

**MINUTES OF THE SECRETARY OF STATE'S HONORARY  
MEDICAL ADVISORY PANEL ON DRIVING AND DIABETES MELLITUS  
HELD ON TUESDAY, 17<sup>TH</sup> MARCH 2009**

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|---------------------|---|--|
| <b>Present:</b>     | Professor B M Frier<br>Dr Ann E Gold<br>Professor J Saunders<br>Dr D T E Cunnah   | Chairman   |
|                     | Professor K M Shaw<br>Dr E R Waclawski<br>Dr M D Feher  |  |
| <b>Lay Members:</b> | Ms Marilyn Jackson<br>Mrs Barbara Hatton  |  |
| <b>Ex. Officio:</b> | Dr R V Johnson<br>Dr T Crayford<br>Dr Heather G Major<br><br>Dr Stephanie Williams<br>Ms Jan Chandaman<br>Dr S D R Rees | Civil Aviation Authority<br>Chief Medical Adviser, DfT<br>Senior Medical Adviser & Head<br>of Medical Licensing Policy<br>Medical Adviser<br>Specialist Casework Advice<br>Panel Secretary/Medical Adviser |

**1. Apologies for Absence**

1.1 Apologies were received from Dr K MacLeod and Dr C Beattie.

**2. Minutes of the Last Meeting**

2.1 The minutes were accepted as a true account of the proceedings on 3<sup>rd</sup> September 2008.

**3. Matters arising from the Minutes**

3.1 Ref. para 3.1 No further action is required on this topic.

3.2 Ref. para 10.1 The Panel had considered the paper "Road Traffic Accidents and Diabetes: insulin use does not determine risk" published in Diabetic Medicine, at the September 2008 Panel meeting. The DVLA response entitled "Driving and diabetes: DVLA response to Lonnen et al" has now been published in this journal (Diabet Med 2009;26:191).

#### **4. Minutes from the Chairmen's Meeting**

- 4.1 Ref. para 4.7 The Panel advocated the principle of independent medical assessment for individuals with higher risk conditions, particularly those being considered as "exceptional cases", to avoid any potential conflict of interest by the physician who is also responsible for diabetes care.
- 4.2 Ref. para 5.2 All parties at the Chairmen's meeting welcomed recognition of the significant benefits the Panels bring to DVLA and DfT and which additionally serve as a helpful conduit between the medical profession and the Agency.

The Chairmen agreed that each Panel should hold a minimum of one meeting a year, normally in the autumn. There would be the facility to hold a meeting in the spring at the discretion of all parties concerned. The expectation of the Diabetes Panel was that for the foreseeable future, two meetings per year would continue to be required because of the heavy workload.

- 4.3 Ref. para 5.5 The Panel felt that there was great benefit in recruiting Panel Chairmen from within the Panel membership. DVLA are to check the relevant CoSAC requirements.

#### **5. Update on pilot study of drivers with diabetes on insulin for 15 years or more**

- 5.1 The second phase of this pilot is now complete. Analysis of data on 2,779 drivers whose diabetes has been treated with insulin for 15 years or more has been carried out to examine their risk of developing severe hypoglycaemia, impaired awareness of hypoglycaemia and the accuracy of their self-declaration. Following a detailed discussion of the results, the Panel emphasised the importance of being able to accurately identify individuals at higher risk of driving-relevant impairment. It was also felt that this pilot survey would be suitable to be submitted as a poster presentation to a national diabetes meeting in future.

#### **6. EC Working Group – Outcome of EC Driving Licence Committee Meeting on 5 February 2009**

- 6.1 An amendment to the minimum health standard set out in the second Directive on driving licences (91/439/EC) is currently progressing through the EC legislative process, following a vote at the meeting of the Committee on 5<sup>th</sup> February.

A detailed discussion by the Panel considered possible options for change to the national standards for driving, once any new EC legislation comes into force. DVLA will consider the Panel's advice and recommendations before seeking ministerial views.

**7. Advice given on the DVLA website regarding treatment with Exenatide or Gliptins**

7.1 The Panel considered a letter from the Medical Director of a pharmaceutical company regarding the differential hypoglycaemia risks from individual Gliptins. The Panel noted the point made but awaits further published scientific evidence from comparative studies involving the gliptins that had been published in peer-reviewed journals before reconsidering its advice to DVLA.

**8. Correspondence from a driver with insulin-treated diabetes who has lost Group 2 entitlement**

8.1 The Panel sympathised with the driver's situation and his loss of employment as an LGV driver. However, under current legislation drivers with insulin-treated diabetes are not allowed to hold LGV/PCV entitlement. The required minimum standards are presently being reviewed through the EC legislative process.

**9. New Diabetes UK Guidance on Diabetes and the Fire Service**

9.1 The Panel considered this guidance that had been produced by a collaboration of organisations led by Diabetes UK. This is primarily an occupational health issue, which is relevant to specialists from the Faculty of Occupational Medicine.

**10. Advice to Ambulance Drivers**

10.1 The Panel considered this advice and again felt it was an occupational health issue and not within the remit of either the Panel or DVLA.

**11. Case for Discussion**

11.1 The Panel considered and advised on the case of a driver with a history of insulin-treated diabetes, who had undergone whole pancreas transplant and was no longer taking insulin. The general point was made (as noted previously) that the long-term viability of whole pancreas transplant or pancreatic islet cell transplant is uncertain, and reintroduction of insulin therapy may become necessary in recipients.

## **12. Research Update**

### **12.1 Proposals for change to the DfT Research Process**

The Chief Medical Adviser, Dr Crayford, advised that the emphasis of any research proposal should be its impact on road safety by the potential reduction in the number of fatalities and accidents. It was proposed that all Panels discuss with DVLA and agree their research priorities at each autumn Panel meeting and submit their proposal on a template (draft template circulated at the meeting), for consideration at the next Chairmen's Meeting. The Chairmen's Meeting, chaired by the Chief Medical Adviser, would then prioritise and agree topics for the following year's research funding.

## **13. Literature Search**

### **13.1 The Panel considered the paper "How hypoglycaemia can affect the life of a person with diabetes", published in Diabetes/Metabolism Research and Reviews 2008; 24:87-92.**

## **14. Any Other Business**

### **14.1 Routine blood glucose monitoring for Group 2 drivers with tablet-controlled diabetes**

In response to an enquiry from a General Practitioner, the Panel agreed that Group 2 drivers on oral medication should monitor their blood glucose regularly and at times relevant to driving particularly if they are taking a sulphonylurea.

### **14.2 Consultation on Health and Driver Licensing**

The Department is currently in discussion about an appropriate date for its publication.

### **14.3 Assessing impaired awareness of hypoglycaemia in people with insulin-treated diabetes**

The Panel considered a query from a Consultant Diabetologist as to which health-care professionals are best placed to assess impaired awareness of hypoglycaemia for licensing purposes.

The Panel noted that when the clinician signs the medical enquiry form (which DVLA sends to the driver's General Practitioner or Consultant) they take legal responsibility for it. The Panel also suggested incorporating the method of Gold and colleagues (published in Diabetes Care 1994; 17:697-703) of assessing awareness of hypoglycaemia on this medical enquiry form as a pilot exercise.

**15. Date of Next Meetings**

14<sup>th</sup> October 2009.

9<sup>th</sup> March 2010.

**DR S D R REES BSc MBBS**  
**PANEL SECRETARY**