

Driver
Medical
Fitness

Program
Overview



RoadSafetyBC

Purpose of this Overview

To increase health professional awareness of Driver Medical Fitness Program & Assessment Requirements

To improve efficiencies in submission of medical information for both RoadSafetyBC and medical practitioners

To improve reporting of medically at-risk drivers

RoadSafetyBC: Background

- RoadSafetyBC is the lead Provincial agency responsible for road safety in B.C., and is a part of the Ministry of Public Safety and Solicitor General
- The Superintendent of Motor Vehicles is the head of RoadSafetyBC
- RoadSafetyBC has several programs to accomplish its road safety mandate, including Driver Medical Fitness

Driver Medical Fitness Statistics



- Approximate Annual Volumes:
- 172,000 medical assessments each year
 - 7,800 unsolicited reports
 - 3,100 drivers found unfit
 - 2,800 drivers do not comply and their Driver Licence is cancelled
 - 1,000 drivers voluntary surrender their Driver Licence

The Driver Medical Fitness Program

- The Driver Medical Fitness Program team consists of 20 Adjudicators, 5 Nurse Case Managers, 2 Team leads, 2 Managers and 1 Director
- The team adjudicates information to determine fitness to drive using:
 - [Canadian Council of Motor Transport Administrators \(CCMTA\) Medical Standards for Driving with BC Specific Guidelines](#)
 - Principles of administrative fairness and applicable case law
 - Medical reports and any other relevant and reliable information from police, ICBC, family members, citizens and other agencies

Information received is triaged according to risk

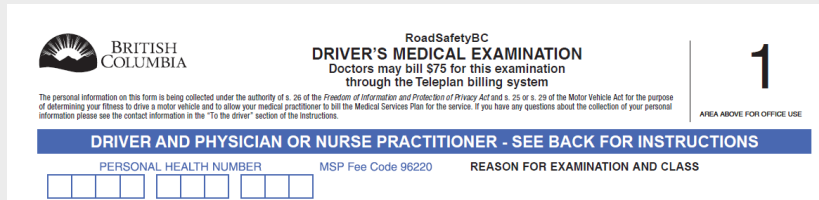
When is a Driver's Medical Examination Required?

- RoadSafetyBC receives an unsolicited report of concern from a medical professional
- RoadSafetyBC receives an unsolicited report of concern from police, a family member, or other reliable source
- Driver discloses a medical condition to an ICBC Driver Licensing Office
- A scheduled reassessment interval is due
- *A driver turns 80, or every two years thereafter (*currently on hold)
- A driver applies for a commercial class licence, or a routine commercial class screening is due

Driver Medical Examination Reports (DMERs)

Known or Suspected Medical Condition

RoadSafetyBC pays \$75



1

BRITISH COLUMBIA RoadSafetyBC
DRIVER'S MEDICAL EXAMINATION
Doctors may bill \$75 for this examination through the Teleplan billing system

The personal information on this form is being collected under the authority of s. 26 of the Freedom of Information and Protection of Privacy Act and s. 21 or s. 29 of the Motor Vehicle Act for the purpose of determining your fitness to drive a motor vehicle and to allow your medical practitioner to bill the Medical Services Plan for the service. If you have any questions about the collection of your personal information please see the contact information in the "To the driver" section of the instructions.

AREA ABOVE FOR OFFICE USE

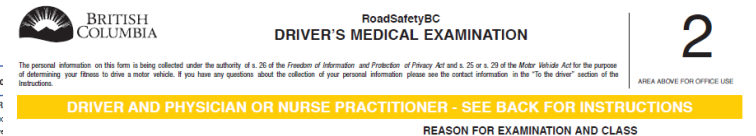
DRIVER AND PHYSICIAN OR NURSE PRACTITIONER - SEE BACK FOR INSTRUCTIONS

PERSONAL HEALTH NUMBER MSP Fee Code 96220 REASON FOR EXAMINATION AND CLASS

This report must focus on the BC Guide condition(s) noted to the right.

- For sections A and B, provide full information on condition(s) in your opinion may affect driving and use section D as needed.
- Section C must be completed.

A. HISTORY The BC Guide number refers to medical condition(s) listed below. Link to CCMTA Medical Standards with BC Specific Guidelines is provided on back of form.



2

BRITISH COLUMBIA RoadSafetyBC
DRIVER'S MEDICAL EXAMINATION

The personal information on this form is being collected under the authority of s. 26 of the Freedom of Information and Protection of Privacy Act and s. 21 or s. 29 of the Motor Vehicle Act for the purpose of determining your fitness to drive a motor vehicle. If you have any questions about the collection of your personal information please see the contact information in the "To the driver" section of the instructions.

AREA ABOVE FOR OFFICE USE

DRIVER AND PHYSICIAN OR NURSE PRACTITIONER - SEE BACK FOR INSTRUCTIONS

REASON FOR EXAMINATION AND CLASS

Driver requires a complete physical examination.

- Sections B and C must be completed.
- Use sections A and D to provide details of any condition(s) that in your opinion may affect driving.

A. HISTORY Link to CCMTA Medical Standards with BC Specific Guidelines is provided on back of form.

VISION: Acuity loss, Field defect, Monocular, Date, Other

HEARING: Hearing loss, Drop Attacks (Tinnitus), Vertigo, Date of last vertigo episode, Other

MUSCULOSKELETAL: Amputation, Date, Right, Left, Upper Limb, Lower Limb

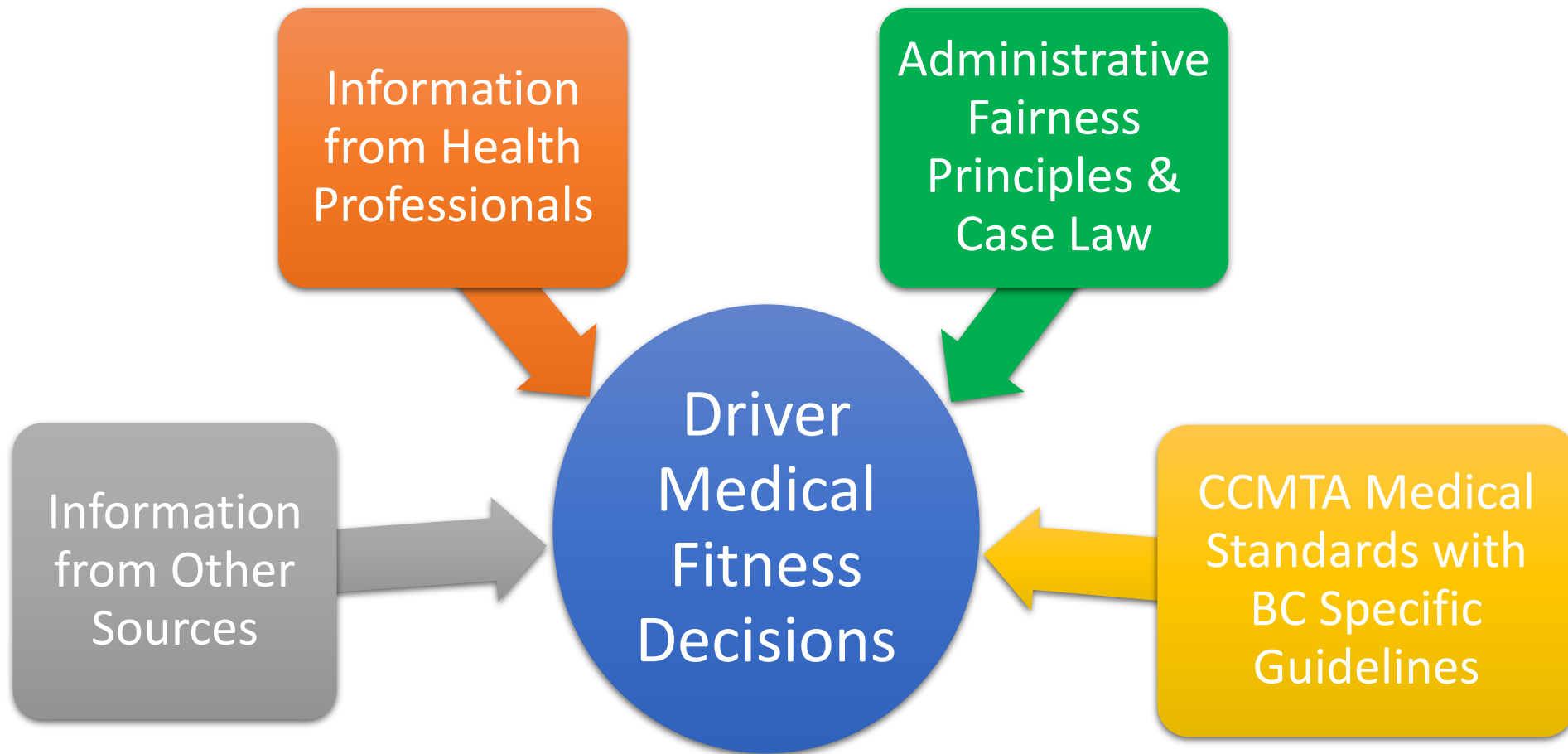
RESPIRATORY / Sleep Apnea: Obstructive, On CPAP, Apnea Hyp, No Daytime, Other

ENDOCRINE: Diabetes, Insulin, Comp, Stable BG, Severe hyp

Scheduled Age or Commercial Reassessment

Driver pays

Driver Medical Fitness Decisions



Administrative
Fairness
Principles &
Case Law

Considerations

- The Superintendent has ultimate responsibility under the Motor Vehicle Act for determining a person's fitness to drive
- The test to be met for Driver Medical Fitness decisions is reasonableness

Administrative
Fairness
Principles &
Case Law

Administrative Law
Principles must be
applied in fitness
decisions

A person affected by a statutory decision has the right to know the case against them and must be given an opportunity to respond to it:

- The person has a right to notice of a decision that will affect them.
- The person has a right to make a response to that decision.
- The person has a right to have the decision made by an impartial and independent decision maker.
- The person has a right to know the reasons for the decision.

A reasonable decision is one which falls within a range of possible, acceptable outcomes which are defensible in respect of the facts and law.

Information from Health Professionals

To meet the obligations of administrative fairness and relevant case law, health professional assessments should include:

- A diagnosis - this alone does not generally suffice
- Associated symptoms, co-morbidities
- Level of severity, stability, acute/chronic
- Treatment compliance
- Collateral information (assessments, tests, specialist reports, reports from family, police reports)

Information from Health Professionals

Example: Reporting Cognitive Function

Should include:

A cognitive test score

Associated clinical attributes and history

Education level, Language barriers, Learning disability

Family concerns

A. HISTORY Link to CCMTA Medical Standards with BC Specific Guidelines is provided on back of form.

VISION <input type="checkbox"/> Acuity loss Cause _____ <input type="checkbox"/> Field defect Cause _____ <input type="checkbox"/> Monocular Date of Onset _____ <input type="checkbox"/> Other _____	GARDIOVASCULAR / PVD <input type="checkbox"/> Syncope Date : _____ Cause : _____ <input type="checkbox"/> CAD (M.I., angioplasty, CABG) Date: _____ <input type="checkbox"/> Arrhythmia Type _____ <input type="checkbox"/> Pacemaker Date _____ <input type="checkbox"/> ICD <input type="checkbox"/> Primary <input type="checkbox"/> Secondary Date _____ <input type="checkbox"/> ICD Therapy (Disabling ATP/Shock) Date _____ <input type="checkbox"/> Congestive heart failure: Cause _____ <input type="checkbox"/> LVEF _____ NYHA _____ <input type="checkbox"/> Aneurysm Site _____ Size _____ <input type="checkbox"/> Peripheral Vascular Disease Site _____ <input type="checkbox"/> Other _____	CNS / Cognition / Narcolepsy / Seizure / CVA <input type="checkbox"/> CVA <input type="checkbox"/> TIA Date _____ <input type="checkbox"/> Epilepsy <input type="checkbox"/> Provoked Seizure Cause _____ Date of last seizure _____ <input type="checkbox"/> Narcolepsy <input type="checkbox"/> Controlled w/ meds <input type="checkbox"/> Uncontrolled <input type="checkbox"/> Non-progressive /Stable (Cerebral palsy/plegia, etc.) <input type="checkbox"/> Progressive deficit (Parkinson's, MS, ALS, etc.) <input type="checkbox"/> Cognitive impairment MOCA ___ Trails B _____ <input type="checkbox"/> Dementia diagnosis, details _____ <input type="checkbox"/> Significant head injury Date _____ <input type="checkbox"/> Intracranial Tumor _____ Date _____ <input type="checkbox"/> Other _____	RESPIRATORY / Sleep Apnea <input type="checkbox"/> O ₂ continuous <input type="checkbox"/> O ₂ intermittent <input type="checkbox"/> O ₂ when driving <input type="checkbox"/> Obstructive Sleep Apnea <input type="checkbox"/> Mild <input type="checkbox"/> Mod <input type="checkbox"/> Severe <input type="checkbox"/> On CPAP <input type="checkbox"/> Compliant <input type="checkbox"/> Non-Compliant <input type="checkbox"/> Apnea Hypopnea Index (AHI) _____ Epworth Score _____ <input type="checkbox"/> No Daytime Sleepiness <input type="checkbox"/> With Daytime Sleepiness <input type="checkbox"/> Other _____
HEARING <input type="checkbox"/> Hearing loss <input type="checkbox"/> With Hearing Aids <input type="checkbox"/> No Aids <input type="checkbox"/> Drop Attacks (Tumarkin's crisis) Date: _____ <input type="checkbox"/> Vertigo <input type="checkbox"/> with warnings <input type="checkbox"/> without warnings <input type="checkbox"/> Date of last vertigo episode _____ <input type="checkbox"/> Other _____	MUSCULOSKELETAL <input type="checkbox"/> Amputation Date _____ Cause _____ <input type="checkbox"/> Right-Sided <input type="checkbox"/> Left-Sided <input type="checkbox"/> Upper Limb <input type="checkbox"/> Above Elbow <input type="checkbox"/> Below Elbow <input type="checkbox"/> Lower Limb <input type="checkbox"/> Above Knee <input type="checkbox"/> Below Knee <input type="checkbox"/> Uses Prosthesis <input type="checkbox"/> Without Prosthesis <input type="checkbox"/> With Vehicle Modifications _____ <input type="checkbox"/> None <input type="checkbox"/> Weakness, specify _____ <input type="checkbox"/> Range of motion loss, specify _____ <input type="checkbox"/> Other _____	PSYCHIATRIC <input type="checkbox"/> Psychosis /Psychotic episode Date: _____ <input type="checkbox"/> Psych Diagnosis: _____ <input type="checkbox"/> Impaired judgment, insight <input type="checkbox"/> On Medication (s) <input type="checkbox"/> Non-medical therapy <input type="checkbox"/> Compliant w/ Treatment <input type="checkbox"/> Non-compliant <input type="checkbox"/> Stable Psych condition <input type="checkbox"/> Unstable Psych condition <input type="checkbox"/> Other _____	ENDOCRINE <input type="checkbox"/> Diabetes, treated with: <input type="checkbox"/> Diet/Exercise <input type="checkbox"/> Oral Meds <input type="checkbox"/> Insulin <input type="checkbox"/> Insulin Secretagogues <input type="checkbox"/> Compliant w/ Treatment <input type="checkbox"/> Non-Compliant <input type="checkbox"/> Stable BG Control HbA1C _____ Date _____ <input type="checkbox"/> Severe hypoglycemia, unable to self-treat Date _____ <input type="checkbox"/> Hypoglycemia unawareness Date _____ <input type="checkbox"/> Persistent Hypoglycemia Unawareness <input type="checkbox"/> Other _____
DRUGS /ALCOHOL <input type="checkbox"/> Alcohol Use Disorder (AUD) diagnosed, ACTIVE <input type="checkbox"/> Substance Use Disorder (SUD) diagnosed, ACTIVE <input type="checkbox"/> Alcohol Withdrawal Seizure Date: _____ <input type="checkbox"/> Prescribed drugs that could impair <input type="checkbox"/> Psychoactive drugs _____ <input type="checkbox"/> Narcotics _____ <input type="checkbox"/> Compliant w/ Treatment <input type="checkbox"/> Non-Compliant <input type="checkbox"/> Other _____			

B. VISION SCREENING AND PHYSICAL FINDINGS AFFECTING DRIVING May include EVF/VFT done within one year if available.

VISUAL ACUITY <input type="checkbox"/> Uncorrected R _____ L _____ Both _____ <input type="checkbox"/> Corrected R _____ L _____ Both _____	VISUAL FIELD <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Both visual acuity and visual field meet Physician's Guide criteria for licence class <input type="checkbox"/> YES
--	--

C. OPINION Having completed A & B as applicable, in your opinion, does patient have a condition that may affect driving:

NO YES May In future - recommend follow-up in _____ years

D. DETAILS OF CONDITION(S) THAT AFFECT OR MAY AFFECT DRIVING May include relevant specialists' reports or lab results.

E. RECOMMENDATION(S)

Specialist Consult - Type _____

Enclosed: Yes No I will arrange: Yes No

Road test to assess _____
 Rationale for road test _____
 Restrictions (Reason & Type) _____

Information from Health Professionals

Example: Reporting Motor and Sensory Function

Should include:

Diagnosis – Severity & if Progressive, transient, or stable

Extent of ROM loss & which limbs are affected

Date of loss – *very important

<input type="checkbox"/> Vertigo <input type="checkbox"/> with warnings <input type="checkbox"/> without warnings <input type="checkbox"/> Date of last vertigo episode _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> LVEF _____ NYHA: _____ <input type="checkbox"/> Aneurysm Site _____ Size: _____ <input type="checkbox"/> Peripheral Vascular disease Site _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Dementia diagnosis details: _____ <input type="checkbox"/> Significant head injury Date: _____ <input type="checkbox"/> Intracranial Tumor _____ Date: _____ <input type="checkbox"/> Other _____	ENDOCRINE (9 or 9.1) <input type="checkbox"/> Diabetes, treated with: <input type="checkbox"/> Diet/ Exercise <input type="checkbox"/> Oral Meds <input type="checkbox"/> Insulin <input type="checkbox"/> Insulin Secretagogues <input type="checkbox"/> Compliant w/ Treatment <input type="checkbox"/> Non-Compliant <input type="checkbox"/> Stable BG Control HbA1c _____ Date _____ <input type="checkbox"/> Severe hypoglycemia, unable to self-treat Date _____ <input type="checkbox"/> Hypoglycemia unawareness Date _____ <input type="checkbox"/> Persistent Hypoglycemia Unawareness <input type="checkbox"/> Other _____
MUSCULOSKELETAL (11) <input type="checkbox"/> Amputation Date: _____ Cause: _____ <input type="checkbox"/> Right-Sided <input type="checkbox"/> Left-Sided <input type="checkbox"/> Upper Limb <input type="checkbox"/> Above Elbow <input type="checkbox"/> Below Elbow <input type="checkbox"/> Lower Limb <input type="checkbox"/> Above Knee <input type="checkbox"/> Below Knee <input type="checkbox"/> Uses Prosthesis <input type="checkbox"/> Without Prosthesis <input type="checkbox"/> With Vehicle Modifications _____ <input type="checkbox"/> None <input type="checkbox"/> Weakness, specify _____ <input type="checkbox"/> Range of motion loss, specify _____ <input type="checkbox"/> Other _____	PSYCHIATRIC (12) <input type="checkbox"/> Psychosis/Psychotic episode Date _____ <input type="checkbox"/> Psych Diagnosis: _____ <input type="checkbox"/> Impaired judgment, insight <input type="checkbox"/> On Medication(s) <input type="checkbox"/> Non-medical therapy <input type="checkbox"/> Compliant w/ Treatment <input type="checkbox"/> Non-compliant <input type="checkbox"/> Stable Psych condition <input type="checkbox"/> Unstable Psych condition <input type="checkbox"/> Other _____	DRUGS (13) / ALCOHOL (14) <input type="checkbox"/> Alcohol Use Disorder (AUD) diagnosed, ACTIVE <input type="checkbox"/> Substance Use Disorder (SUD) diagnosed, ACTIVE <input type="checkbox"/> Alcohol Withdrawal Seizure Date: _____ <input type="checkbox"/> Prescribed drugs that could impair: <input type="checkbox"/> Psychoactive drugs _____ <input type="checkbox"/> Narcotics _____ <input type="checkbox"/> Compliant w/ Treatment <input type="checkbox"/> Non-Compliant <input type="checkbox"/> Other _____	OTHER CONDITIONS <input type="checkbox"/> General debility, Frailty, or functional decline (17) <input type="checkbox"/> Other (see guide) _____
B. VISION SCREENING AND PHYSICAL FINDINGS AFFECTING DRIVING May include EVF/VFT done within one year if available.			
VISUAL ACUITY <input type="checkbox"/> Uncorrected R _____ L _____ Both _____ <input type="checkbox"/> Corrected R _____ L _____ Both _____	VISUAL FIELD <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Both visual acuity and visual field meet Physician's Guide criteria for licence class <input type="checkbox"/> YES	
C. OPINION Having completed A & B as applicable, in your opinion, does patient have a condition that may affect driving:			
<input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> May in future - recommend follow-up in _____ years			
D. DETAILS OF CONDITION(S) THAT AFFECT OR MAY AFFECT DRIVING May include relevant specialists' reports or lab results.			
_____ _____ _____			
E. RECOMMENDATION(S)			
<input type="checkbox"/> Specialist Consult - Type _____ Enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Road test to assess _____ Rationale for road test _____ <input type="checkbox"/> Restrictions (Reason & Type) _____	
I will arrange: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Information
from Other
Sources

Other Sources and Primary Concerns

Unsolicited Reporting

- 7,800 reports sent annually by medical personnel, police, family, and ICBC with concerns regarding the safety or fitness of a person to drive
- [Report of a condition affecting fitness and ability to drive](#) form is used by medical professionals to report concerns

The following conditions are of particular concern to road safety:

- Declining cognitive abilities (e.g. from dementia, CVA, TBI)
- Seizures or any high risk for sudden incapacitation
- Unstable psychiatric disorders
- Problematic alcohol/substance use

CCMTA Medical
Standards with
BC Specific
Guidelines

Upon Review of Evidence Received

Referencing the CCMTA Guidelines, Driver Medical Fitness Adjudicators & Nurse Case Managers may:

- Request further medical information
- Request an on-road assessment:
 - Enhanced Road Assessment (ERA) (Class 5 only)
 - Commercial class re-examination, or
 - Occupational Therapist/Specialist Driving Evaluation (FDE)
- Cancel a driver's licence/downgrade
- Find the driver medically fit to drive

Driver
Medical
Fitness
Decisions

Cancellation of a
Driver's Licence

If a Driver Medical Fitness decision is to cancel a licence it must be based on:

- Reasonably reliable evidence of medical issue
- Reasonably reliable evidence of road safety risk
- In addition to medical standards, case law, administrative fairness principles

Driver
Medical
Fitness
Decisions

Urgent Cancellation of a Driver's Licence

- **To urgently cancel a driver's licence, the information must meet the following:**
 1. Evidence of medical urgency
 2. High threshold of public safety and immediate road safety concerns
 3. Timeliness: date of the event/episode must be current (within 30-60 days, condition specific)
- **IF the evidence meets the three criteria, then:**
 - The licence is cancelled immediately, and the driver is sent a cancellation notice and letter via mail
 - The driver is given 21 days to request reconsideration of the decision to urgently cancel their licence
 - A remedy is provided in the letter (the information RoadSafetyBC will need to consider re-licensing)

Driver
Medical
Fitness
Decisions

Notice to Cancel
(NTC)

- Issued when all three urgent cancellation criteria are not met
- In NTC cases, the driver is notified in writing that RoadSafetyBC's preliminary assessment is that the driver's licence should be cancelled
- The driver has 30 days to respond to the concerns raised before a final decision is made



Enforcement Options

If you are aware that a driver is continuing to drive after their licence has been cancelled, you may:

- Complete the [Report of a Condition Affecting Fitness and Ability to Drive](#) form or write a letter to RoadSafetyBC and fax to 250-952-6888
- Phone RoadSafetyBC at 250-953-8612 and speak to a Nurse Case Manager who can assist you with reporting
- Phone your local police or RCMP to report your concerns

RoadSafetyBC can then take steps to prohibit the driver



Enforcement Options (Cont'd)

- If a prohibited driver is stopped by police:
 - Driver can be charged and is subject to arrest
 - Driver can be issued with a Provincial Appearance Notice resulting in a mandatory Court Appearance
 - Vehicle must be impounded for 7 days
 - Documents and report will be submitted to Crown for approval
 - If convicted in court → minimum penalty is \$500 with a mandatory 12 month automatic driving prohibition

Driver Medical Fitness Links



[RoadSafetyBC Medical Professionals Page](#)



[Report of a condition affecting fitness and ability to drive](#)



[CCMTA Medical Standards for Drivers With BC Specific Guidelines \(BC Guide\)](#)



[Enhanced Road Assessment \(ERA\)](#)



Dedicated phone line for physicians and other health professionals (250) 953-8612



[ICBC](#)