

DRAFT

MINUTES OF THE MEETING OF THE SECRETARY OF STATE FOR TRANSPORT'S HONORARY MEDICAL ADVISORY PANEL ON DRIVING AND DISORDERS OF THE CARDIOVASCULAR SYSTEM

THURSDAY, 17 SEPTEMBER 2009

Present:	Dr H Swanton	Chairman
	Dr M Anderson	
	Professor M Cowie	
	Dr M Griffith	
	Dr A Kelion	
	Dr P Schofield	
	Dr L D R Smith	
Lay Member:	Mr B Nimick	
Ex-officio:	Dr J McCaughan	DVLNI
	Dr S Evans	Civil Aviation Authority
	Dr H G Major	Senior Medical Adviser & Head of Medical Licensing Policy, DVLA
	Dr K Watts	Medical Adviser, DVLA
	Miss J Chandaman	Drivers Policy Group, DVLA
	Dr A Kumar	Panel Secretary/Medical Adviser, DVLA
	Dr J G G Hanley	Panel Secretary/Medical Adviser, DVLA
	Dr R Rhodes	DfT Road Safety Research Team
	Dr L Brutus	Clinical Adviser to Chief Medical Adviser, DfT

1. Apologies for Absence

Dr D R Holdright
Professor A Bradbury
Mr G E Venn
Mr P Tait
Mr B Jones

2. Panel Membership Changes

The Panel Chairman welcomed Professor M Cowie and Mr B Nimick to their first Panel meeting and advised of his own retirement from the Panel.

3. Minutes of the Meeting of 2 October 2008

The minutes were accepted as an accurate record of the meeting.

There were no matters arising.

4. Minutes of the Secretary of State for Transport's Honorary Medical Advisory Panel Chairmen's meeting 4 February 2009

As Dr Swanton had been unable to attend this meeting, the Senior Medical Adviser drew the Panel members attention to several of the items raised.

- i) The EC Driving Licence Committee has approved the proposed changes to Annex III of the Driving Licence Directive with specific regard to epilepsy, vision and diabetes mellitus. As a result there are expected to be changes to some UK driving regulations over the next year, with a tendency towards less stringent standards and more individual assessment. The Committee is expected to develop further working groups to examine other 'medical' areas. The Panel was asked to consider and feed back any specific cardiac issue(s) that might usefully be examined in the event of their appointing a cardiac working groups.
- ii) A reduction in the frequency of Panel meetings from twice to once annually, to occur in the Autumn, was agreed in principle, unless specific issues dictate that a Spring meeting should also occur.
- iii) The confirmation that a Panel Chairman can be appointed from existing Panel members.

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.

5. Annual report of the Secretary of State for Transport's Honorary Medical Advisory Panel on Driving and Disorders of the Cardiovascular System for the period January to December 2008

The minutes were accepted as an accurate record of the Panel activities during the reporting period.

6. Cardiac Resynchronisation therapy (CRT) – Group 2 licence (lorry/bus)

This matter had previously been discussed at the March 2005 meeting of this Panel. At that time it was considered that the requirement for CRT should debar Group 2 (lorry/bus) licensing. Over the subsequent years there has been an increase in the use of such therapy which is now being used in those with New York Heart Association (NYHA) heart failure class 2 whereas previously such therapy was used primarily in those with NYHA heart failure class 3 or 4. During the discussion the following points emerged:

- i) Left Ventricular Ejection Fraction is a better predictor of an arrhythmic induced event whereas duration of exercise time on the treadmill is a predictor of long term survival.
- ii) Bi-ventricular pacemakers with pacemaker function alone (CRT-P) are now uncommon as most devices currently implanted have a defibrillator function (CRT-D).
- iii) CRT can improve Left Ventricular Ejection Fraction, sometimes dramatically, however, this improvement may decline over the subsequent 2 to 3 years.

It was agreed that Group 2 (re)licensing could occur when a CRT-P device has been implanted provided the heart failure and other guidelines can be met. A CRT-D

device debars Group 2 (re)licensing due to the presence of the device's defibrillator function.

The next edition of the 'At a glance Guide to the current Medical Standards of Fitness to Drive' will clarify this distinction.

7. Exercise testing and cerebrovascular arterial disease – Group 2 (lorry/bus)

The Panel considered the various recommendations provided by the Secretary of State for Transport's Honorary Medical Advisory Panel on Driving and Disorders of the Nervous System over the years, which are summarised in the following paragraphs.

Prior to 1999 those who had suffered a stroke or transient ischaemic attack (TIA) were debarred from holding a Group 2 licence for a period of 5 years. In 1999 the Secretary of State for Transport's Honorary Medical Advisory Panel on Driving and Disorders of the Nervous System reviewed their previous advice and reduced the period of time that Group 2 driving should cease to 12 months, the period during which there is an unacceptable risk of recurrence. The licence could subsequently be regained provided there had been satisfactory neurological recovery (in the case of a stroke), no further stroke/TIA and exercise testing did not suggest significant concomitant coronary artery disease. Repeat exercise testing was advised, usually every 3 years unless other events dictated earlier re-assessment.

In late 2008 the Secretary of State for Transport's Honorary Medical Advisory Panel on Driving and Disorders of the Nervous System decided that the requirement for automatic exercise testing after a cerebrovascular event should be removed. The Senior Medical Adviser had subsequently corresponded with the Neurology Panel Chairman requesting some clarification for the change in the Panel's view.

Following discussion it was considered that, due to the heterogeneous nature of stroke/TIA events, these matters should be further discussed at a joint meeting of the

relevant expert of members of the Cardiac and Neurology Panels. It is hoped that this will occur in the early part of 2010.

8. Atrial Fibrillation during Exercise Testing – Group 2 licence (lorry/bus)

The Panel was asked to advise on what further evaluation should occur of those who had completed 3 stages of the standard Bruce protocol without symptoms or evidence of reversible myocardial ischaemia but who developed atrial fibrillation in the course of the test.

In the subsequent discussion the following points were raised:

1. Paroxysmal atrial fibrillation (PAF) is very rarely caused by ischaemic heart disease.
2. Hypertension is a more likely causative factor.
3. Myocardial perfusion imaging of those with AF shows the same prevalence of perfusion defects as the general population.
4. Whilst in the past those who have experienced PAF might undergo coronary angiography, this is rarely undertaken in clinical practice today. Those with troublesome PAF are now more likely to undergo a catheter ablation procedure.

The Panel advised that echocardiography should occur when atrial fibrillation has arisen during exercise testing to confirm that the LVEF is at least 40% and to detect any structural abnormality of note.

9. Dft Research

Dr Rhodes advised the Panel that the organisational and personnel changes had now been completed following the departure of Dr L Read. She will be concentrating on ‘impairment ‘ aspects in particular alcohol, drugs and fatigue. Dr Brutus will be dealing with the clinical aspects of the research programme.

The Panel was:

- 1) provided with a summary of the current and planned DfT research projects
- 2) advised that a new Medical Literature Review Service will shortly become available to support and inform the work of the various medical advisory panels.
- 3) informed that the list of reports published by the Road User Safety Division in 2008/09 could be accessed using the link:
<http://www.dft.gov.uk/pgr/scienceresearch/evidenceplannedresearch0910.pdf>.
- 4) advised that the Analysis of Risk Outcomes for Cardiac Conditions report is planned before the end of 2009.

The Panel requested that as soon as this becomes available, it should be sent to all members.

Concern was expressed by the Panel that the ‘Attitudes of Health Professionals to Giving Advice on Fitness to Drive’ had still not been published.

10. Cases and late entries

Two cases and a clinical scenario were discussed and advice provided.

11. Any other business

None.

12. Date(s) of next meeting

16 September 2010.

If circumstances require a Spring meeting, this will occur, 4 March 2010.

DR J G G HANLEY MB BS MRCP(UK)

Panel Secretary

Medical Adviser, DVLA

28 September 2009