

## Appendix G

**RE: CHANGES TO DRIVING STANDARDS – Following the meeting of the Secretary of State for Transport’s Honorary Medical Advisory Panel on Driving and Disorders of the Nervous System held on 1 October 2009.**

The following amendments to the standards for Solitary Seizure and Episodes of Loss of Consciousness/Altered Awareness with Seizure Markers were made:

NEUROLOGICAL DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
First unprovoked epileptic Seizure/solitary fit	6 months off driving from the date of the seizure unless there are clinical factors or investigation results which suggest an unacceptably high risk of a further seizure, ie. 20% or greater per annum.	5 years off driving from the date of the seizure if the licence holder has undergone recent assessment by a neurologist and there are no clinical factors or investigation results (eg. EEG, brain scan) which indicate that the risk of a further seizure is greater than 2% per annum. They should have taken no anti-epilepsy medication throughout the 5-year period immediately prior to the granting of the licence.
<p><b>For Group 2 licensing, the following features are consistent with a person having a good prognosis:</b></p> <ul style="list-style-type: none"> <li>• No relevant structural abnormality of the brain on imaging</li> <li>• No definite epileptiform activity on EEG</li> <li>• Support of the neurologist</li> <li>• Seizure risk considered to be 2% or less per annum.</li> </ul>		

NEUROLOGICAL DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
<p>4. Presumed loss of consciousness/ loss of or altered awareness <b>with</b> seizure markers This category is for those where there is a strong clinical suspicion of a seizure but no definite evidence.</p> <p>The seizure markers act as indicators and are not absolutes:</p> <ul style="list-style-type: none"> <li>- unconsciousness for more than 5 minutes</li> <li>- amnesia longer than 5 minutes</li> <li>- injury</li> <li>- tongue biting</li> <li>- incontinence</li> <li>- remain conscious but with confused behaviour</li> <li>- headache post-attack</li> </ul>	<p>6 months off driving from the date of an episode of loss of consciousness/loss of or altered awareness.</p> <p>However, if a person has a previous history of epilepsy or a solitary seizure, 12 months’ freedom from any further episode of loss of consciousness with seizure markers must be attained.</p> <p>If a person suffers recurrent episodes of loss of consciousness with seizure markers, 12 months’ freedom from such episodes must be attained.</p>	<p>5 years off driving from the date of an episode if the licence holder has undergone assessment by an appropriate specialist and no relevant abnormality has been identified on investigation, for example EEG and brain scan, where indicated.</p>

**Metastatic Deposits in the Brain:**

It was confirmed that a metastatic deposit in the brain is to be regarded as equivalent to a grade 4 tumour.

NEUROLOGICAL DISORDERS	GROUP 1 ENTITLEMENT ODL – CAR, M/CYCLE	GROUP 2 ENTITLEMENT VOC – LGV/PCV
<p><b>GLIOMAS &amp; MALIGNANT TUMOURS</b> (including metastatic deposits) Supratentorial</p> <p>Grade 1 and 2</p> <p>Grade 3 and 4 Metastatic deposits to be treated as a grade 4 tumour</p> <p>Infratentorial tumours</p> <p>Grade 1</p> <p>Grades 2, 3 &amp; 4</p> <p>Medulloblastoma or low grade ependymoma</p> <p>High grade ependyomamas, other primary malignant brain tumours.</p> <p>Solitary metastatic deposit</p> <p><b>MALIGNANT INTRACRANIAL TUMOURS IN CHILDREN WHO SURVIVE TO ADULT LIFE WITHOUT RECURRENCE</b></p>	<p>1 year off driving, dating from completion of the primary treatment of the tumour.</p> <p>2 years off driving after treatment, although some drivers may require a longer period.</p> <p><b>NB. When a low grade glioma is an incidental finding and asymptomatic, the case can be considered on an individual basis for Group 1 driving.</b></p> <p>As for benign tumours: ie. drive on recovery.</p> <p>As for supratentorial tumour.</p> <p>If totally excised, can be considered for licensing 1 year after primary treatment, if free from recurrence.</p> <p>Normally, a period of 2 years off driving is required following treatment.</p> <p>If totally excised, can be considered for licensing 1 year after primary treatment if free from recurrence and no evidence of secondary spread elsewhere in the body.</p> <p>Normally, a till 70 licence is issued/maintained.</p>	<p>Permanent refusal or revocation.</p> <p>Permanent refusal or revocation.</p> <p>Individual assessment.</p> <p>Permanent refusal or revocation.</p> <p>If entirely infratentorial, can be considered for licensing when disease-free for 5 years after treatment.</p> <p>Permanent refusal or revocation.</p> <p>Permanent refusal or revocation.</p> <p>Individual assessment: see above as for ‘Benign Supratentorial Tumour’.</p>

Minor changes were made to the standards for significant head injury without surgery.

<b>NEUROLOGICAL DISORDERS</b>	<b>GROUP 1 ENTITLEMENT ODL – CAR, M/CYCLE</b>	<b>GROUP 2 ENTITLEMENT VOC - LGV/PCV</b>
Significant Head Injury	Usually requires 6-12 months off driving depending on features such as seizures, PTA, dural tear, focal signs and also on clinical recovery.	Refusal or revocation. May be able to return to driving when the risk of seizure has fallen to no greater than 2% per annum, and with no debarring residual impairment likely to affect safe driving.

For Further information see

[http://www.dft.gov.uk/dvla/medical/medical\\_advisory\\_information/medicaladvisory\\_meetings/pmembers\\_nervous\\_system.aspx](http://www.dft.gov.uk/dvla/medical/medical_advisory_information/medicaladvisory_meetings/pmembers_nervous_system.aspx)