

MINUTES OF THE SECRETARY OF STATE'S HONORARY MEDICAL
ADVISORY PANEL ON DRIVING AND VISUAL DISORDERS HELD ON
TUESDAY, 29TH JANUARY 2002 IN ROOM S2, GREAT MINSTER HOUSE,
MARSHAM STREET, LONDON

Present: Mr M H Miller Chairman
Mr S Keightley
Mr C G F Munton
Mr J Elston
Dr G McIlwaine
Dr M Dunne
Ms M Cornwell Lay member
Mr R Yates Lay member

Professor A Nicholson
Dr C Beattie Northern Ireland, Occupational Health Services
Dr T Carter Chief Medical Adviser
Dr D A Sheppard MA/DVLA
Mrs K Fisher DVLA/DPG
Ms S Lloyd DVLA/DMDG
Dr C Jenkins MA/DVLA, Panel Secretary

1. CHANGES TO PANEL MEMBERSHIP

1.1 Mr Miller was welcomed as the new Chairman of the Panel. He expressed thanks to Mr Simon Keightley for his previous tenure of Chairmanship.

1.2 The Chairman noted that a letter of resignation had been tendered from Mr J M Hayward. He would write and thank Mr Hayward for his period of membership.

1.3 Ms M Cornwell was welcomed to her first meeting since appointment.

2. APOLOGIES FOR ABSENCE

2.1 Apologies were received from Dr J C Durston.

3. TERMS OF REFERENCE

3.1 The Panel approved the addition of the word "informed" into the Terms of Reference to reflect the contribution of lay membership. It had been previously agreed that Terms of Reference should be included in each bundle of Agenda papers.

[Action CJ]

4 MINUTES OF PREVIOUS MEETING

4.1 Item 6.5 It was noted that the words "for attention" had been omitted after the word "surrogate". With this amendment agreed, the Minutes were approved.

[Action CJ to amend minutes]

5. Matters Arising

5.1 Item 3.2.1 Partial Sight Registration.

5.11 The Panel was informed of concern expressed by the Medical Advisers regarding the reinserting of a statement in At A Glance referring to the incompatibility of partial sight registration and driving.

5.12 Discussion followed regarding the lack of consistency in interpretation of the standards of registration across the UK.

5.13 It was, therefore, agreed that a statement be included in At A Glance indicating that whilst partial sight registration was not normally regarded as compatible with driving, in all cases the ability to meet the standards outlined in At A Glance would be taken into consideration.

[Action CJ to amend AAG]

5.14 The meeting was informed that the BD8 form was not due for review and it was thought likely that the DSS would not wish to add a statement, regarding fitness to drive, to their guidelines provided for completion of this form.

5.2 10.3 Diplopia.

5.2.1. The panel reviewed the evidence referring to the stability of uncorrected diplopia of 6 months duration, and the indication that sufficient adaptation would have occurred for driving to be allowed.

5.2.2. There was discussion as to whether this would always be the case in every driver.

5.2.3. It was agreed that before an uncorrected/uncorrectable diplopia of six months duration could be considered stable, a favourable Consultant report would be required. Each case would need to be considered on an individual basis by the Panel. The At A Glance entry would be amended to reflect this. The current instruction to revoke/refuse an uncorrected/uncorrectable diplopia would continue. The information letters would be reviewed to ensure that they reflected the possibility of reconsideration if adaptation or suppression had occurred.

[Action by CJ]

5.3 Royal College of Ophthalmologists

5.3.1. Mr Keightley presented the results of a survey of members of the Royal College of Ophthalmologists. These indicated that the majority of the respondents at the time of the survey felt that the DVLA's application of the standards at that time was possibly too stringent. There appeared to be a general agreement regarding waiting for the results of the research before major changes were made. There was also support for making exceptional cases for longstanding static defects.

5.3.2. It was suggested that the results of the survey could be submitted for publication. This was agreed by Mr Keightley.

[Action SK]

5.3 Royal College of Ophthalmologists

5.4.1. The Panel noted the requirement of paragraph 6 of Annex 3 of the Second EC Directive. This states that an applicant for a driving licence or renewal of a licence with a total loss of functional vision in one eye or use of only one eye (e.g. in the case of diplopia), has to have a visual acuity of at least 0.6. A competent medical authority must certify that "this condition of monocular vision has existed sufficiently long to allow adaptation and that the field of vision in this eye is normal".

5.4.2.

It was agreed that the entry in At A Glance would reflect this and it would also be amended to indicate this requirement included those drivers who drive with one eye only because of patching.

[Action CJ]

5.4.3. It was confirmed that the definition of Monocularity is that there is no light at all perceived in one eye. Functional Monocularity must not be assumed where one eye only perceives hand movement or can only count fingers. If the eye perceives light at all, the binocular field standards for Group 1 licensing apply.

5.4.4. It was confirmed that for Group 2 drivers functional monocularity was assumed if the vision in one eye was worse than 3/60.

6. RESEARCH UPDATE

6.1 Professor Nicholson outlined the current progress of the Research Programmes. A further proposal had been submitted for an additional project looking specifically at the functional correlates of scotomata. In addition, tenders were being sought for a literature review and also review of the risk analysis factors including a sensitivity analysis of the assumptions made in the previously presented paper. A meeting of the Research Project Team was scheduled for the 31st January, 2001.

6.2 It was confirmed that the Chairman of the Visual Disorders Panel would be a member of the Project Team ex officio.

6.3 It was proposed that the Research Project Team would be invited to give a presentation to the Panel at its next meeting.

[Action TN]

7. BEST PRACTICE GUIDELINES

7.1 The most recent draft of the Best Practice Guidelines was reviewed and several further adjustments and amendments were proposed.

7.2 It was agreed that the next draft would be brought back to the Panel at the next meeting. The Panel understood that there were still areas that needed further discussion.

8. AT A GLANCE CHANGES

8.1 Diplopia

8.1.1. The use of Botulinum toxin for the control of diplopia was not considered to be compatible with safe driving for either Group 1 or Group 2 licensing because of the variability of response and fluctuating nature of the degree of control.

8.1.2. It was agreed that if Diplopia had been present for more than six months cases who were receiving Botulinum toxin treatment in the short term could be dealt with on an individual basis. It was pointed out that this treatment was not generally available throughout the UK and would certainly not be acceptable for long term treatment. All cases should be brought to Panel for consideration.

[Action CJ to amend BPG/AAG]

8.2 Blepharospasm

8.2.1. It was the opinion of the Panel that untreated blepharospasm would usually be considered incompatible with safe driving, both for Group 1 and Group 2 driving but that Group 1 driving could be allowed if there was Consultant support that the condition was very mild. It was accepted that there would be a small number of cases where botulinum toxin could be used satisfactorily to treat this condition, but it was felt that in principle most cases would not meet this requirement. The use of botulinum toxin for blepharospasm was not considered to be compatible with safe driving because of the variability of response and the short duration of the effect of the treatment. It was agreed that these cases would be brought to the Panel on an individual basis for decision both for Group 1 and Group 2 drivers.

[Action CJ to amend BPG/AAG]

8.3 Grandfather Rights Transfer

8.3.1. Grandfather rights refer to the visual acuity requirements for specific Group 2 drivers. An explanation was given to the Panel regarding the inability to transfer Grandfather Rights between LGV and PCV entitlement, for example if a new PCV application was being made by a previous LGV holder or vice versa. It was explained that for Grandfather Rights to be allowed a minimum period of experience in driving the vehicle concerned had to be certificated. If an additional Group 2 entitlement were applied for, the required experience could not have been gained in that vehicle and Grandfather Rights would not apply. The Panel asked to see the relevant certificate at the next meeting.

[Action CJ to clarify in BPG]

8.4 Longstanding Static Defect - hemianopia

8.4.1 It was confirmed that under EC Regulations, hemianopias, both congenital and acquired, had to be treated equally as exceptional cases and be allowed to retain/renew their licences if a driving test had been passed with the defect or, if acquired since the passing of the driving test, if they could demonstrate a satisfactory safe driving history with a satisfactory practical on-road assessment. There was concern within the Panel regarding this but it was accepted that this procedure complied with the requirement of the Second EC Directive.

8.5 Longstanding Static Defect - Driving Test

8.5.1. DVLA are currently examining the implications of the results of the driving tests being commissioned in cases of Longstanding Static Defects.

[Action CJ]

8.6 Night blindness - Taken with Agenda Item 9 below.

9. NIGHT BLINDNESS

9.1 The panel was asked to consider an example of an unidentified case who had declared himself unfit to work driving at night because of night blindness. Both Group 1 and 2 licences had been revoked on his self declaration.

9.2 . There was considerable discussion about the requirement to have an objective assessment of night blindness for licensing purposes. It was agreed this was not generally available. Dr Mark Dunne was asked to bring a paper to the next meeting regarding the use of the night vision test component of the Keystone screen used by the police forces and also the use of the ergovision apparatus for night vision assessment.

[Action MD]

9.3 It was noted the condition was usually progressive.

10. VISUAL FIELDS

10.1 Longstanding Static Defects

10.1.1 The Panel was informed of the anomalous situation whereby a short period review licence of three years duration could be issued following an event such as head injury/stroke/brain surgery. On subsequent renewal after three years a visual field defect was declared or reported for the first time. This visual field defect would, however, be attributed to the earlier event and would be accepted as being both longstanding and static. The Panel had previously advised that a 5 year accident free driving history was required, together with a practical driving assessment, where there was a longstanding static defect. The licence holder in such a situation would technically be unable to meet the requirement of five years safe driving history with the visual defect.

10.1.2 It was agreed that the period of safe driving history required in all cases of longstanding static defect could be reduced from five years to three years.

[Action CJ to amend BPG and OIs]

10.2 Visual Field Requirement After Laser Treatment

10.2.1 The Panel was asked to indicate if there were any conditions requiring laser treatment where visual field assessment would not be required. The question on the current medical questionnaire specified "for retinopathy".

10.2.2. It was reaffirmed that laser treatment for conditions other than retinal pathology would not require visual field assessment. It was agreed that the only retinal condition where visual fields would not be needed would be laser treatment for a peripheral retinal hole.

10.2.3 10.2.3. It was suggested that the enquiry in DVLA questionnaires specified "laser treatment for retinopathy or other retinal conditions".

[Action CJ to review V1 and other Med Qs]

11. CASE

11.1 As a result of discussion regarding a presented case the Panel was asked to consider the visual field parameters that would constitute 'normality' in terms of Group 2 licensing. It was agreed that this would be discussed further at the next Panel meeting.

[Action CJ]

12. Any Other Business

12.1. Dr Dunne tabled a paper from UMIST Department of Optometry and Neuroscience regarding proposed research into the use of auto-focus biopic telescopes. The paper was tabled for information only and the Panel members expressed an interest in receiving a copy of this.

[Action CJ to circulate]

13. DATE OF NEXT MEETING

13.1 The date of the next meeting was confirmed as being 30th April 2002 in London. It was agreed that the Visual Research Project Team would be asked to give a presentation at the start of the meeting. The meeting start time was agreed at 11.30 a.m. It was proposed that the presentations would be the first item on the Agenda.

[Action TN]