

**MINUTES OF THE MEETING OF THE SECRETARY OF STATE FOR
TRANSPORT'S HONORARY MEDICAL ADVISORY PANEL ON DRIVING
AND VISUAL DISORDERS HELD ON THURSDAY 5TH NOVEMBER 2009**

Present:	Mr M H Miller Professor C Dickinson Mr A Elliott Mr F Ghanchi Mr W Newman Mr G McIlwaine Dr G Plant	Chairman
Lay Members:	Mrs M Cornwell Mr D Edmunds	
Ex Officio:	Dr J McCaughan Mr A Chorley Mr D Bastin Ms J Chandaman Mrs S Richards Dr L Brutus Dr R Rhodes Dr G B Rees	DVA (formerly DVLNI) Civil Aviation Authority Head of Medical Policy, DVLA Drivers Medical Policy Specialist Casework Advice, DVLA Development Group, DVLA Medical Adviser, DfT Senior Research Officer, DfT (attended for discussion on Research) Panel Secretary, Medical Adviser, DVLA

1. Apologies for Absence

- 1.1 Apologies received from Dr T Crayford, Mr G Duguid, Dr C Fowler and Mr A Viswanathan

2. Chairman's Remarks

- 2.1 The Chairman welcomed Mr W Newman, a new member of Panel, and Mr D Bastin, Head of Medical Policy at DVLA. The Chairman also thanked Dr H Major for her valuable contribution to Panel discussions over the years.

3. Minutes of Panel Meeting of 2nd April 2009

3.1 The draft minutes of the Panel meeting of 2nd April 2009 were approved.

4. Matters arising not covered in the main agenda

(i) Item 9 Presentation on Subject of Retinitis Pigmentosa

4.1 Panel noted the contents of a presentation on the subject of Retinitis Pigmentosa given at the previous meeting.

(ii) Item 12 Journal Article on New Eyesight Standards

4.2 Panel noted the article on the new European standards for vision and driving written by a member of Panel and published in the journal 'Optician' in October 2009.

5. Update on three cases previously discussed

5.1 Panel was provided with an update on three cases discussed at the previous meeting. There was further discussion about individuals with a stable but debarring visual field defect due to laser treatment to both eyes because of proliferative diabetic retinopathy. Panel considered that further research is required to determine how such cases can be evaluated with regard to full functional adaptation.

6. Changes to Annex 111 of the 2nd EC Directive on Vision and Driving and other EC changes

6.1 Panel discussed the European Union Commission Directive 2009/113/EC of 25th August 2009 that introduced revised minimum standards for vision in relation to Group 1 and Group 2 licensing. The changes must be implemented by 25th August 2010. The need for any higher standard would need to be supported by medical evidence. The Panel views would inform formal public consultation on the changes prior to any need to make changes to the legislation.

(i) Group 1: Visual Acuity

6.2 Applicants for a Group 1 licence, or for the renewal of such a licence, must have a binocular visual acuity, with corrective lenses if necessary, of at least decimal 0.5 when using both eyes together. Drivers with sight in one eye only (or who use one eye only for driving) must also have a visual acuity of at least decimal 0.5 using corrective lenses if necessary. Panel recognised that the 'number plate test' should continue to be used as the routine test of the visual

acuity standard required but that the case of an individual who failed this test could be further considered if they are able to provide acceptable evidence of having a visual acuity of decimal 0.5. Panel was reminded that some 50% of individuals with a visual acuity of 6/12 as measured with a Snellen chart may fail the 'number plate test'. Panel discussed how measurement of a decimal visual acuity of 0.5 may be made and considered that this could be by using either a LogMAR chart or a standard Snellen chart provided the 6/12 line contained more than one letter. Panel considered that visual acuity is best expressed in terms of the Snellen chart.

(ii) Group 1: Visual Field

- 6.3 The horizontal field should be at least 120 degrees, the extension should be at least 50 degrees left and right and 20 degrees up and down; no defects should be present within the central 20 degrees. For binocular drivers Panel considered that no change was required to the advice currently provided in the 'At a Glance Guide to the Current Medical Standards of Fitness to Drive' with regard to the interpretation of visual field charts for the purposes of driver licensing. For drivers with sight in one eye only it was noted that the visual field standard is now the same as that for binocular drivers. Panel also noted that the precise perimetric methodology to be used for visual field testing was not stipulated in the Directive.
- 6.4 For Group 1 driving entitlement Panel noted that drivers may be considered as 'exceptional cases' where the visual field standard or the visual acuity standard cannot be met. In such cases the driver should undergo examination by a competent medical authority to demonstrate that there is no other impairment of visual function, including glare, contrast sensitivity and twilight vision. Panel discussed the possibilities for setting up specific centres where such individuals could be evaluated expertly. The driver or applicant should also be subject to a positive practical test carried out by a competent authority.
- 6.5 Panel discussed the duration of the appropriate adaptation period after recently developed diplopia or after loss of vision in one eye and before driving is allowed following a favourable opinion from vision and driving experts. Panel considered that the period of adaptation is very variable.

(iii) Group 2:

- 6.6 The new Directive indicates that applicants for a Group 2 driving licence or for the renewal of such a licence shall have a visual acuity, with corrective lenses if necessary, of at least decimal 0.8 in the better eye and of at least decimal 0.1 in the worse eye. If corrective lenses are used to attain these minimum values then this must be achieved by means of glasses with a power not exceeding +8

Dioptres, or with the aid of contact lenses; the correction must be well tolerated. Panel was informed that the minimum standard of decimal 0.8 for corrected acuity in the better eye has not changed from the requirement in the previous Directive but that this was interpreted by DVLA as being 6/9 rather than 6/7.5 on the Snellen chart since most such charts do not have a 6/7.5 line. Panel was informed that an acuity of 6/9 would be within the expected range of variation for someone whose acuity was recorded on another occasion as 6/7.5. Panel considered that the new minimum corrected visual acuity of decimal 0.1 in the poorer eye is acceptable and that no higher standard is required. Panel noted that no specific standard for uncorrected acuity is stipulated but that correction should be with glasses of power no greater than +8 Dioptres.

- 6.7 For Group 2 driving the horizontal visual field with both eyes should be at least 160 degrees, the extension should be at least 70 degrees left and right and 30 degrees up and down; no defects should be present within a radius of the central 30 degrees. Panel noted that the Directive neither stipulates how the visual field is tested nor how many points should be tested; it was pointed out that the Humphrey Field Analyser does not measure a horizontal field to 160 degrees. However, Panel considered that the full field Humphrey Field Analyser satisfactorily fulfils the requirements of the Directive.
- 6.8 Panel discussed the requirement that after a substantial loss of vision in one eye there should be an appropriate adaptation period during which the subject is not allowed to drive. The duration of this adaptation period was discussed. After this period driving is only allowed after a favourable opinion from vision and driving experts.
- 6.9 Panel noted that Group 2 driving licences should not be issued to or renewed for applicants or drivers suffering from diplopia or from impaired contrast sensitivity.
- 6.10 Panel considered that the issues of twilight vision and of glare and contrast sensitivity should be further addressed at its forthcoming meeting in Spring 2010 and that it may be helpful to request a presentation on these subjects from an appropriate expert.

7. Perimetry

- 7.1 Following enquiries from orthoptists Panel discussed the issue of undertaking Goldmann perimetry using an automated perimeter rather than using the manual Goldmann perimeter since the latter is no longer manufactured. However, Panel considered that automated perimetry even with a manual component may not necessarily be an adequate substitute for manual Goldmann perimetry and that further information on the matter is required.

7.2 Automated perimetry and visual field testing using the monocular grid when a driver has only one functioning eye was considered. Panel considered that the test may quite appropriately be performed using the binocular grid in the knowledge that such a chart will demonstrate a defect corresponding with a nasal shadow. It was pointed out that the new EC Directive requires the same visual field standard for both monocular and binocular drivers and that a test using the monocular grid may therefore no longer be required.

8. Cases for Discussion

8.1 Six cases were discussed of which two were of optic disc drusen, two others were of retinitis pigmentosa, one was of hereditary stationary night blindness and one was of Sturge Weber syndrome.

9. Research

9.1 Panel noted that the various changes it had agreed with regard to vision and driving have not been associated with any increased risk of road accidents. However, there was discussion about the possibility of requesting drivers who have benefited from a relaxation in the standards to complete a questionnaire with regard to the occurrence of road traffic accidents in which they are involved. It was considered by Panel that such research would be helpful to road safety but that it may be best addressed by the relevant special interest or self help group rather than by DVLA.

9.2 Panel discussed the vision research proposals submitted to DfT earlier in the year. Proposals from each of the six Panels will be prioritised, but in addition it was requested that the Vision Panel prioritise the five vision research proposals submitted to DfT. Since the Panel meeting, it was clarified that the prioritisation process had in fact already occurred in summer 2009 and that the successful proposals are due to be taken forward in 2010.

9.3 Panel was provided with an update on the research planned by DfT for 2009 to 2010. The DfT Research Database is intended to contain details of all research projects funded by the Department. Road Safety is listed as a Programme within the Research Database which is accessible via the following link:
<http://www.dft.gov.uk/rmd/>

9.4 Panel was informed that there may be an opportunity to commission a number of medical literature searches on relevant topics. Panel was informed that this service is currently being commissioned by DfT and that the facility should be operational early next year.

10. Updates

- 10.1 Panel was provided with an update on the number of Appeals against unfavourable licensing decisions made because of visual disorders. Since the last Panel meeting DVLA has received 83 summonses of which 9 were vision related appeals.
- 10.2 Five cases had been referred to individual Panel members since the last Panel meeting.

11. Any Other Business

- 11.1 Panel discussed correspondence from a customer.

12. Date of next meeting

- 12.1 The forthcoming Spring meeting of Panel is scheduled for Thursday 15th April 2010.

Dr Gareth B Rees
Secretary to the Vision Panel