



# DVLA GUIDANCE FOR THE AKT



# LICENSE

|                            | <b>GROUP 1</b>   | <b>GROUP 2</b>                |
|----------------------------|--|-------------------------------|
|                            | Car/motorcycles<br>Age 17-70 then renewed every<br>3 years | Bus or Lorry/HGV, some taxi's |
| <b>Visual requirements</b> | 20 metres vision   | 6/9 vision                    |
| <b>Colour blindness</b>    | No restriction   | No restriction                |

## DVLA AND DIABETES

- A 50-year-old bank clerk is seen in the diabetes clinic. He has type 2 diabetes mellitus which is currently treated with metformin. Unfortunately his glycaemic control is suboptimal. He is intolerant of sulfonylureas and thiazolidinedione's and it is decided to add exenatide. What is the most appropriate action with respect of the DVLA?
- A** Inform DVLA but can continue to drive
- B** Inform DVLA, must check blood sugars before journey and at least every 2 hours
- C** No need to inform DVLA
- D** Inform DVLA, cannot drive until 4 weeks have passed without hypoglycaemic episodes
- E** Inform DVLA, cannot drive until 3 months have passed without hypoglycaemic episodes

# DIABETES

|  | Group 1  | Group 2  |
|--|--|--|
| Diabetes – Diet/Metformin                                | No restriction if well controlled and no complications   | No restriction if good control and no complications  |
| Diabetes – Gliclazide/GLP-1 or episodes of hypoglycaemia | No restriction providing no more than 1 hypo in 12 months requiring assistance   | No restriction if: <ul style="list-style-type: none"> <li>- No more than 1 hypo 12months</li> <li>- Full hypo awareness</li> <li>- BD BM monitoring</li> <li>- Aware of risk of hypo</li> </ul>  |
| Diabetes – Insulin                                       | <p><b>Inform DVLA</b></p> <p><b>No restriction and 1-3yr license if:</b></p> <ul style="list-style-type: none"> <li>- Adequate hypo awareness</li> <li>- No more than 1 hypo 12 months</li> <li>- BM monitoring 2 hours prior to travel and every 2 hours driving</li> </ul> | <p><b>Inform DVLA</b></p> <p><b>No restriction and 1yr license if:</b></p> <ul style="list-style-type: none"> <li>- No more than 1 hypo 12months</li> <li>- Full hypo awareness</li> <li>- BD BM monitoring and 2hrly whilst driving</li> <li>- Aware of risk of hypo</li> <li>- Annual review by diabetes consultant with 3/12 BM readings</li> <li>- Need to complete D2 form and may need to produce D4 medical examination form</li> </ul> |

# DVLA AND CARDIOVASCULAR DISEASE

- A 65-year-old woman who suffers from Stokes-Adams attacks has a pacemaker inserted and is working well.

What advice should she be given with regard to driving?

- A** No restrictions on driving
- B** Cannot drive for 1 week
- C** Cannot drive for 2 weeks
- D** Cannot drive for 4 weeks
- E** Cannot drive for 6 weeks

# CARDIOVASCULAR

|  | Group 1  | Group 2                                      |
|--|--|--|
| HTN<br>- Asymptomatic<br>- Symptomatic | No restriction<br><br>Stop until controlled                          | Stop if 180>100<br>Stop until controlled     |
| Arrhythmia                             | Stop if causes symptoms<br>Can restart if controlled 4/52            | 3/12 off<br>Can restart when controlled 3/12 |
| PPM Insertion/Box change               | 1/52 off   | 6/52 off                                     |
| ICD for symptomatic VT                 | 6/12 off   | Permanent disqualification                   |
| ICD Prophylaxis                        | 4/52 off   | Permanent disqualification                   |
| Stable angina                          | No restriction   | 6/52 off                                     |
| Unstable angina/NSTEMI                 | If angio – 1/52 off<br>If no angio – 4/52 off                        | 6/52 off                                     |
| CABG                                   | 4/52 off   | 3/12 off                                     |
| Thoracic/abdominal aneurysm            | >6cm inform DVLA<br>6cm-6.5cm annual review<br>>6.5cm - disqualified | >5.5cm disqualified                          |

# DVLA AND NEUROLOGY

**Theme:** DVLA: neurological disorders

- A No restriction
- B No restriction but inform DVLA
- C 1 month off
- D 3 months off
- E 6 months off
- F 12 months off
- G Once satisfactory control of symptoms

1. Stroke with satisfactory recovery
2. TIA Single episode
3. Unexplained syncope. Second episode in past 2 months. Under investigation by cardiologist for abnormal echocardiogram

# NEUROLOGY

|  | Group 1  | Group 2                              |
|--|--|--------------------------------------|
| Vasovagal – standing                     | No restriction   | No restriction                       |
| Vasovagal - sitting                      | Must not drive   | Must not drive                       |
| Syncope - explained and treated sitting  | 4/52 off   | 3/12 off                             |
| Syncope – explained and treated standing | No restriction   | No restriction                       |
| Unexplained syncope                      | 6/12 off   | Disqualified 1 year                  |
| >2 episodes syncope                      | 12/12 off  |                                      |
| First seizure                            | 6/12 off if normal EEG and fit free (if not 12/12 off)     | 5 years fit free without medication  |
| Epilepsy                                 | 12/12 fit free 3yr license<br>5 year fit free full license | 10 years fit free without medication |
| Epilepsy and withdrawing meds            | Should not drive 6/12                                      |                                      |
| TIA/Stroke                               | 4/52 off   | 5 years off                          |
| Recurrent TIA/Stroke                     | 3/12 off   | Disqualified                         |
| ETOH excess                              | 6/12 off   | 1 year off                           |



## FITNESS TO FLY

- You receive a phone call from one of your patients who is abroad. He is 60-years-old and has just been discharged following admission to a Spanish hospital after suffering a myocardial infarction. There were no reported complications and he did not undergo a percutaneous coronary intervention. How soon after the myocardial infarction can he fly home?
  - A** After 3-5 days
  - B** After 14 days
  - C** After 4 weeks
  - D** After 48 hours if no further chest pain
  - E** After 7-10 days

# FITNESS TO FLY

| Condition  | Time to fly                                |
|--|--|
| Unstable angina, Uncontrolled heart failure, severe valvular disease | Should NOT fly                             |
| Uncomplicated MI   | 7-10 days                                  |
| Complicated MI   | 4-6/52                                     |
| CABG   | 7-14 days                                  |
| PCI  | 5 days                                     |
| Pneumonia  | Clinically improved                        |
| Pneumothorax   | 2/52 after drainage<br>1/52 post CXR (BTS) |

| Condition         | Time to fly  |
|-------------------|--|
| Abdominal surgery | 10 days  |
| Laparoscopy       | 24 hours   |
| Colonoscopy       | 24 hours   |
| Plaster Cast      | 24 hours if flight <2hours<br>48 hours if flight >2hours |
| Pregnancy         | NO travel >36/40 or<br>>32/40 multiple pregnancy         |
| Haemoglobin       | >80g/dL safe to travel                                   |

# Benefits

# AKT Content Guide

## Certification

- Knowledge of relevant benefits and allowances

# Questions

- ▶ A. Bereavement Allowance
- ▶ B. Bereavement Payment
- ▶ C. Statutory Sick Pay
- ▶ D. DLA
- ▶ E. ESA
- ▶ F. State pension
- ▶ G. Income Support
- ▶ H. JSA
- ▶ I. PIP
- ▶ J. No benefits claimable

1. 20 year old man with severe autism who needs carers to help him with personal care

2. 56 year old council worker who has not been working for 10 months due to back pain

3. Lump sum payment for a 55 year old woman whose husband has just died



# Statutory Sick Pay (SSP)

- ▶ Up to £88.45/wk (2016) if you're too ill to work
- ▶ Paid by employer up to 28 weeks
- ▶ Need to be off work sick for 4 or more days in a row
- ▶ Can't get less than statutory amount but can get more if company has sick pay scheme

# SSP Eligibility

- ▶ Classed as an employee and have done some work for employer
- ▶ Have been ill for at least 4 days in a row
- ▶ Earn at least £112 (before tax) per week (2016)
- ▶ Tell your employer you're sick before their deadline or within 7 days if they don't have one
- ▶ Agency workers entitled
- ▶ Agriculture workers have different rules

# Employment and Support Allowance (Phasing out for UC)

- ▶ Replaced incapacity benefit
- ▶ Financial support if unable to work
- ▶ Personalised help so you can work if able
- ▶ Paid to those not in current employment or employees not eligible for SSP

- ▶ 13 week assessment phase - outcomes:
  - ▶ - 1. Fit for work (Jobseekers' allowance)
  - ▶ - 2. Some limitation (work related activity group with regular interviews)
  - ▶ - 3. Not expected to work (support group, no interviews)
  
- ▶ After assessment no more Med3s (unless appealing and feel they are unfit)
  
- ▶ Can do permitted work up to 16h/wk and earn up to £115.50 (2016)

# ESA Eligibility

- ▶ Under state pension age
- ▶ Not getting SSP or Statutory Maternity Pay
- ▶ Not getting JSA
- ▶ Not fit for work

# Universal Credit

- ▶ Commenced 2016
- ▶ For those on low income or out of work
- ▶ Replaces 6 other benefits inc ESA, JSA, income support, tax credits, housing benefit
- ▶ Rate reduced gradually in relation to earned income
- ▶ Paid monthly 'like a salary'
- ▶ No restriction on amount of work that can be done
- ▶ Controversy

# Personal Independence Payment

- ▶ Replaced DLA for new applicants from 2013
- ▶ Aged 16-64
- ▶ Lived in UK for 2 of last 3 years
- ▶ Have condition affecting ADLs
- ▶ Lasted 3m and expected to last >9m
- ▶ Based on face to face assessment
- ▶ Has daily living and mobility elements
- ▶ Not means tested and not taxable

# Daily living component

- ▶ Will receive if need help with :
- ▶ - preparing food or eating
- ▶ - washing, bathing, using toilet
- ▶ - dressing and undressing
- ▶ - reading and communicating
- ▶ - managing medicines or treatments
- ▶ - making decisions about money
- ▶ - engaging with other people



# Disability Living Allowance

- ▶ Being phased out for PIP
- ▶ New claimants <16 yr and existing <65yr
- ▶ Had disability for >3m and expected to have for at least 6m
- ▶ Increases level of some other benefits
- ▶ Unrelated to ability to work
- ▶ Two components- care and mobility

# DLA care component

- ▶ Need help with ADLs
- ▶ Need supervision to avoid putting self or others in substantial danger
- ▶ Need someone with you when you're on dialysis
- ▶ Can't prepare a cooked meal (and over 16yr)
- ▶ Terminally ill

# DLA mobility component

- ▶ Can't walk
- ▶ Can only walk short distance without severe discomfort
- ▶ Could become very ill if tried to walk
- ▶ No feet/legs
- ▶ Blind/deaf and needs accompanying
- ▶ Severe mental impairment

# Attendance Allowance

- ▶ Over 65
- ▶ Disability
  - ▶ - physical
  - ▶ - mental
- ▶ Needs supervision or care most of the time

# Carers Allowance

- ▶ Claimant over 16
- ▶ Spend over 35 hr a week caring for somebody (not voluntary)
- ▶ Taxable
- ▶ Can affect other benefits
- ▶ Person cared for must receive Attendance Allowance or mid-high rate PIP
- ▶ Do not need to be related or living together

# Exlcusion Criteria

- ▶ Can't claim if
  - ▶ - in full time education
  - ▶ - receive state pension
  - ▶ - earn >£100/wk
  - ▶ - receive incapacity allowance or various other benefits

# DS1500 Form

- ▶ Issued when have a progressive condition and life expectancy <6m
- ▶ PIP/DLA/AA/ESA paid at highest rate irrespective of whether care is needed
- ▶ Paid without qualifying period

# Admin- 1

- Death certification
  - Families take the MCCD to the local Registrar of Births, Deaths, and Marriages office to register. If the Registrar agrees they issue: certificate for Burial or Cremation, certificate of Registration of Death (for Social Security purposes), if requested. Copies of the Death Register (banks and insurance companies expect to see them)
- Cremation documentation
  - Crem 4- completed by pts own GP/ doctor looking after them in their last illness
  - Crem 5- completed by independent doctor with GMC registration >5yrs



# Admin- 2

- Complaints:
  - Should be acknowledged within 3 days by writing or telephone (with a record made)
  - Practices must appoint a complaints manager.
  - Complaints can be made up to 1yr after the incident
  
- Temporary residence
  - GMS 3 form
  - Up to 3 months

# Admin- 3

- Reports

- Must usually see signed consent from the pt
- Only send relevant info
- Pt has the right to see the report before it's sent
- Doctors cannot comply with pts request to leave out relevant information

- Parental leave

- Unpaid time off work to look after children. Total 18wks leave up to 4wks/child/yr
- Only given to parents registered on birth or adoption cert not foster parents

# Admin- 4

- Removing pts from practice list
  - Examples that may justify removal= unacceptable behaviour, crime and deception, distance
  - Removal involves following steps: give warning to the patient, inform the clinical commissioning group in writing, write to the patient
- Revalidation
  - To practise as a GP doctors must also be on the GP Register
  - Revalidation every 5 years (relicensing and recertification). Annual appraisals to assess whether the doctor is making sufficient progress towards their revalidation portfolio
  - Evidence required includes: significant event audit, complaints, >50 learning credits, multisource feedback, audit, patient surveys etc

# NHS treatment eligibility

- A 38-year-old Pakistani man becomes unwell whilst visiting the UK. Which one of the following is provided to anyone, free of charge, regardless of their eligibility for NHS treatment?
  - Surgery for a broken wrist
  - Compulsory psychiatric treatment
  - Outpatient treatment for scabies
  - Medication for hypothyroidism
  - Angioplasty for acute MI

## Primary care

People are eligible for primary care if they are 'ordinarily resident' in the UK- i.e. resident in the UK for at least 6 months (no specific qualifying period) Refugees are regarded as ordinarily resident.

## Secondary care

Hospital treatment is free of charge for everyone who needs it:

- contraception
- accident and emergency department treatment (excludes emergency treatment given elsewhere in the hospital)
- compulsory psychiatric treatment
- treatment for certain communicable diseases, e.g. Tuberculosis, malaria and meningitis, including HIV\*

Visitors can receive NHS hospital treatment free of charge if the need for treatment arose during their visit to the UK and:

- person is a national of an European Economic Area (EEA) country\*\* or Switzerland
- person normally lives abroad, and is receiving a UK state pension, and has lived in the UK in the past for at least ten years
- person has lived in the UK for at least ten years in the past, but now lives in an EEA state, or in a non-EEA state with which the UK has a reciprocal agreement
- person is a national, or a resident of certain non-EEA countries, with which the UK has a reciprocal agreement.

# Death certification

- A 90-year-old patient dies in a nursing home. You knew her well and are asked to complete the death certificate. She has been gradually declining over the last month and passed away in her sleep. Which of the following may be an acceptable cause of death when specific circumstances are met?
  - Old age
  - Natural causes
  - Organ failure
  - Respiratory arrest
  - Shock

- Answer = 'old age'. This can only be used if certain criteria are met: old age or frailty due to old age should only be given as the sole cause of death when all of the following criteria have been met. These are:
  - That you have personally cared for the deceased over a long period (years, or many months)
  - You have observed a gradual decline in your patient's general health and functioning
  - You are not aware of any identifiable disease or injury that contributed to the death
  - You are certain that there is no other reason that the death should be reported
  - The patient is 80 years or older and all the condition listed above are met.
- Organ failure can only be used if you specify the disease/ condition that led to this
- Abbreviations should be avoided (except HIV and AIDS\*)

# Death cert- 2

- A surgery sets up a new service where they employ a Nurse Practitioner (NP) to look after a local nursing home. The GPs do not visit unless requested to by the NPs. An 84-year-old man with dementia develops a chest infection. After the NP has had discussions with his family a decision is made to treat with oral antibiotics but not to admit. He dies two days later and his death is verified by a GP from the local out-of-hours service. He was last seen by a GP three weeks ago. What is the most appropriate action?
  - Patient's registered GP completes the DC 1a 'bronchopneumonia'
  - NP completes the DC 1a 'bronchopneumonia'
  - Report the death to the coroner
  - Out of hours GP completes the DC 1a 'bronchopneumonia'



This patient was not seen by a doctor in the last 14 days of his illness therefore the death should be reported.

# Gifts

- A general practitioner Dr. Shah receives a Ted Baker wallet from a patient over the Christmas period. The online price of the wallet is quoted at £80. Dr. Shah had been heavily involved in the patient's care as they had been suffering from osteoarthritis of the right shoulder and required multiple joint injections and appointments to discuss oral analgesia. With regards to the gift which of the following should Dr. Shah do?
  - Call and thank the pt, accept the gift and put it on the practice gift register
  - Call the pt and kindly refuse the gift
  - Call the pt and kindly refuse the gift but ask for £80 cash to put towards bettering the practice if the pt is willing
  - Call the pt to thank them, accept the gift but don't place it on the practice gift register

- The NHS General Medical Services Contracts Regulations 2004 require GPs to keep a register of gifts from patients or their relatives that have a value of £100 or more. The register must include the name of the patient donating the gift, the NHS number or address of the patient, the nature of the gift, the estimated value of the gift and the name of person who received gift. GPs must also make the register available to NHS England on request. A gift does not have to be placed on the register if the GP (the Contractor) believes there are reasonable grounds for believing that the gift is unconnected with services provided or to be provided by the Contractor or the Contractor is not aware of the gift.
- GMCs Good Medical Practice guidelines:
  - You must not ask for or accept from patients, colleagues or others any inducement, gift or hospitality that may affect or be seen to affect the way you prescribe for, treat or refer patients or commission services for patients.
  - You must not encourage patients to give, lend or bequeath money or gifts that will directly or indirectly benefit you.
  - Gifts can be accepted from patients or their relatives provided: a) it does not affect, or appear to affect, the way you prescribe for, advise, treat, refer, or commission services for patients and b) you have not used your influence to pressurise or persuade patients or their relatives to offer you gifts.

AKT – STATS!!!

**WOOP WOOP!**

# Main Points

- **Numbers** (ways of describing data): Mean mode, median, distributions, Standard Deviations
- **Chances?** Risks, odds, absolute risk + relative risk, NNT
- **How good is my test?** Sensitivity, specificity, PPV, NPV, Likelihood ratios

# Numbers:

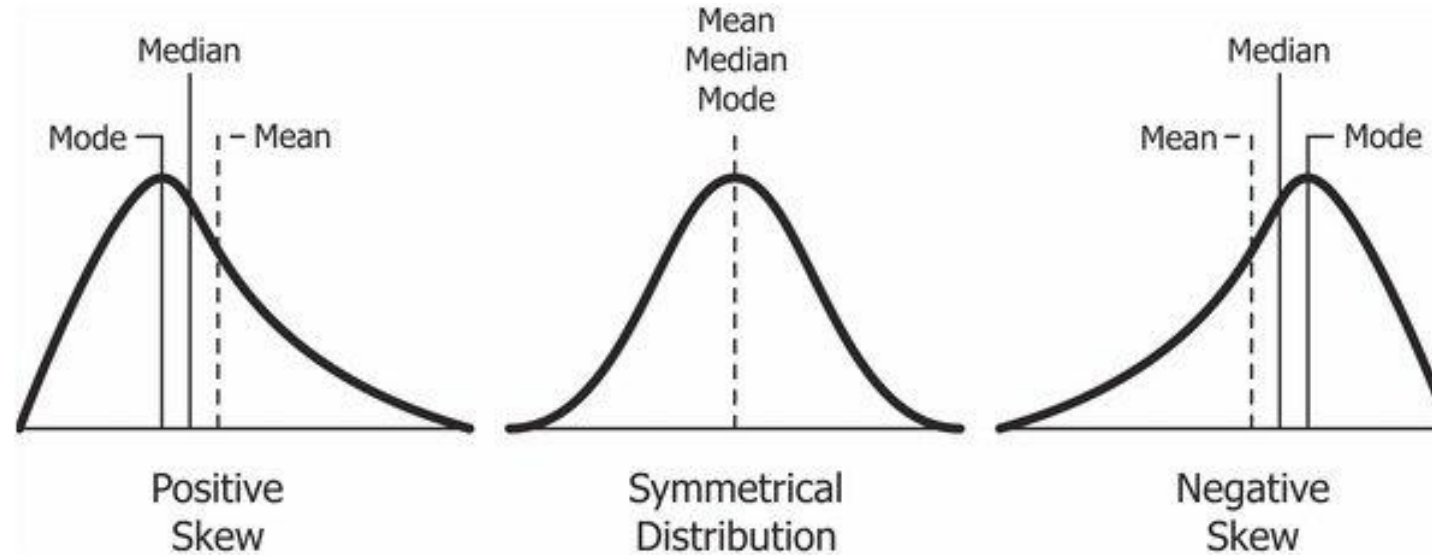
- **MOde** – value that occurs the MOST in a set
- **Median** – middle number if values put in order
- **Mean** – average i.e.  $\text{Total}/\text{number of values}$

8 4 2 7 6 9 3 8

- What is the Mode?

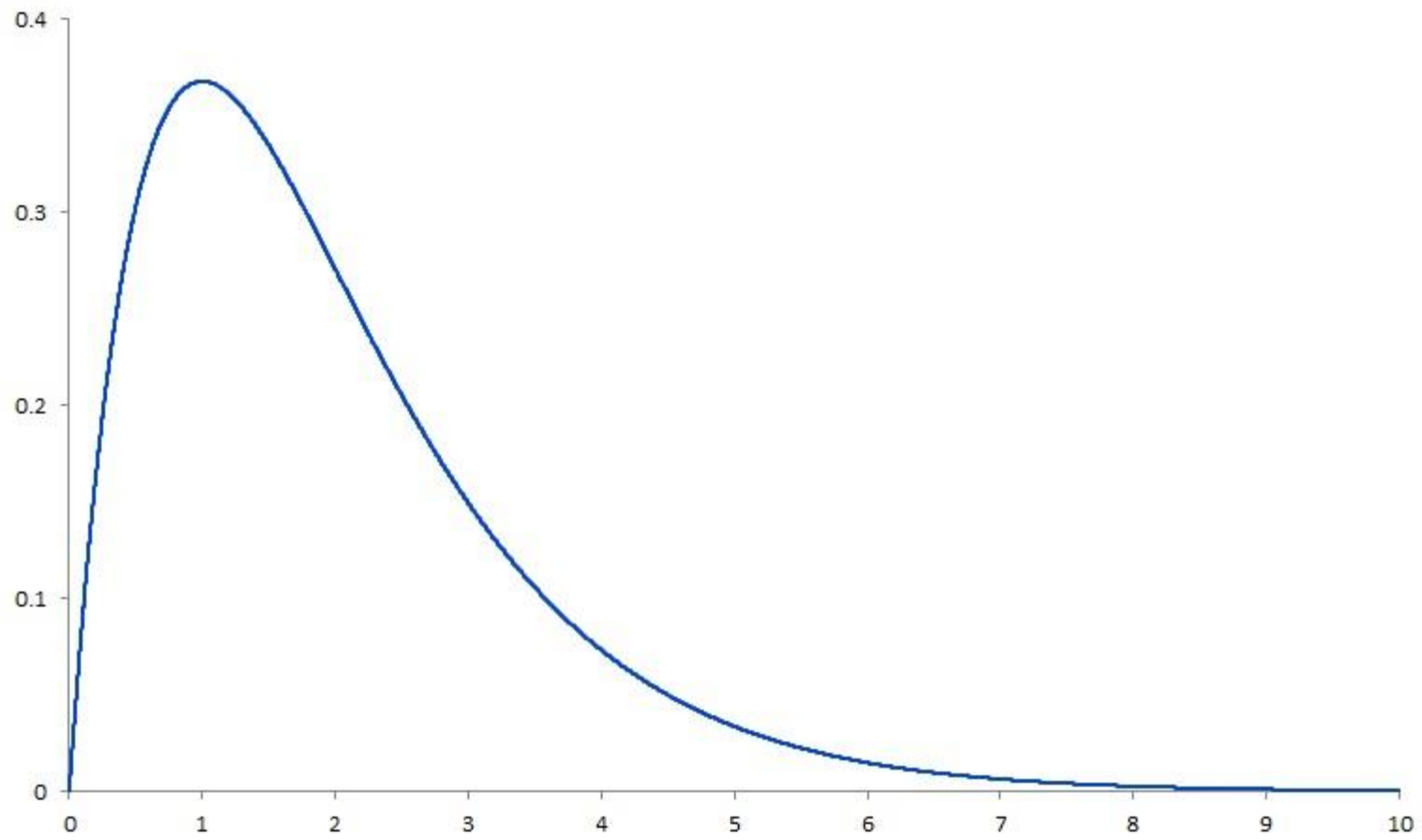
- Median? 2 3 4 6 7 8 8 9

# Distribution

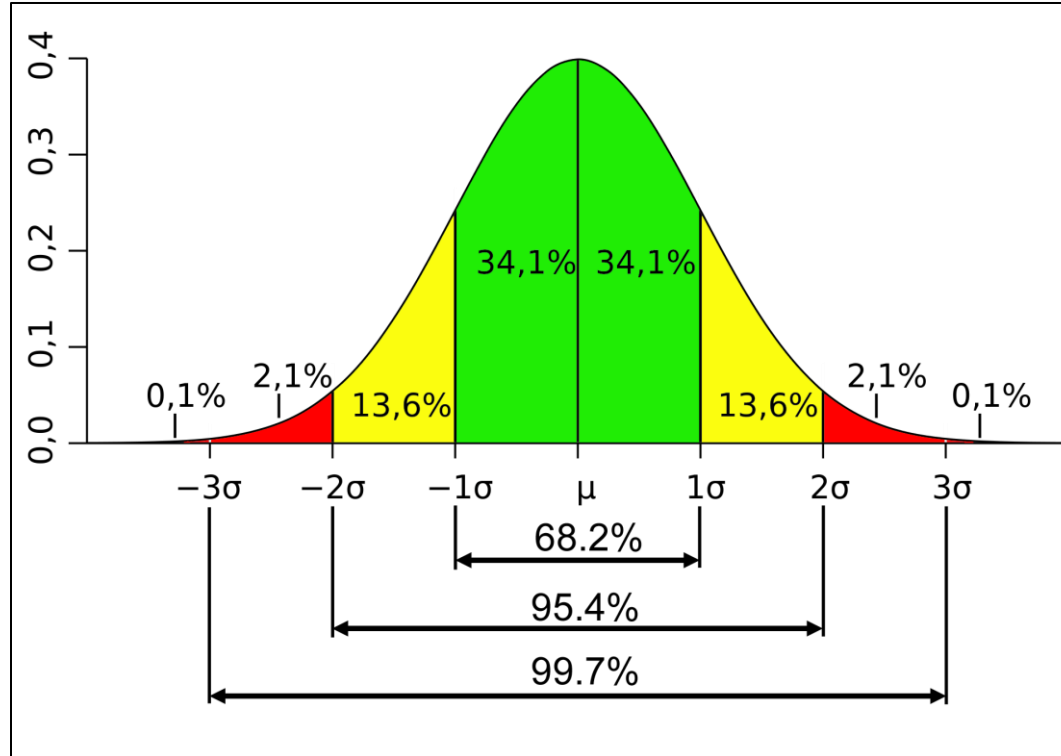


- **Normal:** Mean=median=mode
- **+ve skew:** Mean>Median>Mode
- **-ve skew:** Mean<Median<Mode





# Standard Deviations



Standard Deviation – measure of how much spread from the mean

- **68.3%** of values lie within **1 SD** of the mean
- **95.4%** of values lie within **2 SD** of the mean
- **99.7%** of values lie within **3 SD** of the mean
- Within 1.96SD of the mean lies 95% of values – the confidence interval

“In the USA the average man has a height of 178cm with a standard deviation of 8cm”

- What height range would most men (68%) have?
- What would almost all men (95%) have a height of?

# RISK

- **Absolute Risk** – the event rate in a group – CER (control event rate) or EER (Experiment Event Rate)
- **ARR** – the difference of event rates between intervention group & control group:  $EER - CER$
- **Relative risk** – probability an event will happen compared to another group –  $EER/CER$
- **RRR** – proportion by which an intervention reduces event rate:  $(EER-CER)/CER$

“A new adjuvant tx for woman with breast cancer is investigated. The study looks at the recurrence rate after 5yrs

|          | No. Patients | No. Recurrence in 5yr period |
|----------|--------------|------------------------------|
| New Drug | 200          | 40                           |
| Placebo  | 400          | 100                          |

Absolute Risk in New drug = EER =  $40/200 = 0.2$

Absolute Risk in placebo = CER =  $100/400 = 0.25$

Absolute Risk Reduction =  $EER - CER = 0.05$

Relative Risk =  $EER/CER = 0.8$

Relative Risk Reduction =  $(EER-CER)/CER = 0.05/0.25 = 0.2$  or 20%

# Sensitivity and Specificity



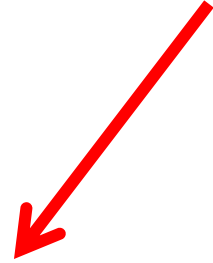
- “ability of a test to correctly identify those with the disease”

- **$TP/(TP+FN)$**

- “ability of a test to correctly identify those without the disease”

- **$TN/(TN+FP)$**

# PPV and NPV



▪ How likely pt has the disease given the test is +ve

▪  **$TP/(TP + FP)$**

▪ How likely pt does not have the disease given the test is -ve

▪  **$TN/(TN + FN)$**

A contingency table is constructed for a new blood protein marker to screen for prostate cancer in men aged between 50 and 70 years:

|              | Prostate Ca Present | Prostate Ca Absent |
|--------------|---------------------|--------------------|
| New Test +ve | 19                  | 20                 |
| New Test -ve | 14                  | 723                |

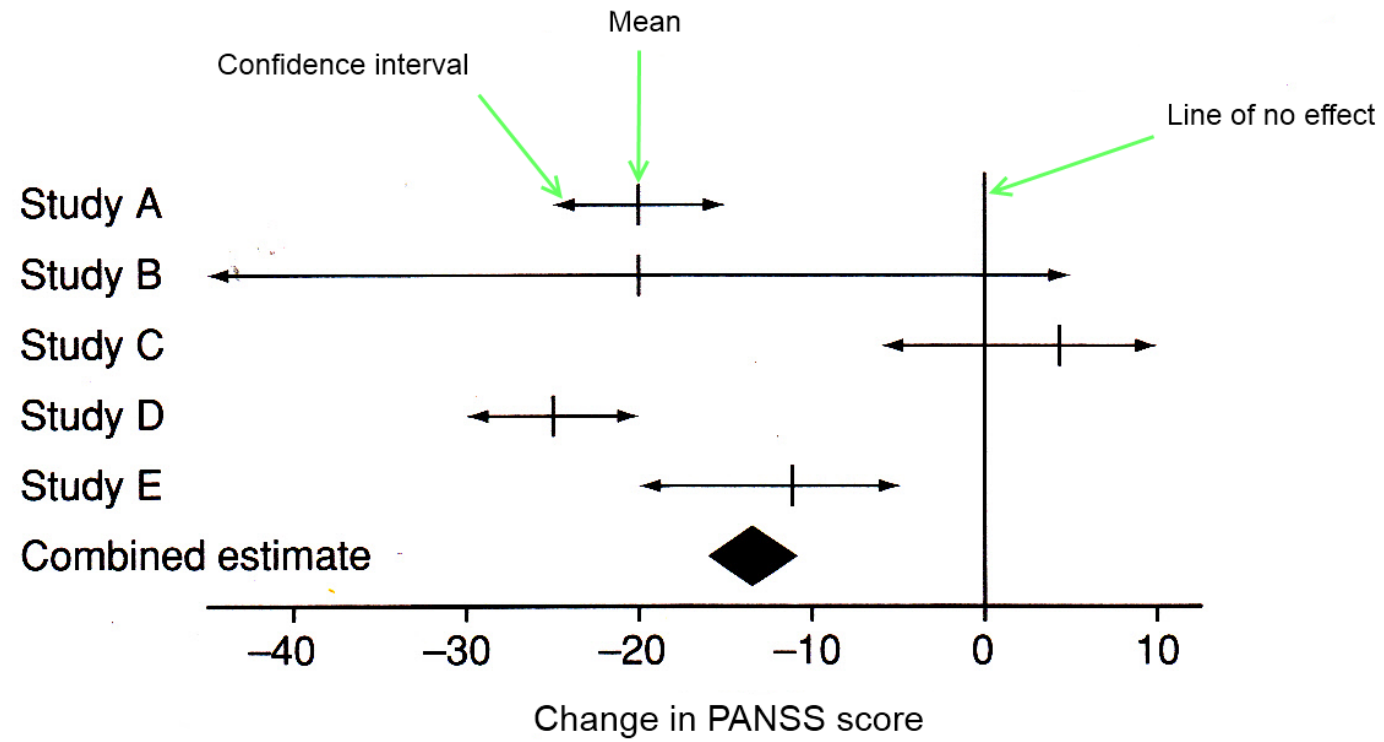
**What is the PPV?**

**TP/TP + FP**

**$19/19+20 = 19/39 = 49\%$**



# Forest Plots



A meta-analysis looks at five studies which investigate the link between a new drug and upper gastrointestinal bleeding. All the studies report the relative risk of developing an upper gastrointestinal bleed compared to a control population.

