

MINUTES OF THE SECRETARY OF STATE'S HONORARY MEDICAL ADVISORY PANEL ON DRIVING AND PSYCHIATRIC DISORDERS HELD ON MONDAY, 24TH NOVEMBER, 2003

Present:	Professor M Lader	Chairman:
	Professor D G Cunningham Owens Dr P Divall Mrs J Gall Miss P Steel	
Ex-Officio	Dr M McCarthy Dr T Carter	Observer, Northern Ireland, Occupational Health Services Chief Medical Adviser, DfT
	Dr N L Read	Research Manager, DfT
	SuperInt. G Moore	Road Safety, DfT
	Dr H G Major Dr G L Wetherall Dr M Stark	Senior Medical Adviser, DVLA Panel Secretary, MA, DVLA President Assoc. of Forensic Physicians.

1. Apologies for Absence

- 1.1 Dr P C Fenwick, Dr Olajide, Professor Howlin, Mr G Williams DMDG, Drivers Policy Group DVLA.

2. Minutes of the Last Meeting held on 6th May 2003

- 2.1 With the correction of a grammatical error in paragraph 5.10 line three, the minutes of the meeting held on the 6th May 2003 were agreed as a true account of proceedings and signed by the Chairman.

3. Matters Arising

- 3.1 Dr Carter said the BMA Board of Science has agreed in principle to the fitness to drive publication and negotiations are underway with the publishers.

4. The Evidence of Driver Impairment

(a) The Role of the Forensic Medical Examiner

- 4.1 The chairman opened discussions by emphasising the importance of establishing an evidence basis to support Panel decisions and one potential area for this is the role of the Forensic Medical Examiner (FME) and the assessment of fitness to drive. He referred the Panel members to the "Guidelines for Forensic Medical Examiners" in the Agenda bundle and pointed out that most of the tests related to ataxia.
- 4.2 Dr Stark said that the FME works within legal constraints and in terms of the Road Traffic Act this means Section 4 and fitness in relation to drink and drugs. The police have no power to arrest a person under the Road Traffic Act because they are unfit due to mental illness. These individuals were more likely to be assessed under the Mental Health Act. Superintendent Moore confirmed that there is no offence of driving with mental illness. If it becomes apparent that an offender is suffering from a mental illness, it is likely that the case will not proceed to Court. Dr Stark said the FME will warn drivers if their medical condition makes it unsafe for them to drive or their condition needs to be reported to DVLA. Police have a common law duty to inform DVLA.

- 4.3 Dr Major asked Superintendent Moore about the criteria under which Police Authorities notify DVLA of drivers with medical conditions. His reply indicated that a report would only be undertaken if the medical condition appears to have caused the driving incident or is likely to affect driving. It was pointed out that the current situation does not facilitate the collection of information concerning accidents and medical conditions as the legal powers only relate to drugs and alcohol. There was further general discussion concerning the limitations caused by the legal process and legislation.
- 4.4 Dr Major mentioned that Section 22 of the Road Traffic Offenders Act requires Courts to notify DVLA if the Court becomes aware that a medical condition may make driving unsafe but very few notifications are received under this legislation.
- 4.5 The Chairman said that drink driving regulations are clearly defined and measurable but the issue of fitness to drive following a mental illness is less clear cut.
- 4.6 Dr Read outlined the limitations of relying on accident data and STATS 19 figures. Many careless driving cases are dealt with by driver improvement courses and a study of this group may be possible. Dr Carter said that any study concerning medical fitness needed to address two aspects. Firstly, what is the present state and is it likely to make driving dangerous and secondly, the prognosis and probability of recurrence. The Chairman said that in mental illness it is less clear what the driving impairment is, even during serious illness. It was mentioned that it can be exceedingly difficult to predict prognosis.
- 4.7 The Panel asked if the proposal to provide more information through STATS 19 has been rejected. Superintendent Moore said the data protection constraints are proving very difficult to overcome. It was suggested that a third party looking at anonymised research data may be a way forward as the information would be for a public health purpose rather than enforcement. It was also suggested that the matter could be taken up at a European level. The Chairman said that Norway has a lot of useful information particularly on alcohol, drugs and driving.
- 4.8 There followed general discussion concerning the linking of mental illness and driving accidents. Dr Stark confirmed that very few individuals admitted to hospital under Section 136 of the Mental Health Act were ever seen by FMEs in the Metropolitan Police area as the police tend to take the patient straight to the hospital as a place of safety. Some constabularies may have more FME involvement because all the FMEs are registered under the Mental Health Act. Dr Read said she would look into the possibility of using those constabularies for research purposes.

(b) Field Impairment Testing by the Police

- 4.9 Superintendent Moore said field impairment testing (FIT) has been used in the UK for about two years in those suspected of driving whilst impaired by drugs: it is simple testing of co-ordination. It has no current standing in Law and is used as an adjunct for the officer to confirm that a driver, who has been observed to be driving in an erratic/offending fashion, is impaired. At the current time, the test is voluntary, however next year the Road and Transport Safety Act will allow the police officer to require a driver to undertake the test. It is not a test of fitness to drive but of impairment only. The Chairman asked if there was evidence of validity. Superintendent Moore said facts show that FIT is helpful and 97% of cases found impaired by the test have confirmatory positive blood tests for drugs. Dr Stark said drug recognition testing in the United States has been validated but not FIT. The Chairman said that FIT seems very relevant to the Drug and Alcohol Panel but does not seem useful for psychiatric illness. The Panel agreed stating that psychiatric illness tends to affect judgement and often does not affect motor speed.
- 4.10 The Panel Chairman thanked Dr Stark and Superintendent Moore for attending the meeting and providing the Panel with useful information.

5. Psychiatry Cases for Financial Year 2002/3

- 5.1 The Panel considered the statistics concerning the number of psychiatry cases dealt with by DVLA during the financial year 2002/3. There followed general discussion concerning the limitation of the licensing statistics and all agreed there is under-reporting. Dr Carter said he thought it would be helpful to present the statistics for all medical conditions at the next Panel Chairmen's meeting.

6. Psychiatry Fitness to Drive Standards - Continuing the Review of Group 1 Standards

Dementia

- 6.1 The standard as defined was acceptable and probably the most useful thing is the practical driving assessment. Following discussion as to whether medication should be mentioned in the standard, it was decided to leave the section unchanged. An American law firm has produced a risk based assessment questionnaire for the relatives of drivers with dementia, which is based on the anxiety caused to passengers. A copy of the American questionnaire will be obtained and made available to Panel members and DVLA.

Learning Disability

- 6.2 Discussion concerning learning disability was deferred. The Chairman asked whether illiteracy should be mentioned but was reminded that the ability to pass a driving test has always been the arbiter in this respect.

Behaviour Disorder

- 6.3. The reference to "matures" in the Group 2 section should be replaced. The Panel thought it would be very difficult to produce an all-encompassing guideline; cases falling into this section would need to be considered on their merits. Reference to attention deficit hyperactivity disorder should be included in this section.

Psychosis

- 6.4. The section which relates to Group 2 entitlement and psychosis mentions, "no significant likelihood of recurrence", which in effect excludes most drivers with a history of psychosis. More important with regard to risk of relapse is the patient's engagement with services and concordance. The Chairman asked a Panel Member to draft an amendment to the standard.

7. Feedback from Panel Chairmen's Meeting

- 7.1. The Chairman drew the Panel's attention to the minutes of the meeting in the Agenda bundle and said he found the meeting very helpful, particularly the European dimension. Dr Carter added that each year different issues arise, sometimes organisational and sometimes Ministerial, and the emphasis will change from Panel to Panel.

8. Research Update

- 8.1 Dr Read outlined the problems in setting up the Cognitive Impairment Study and the need to re-advertise for expressions of interest. She urged any interested Panel members to apply. The study to look at the attitude of health professionals in giving advice on fitness to drive has had a very good response with 36 expressions of interest. Five groups have been invited to submit formal proposals. It is hoped to make the choice by the end of January 2004. It was pointed out that it is important to get a group with a good track record and that all health professionals are in a dilemma, balancing the duty to their patients and to that of the public at large.

9. Panel Membership

- 9.1 The Panel was content with the current range of expertise on the Panel.

10. Cases

- 10.1 The Panel considered one individual case.

11. Any Other Business

(a)

- 11.1 The Panel's attention was drawn to the SIGN guidelines on sleep apnoea. It was commented that the SIGN documents are extremely well regarded and are available on the Internet.

11.2 Dr Major announced to the Panel that the draft proposals for a Third EC Directive on driver licensing have just been published. The medical standards are not affected but the EC are proposing that the Group 2 licences be renewed on a five yearly basis from first issue. This may mean that more medical conditions during the 20s and 30s are reported, which until now, do not surface until the 45 year renewal. Also, it is proposed that Group 1 licences have a maximum administrative validity of 10 years, which will fit in with the photocard renewal. Other proposals affected C1/D1 licensing; it is proposed to have reciprocal entitlement between C1 and D1 and also reduce the upper weight limit for C1 from 7.5 tonnes to 6 tonnes.

12. Date and time of Next Meeting

12.1 The next meeting has already been arranged for the 10th May 2004. The Panel agreed to hold the Winter meeting 2004 on the 22nd November.

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