European Driver Licensing Committee's review of the responses to the recommendations of the European Working Group on Driving and Vision from the European Member States.
(ii) Item 9 - Visual Acuity standard for Vocational Provisional Applicants
The Panel was advised that the previously proposed consultation would take place in due course.
(iii) Item 10 - Provisional licence applicants/holders as exceptional cases
The Panel was advised that although some progress had been made in addressing the anomalous situation described in the previous meeting, DVLA was not yet in a position to make changes to the current position.
(v) Item 11 - European Working Group on Driving and Vision.
The Panel had been advised that the responses from all the member states would be further discussed in the Autumn. Dr Major thanked Panel members for their observations and confirmed that these would be used to inform the UK response to the recommendations of the European Working Group on Driving and Vision. Any changes to the Annexe III of the European Directive that arose from these discussions were unlikely to be formalised before 2007.

6. Diabetic Retinopathy

(i) Department for Transport's Workshop on Diabetic Retinopathy 2 March
2006
The preliminary draft report had not been received prior to the meeting. However, Panel members would be given a copy of the recommendations once these became available, prior to discussion at the next meeting. Full consideration could then be given to their implications and implementation.
(ii) Consideration of the condition of diabetic retinopathy as static
As the findings of the DfT working group were not available the Panel was unable to consider further the criteria, if any, that could be applied in order to decide whether or not a particular case is static
(ii) Patient information leaflet
The Panel approved in principle a recommendation from the workshop that a brief explanatory leaflet be sent with requests to attend for visual field assessment. Suggestions were made about the content of a draft and DVLA would develop these.

7. Comparable accuracy of perimeters

7.1. The Panel was asked to consider whether there is any significant difference in the stringency of testing using the Humphrey and the Henson perimeters, particularly in the periphery of the field. It reviewed and noted the points made in previous correspondence:
(a) <u>The measurement of false positive responses.</u>
This was not felt to be a problem with Esterman testing since the false positive rate is checked using catch trials and not estimated as in the SITA central field threshold test of the HFA.
(b) <u>The colour of the target point</u>
This was not considered to be an issue.
(c) <u>The difference in calibration methods of the machines to ensure 10dB difference in level of illumination of the target to the background for the Esterman test</u>
This was not considered to be an issue.
(d) <u>Fixation monitoring</u>
This is known to be difficult on the Humphrey perimeter as the correct chin alignment will not allow the fixation monitor to be used. It appears that the Henson perimeter does allow for this. However DVLA requires all tests to be monitored by the operator and observed with respect to eye movement which should minimise this possible differential.

(e) The auditory cue on the Humphrey perimeter
This is present whether or not an illuminated target is presented, so will not affect the false positive measurement when false positive responses are checked by catch trials.
(f) Peripheral testing
There is no physical evidence that the testing of points on the periphery of the field is more lenient in either of the perimeters. Both use a constant brightness of target and do not vary this over the different areas of the tested field.
7.2. The Panel concluded that there was no evidence that significant differences in outcome would be expected on approved perimeters measuring threshold responses at 10dB above background luminance using the III4e target. The Panel noted that it is important to appreciate the learning effect that can be produced from serial testing. DVLA will continue to accept the best achievable field.

8. Maculopathy

8.1. The Panel was asked to provide further information about the clinical differences between the types of Maculopathy, to establish whether the implications for fitness to drive of these conditions were being fully and appropriately considered.. There was an impression that this condition was being under-reported to DVLA. It was not necessarily the case that self-declaration of satisfactory acuity, following notification of 'maculopathy', could be assumed to indicate the absence of a severe condition which could be causing significant field defect. A presentation for the next meeting would be commissioned from a Panel member.

9. Glaucoma

9.1. The Panel was asked to provide information on the long term behaviour of glaucoma. This was needed to inform consideration of whether any cases could be regarded stable, and, therefore, either meeting the criteria to be treated as an 'exceptional case' (where the field standard could not be met), or, where the field standard could be met, could avoid having regular field review every 3 years. The chairman would make a presentation on this to the next meeting.

10. Cases

6/12/05 The Panel received a final report on this case which had been discussed at its last meeting. No further action was required.

11. Research

11.1. Dr Read gave an update on the current DfT research programme. This did not include any current projects from the Vision Panel. The proposal to compare perimeters had not been perceived by DVLA as having a major impact on road safety or licensing at this time. Dr Read encouraged Panel members to either re-submit proposals or submit new ones through DVLA so that they could be reviewed and prioritised, for consideration in September.

12. Any Other Business

12.1. The Panel discussed the principle of when a patient should be advised to notify DVLA about a progressive condition. Although legislation suggests that all such conditions should be notified, DVLA did not need to be told where there was no impairment. DVLA would like to be able to define more clearly the point at which such a condition produces impairment impacting on road safety. This would seem to be the point at which a condition should be notified to DVLA, provided that regular clinical monitoring was undertaken prior to this in order to identify when this point was reached.
12.2. In particular the Panel discussed a potentially progressive eye condition such as glaucoma. DVLA had previously understood that a diagnosis of glaucoma indicated that a field defect had already occurred, c.f. ocular hypertension which does not lead to field defect. Whilst DVLA did not need to be told if glaucoma was present in one eye only, the declaration of binocular glaucoma was therefore taken to mean that there was field defect in both eyes. However, more sophisticated diagnostic tools can identify optic nerve damage at a very early stage, and the differentiation may no longer apply. It was agreed that it would be appropriate to advise Group 1 (car) drivers to notify DVLA at the point where both central fields showed evidence of field defect, as binocular full field testing is not carried out for clinical follow up purposes and it was not reasonable to expect clinics to do this. On notification, DVLA would then commission appropriate field-testing and follow up as appropriate. The Panel recognised that if advice about driving notification was not given at the first visit, which usually involved the consultant, subsequent visits may involve only a nurse or junior doctor and the need to add in this advice may be overlooked until there was a considerable loss of field. In addition, because of the greater stringency of the field standards for Group 2 (bus and lorry) licensing, these drivers should be advised to notify DVLA as soon as defect was noted in one eye.

12.3. DVLA would consider how to present its advice in the At A Glance Guide to Current Medical Standards of Fitness to Drive. In addition there could be opportunity for wider driver/applicant education when interactive on line applications/enquiries became more widely available.

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.

13. Dates of Next Meetings

13.1 The Date of the Autumn 2006 meeting was agreed as Thursday 30 November 2006

13.2 The date of the Spring 2007 meeting is Thursday 7 June 2007

The meeting closed at 3.00 p.m.