

Driver Medical Fitness Program Overview

RoadSafetyBC

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Purpose of this Overview

1. To increase health professional's awareness of Driver Medical Fitness assessment requirements
2. To improve efficiencies in submission of medical information for both RoadSafetyBC and medical practitioners
3. To improve reporting of medically at-risk drivers

RoadSafetyBC

- RoadSafetyBC – previously the Office of the Superintendent of Motor Vehicles (OSMV) 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 Helpful Links

(all hyper-links are accessible in slideshow mode only)

- [RoadSafetyBC Medical Professionals Page](#)
- [Report of a condition affecting fitness and ability to drive](#)
- [CCMTA Medical Standards for Drivers With BC Specific Guidelines \(BC Guide\)](#)
- Dedicated phone line for physicians and other health professionals (250) 953-8612
- [Enhanced Road Assessment \(ERA\)](#)
- [ICBC](#)

Driver Medical Fitness Program

- The Driver Medical Fitness Program team adjudicate information to determine fitness to drive using:
 - [CCMTA Medical Standards for Drivers With BC Specific Guidelines](#)
 - Administrative fairness principles and case law
 - **Evidence** of public safety risk and current medical information
- Information received is triaged according to risk

Driver Medical Fitness Statistics



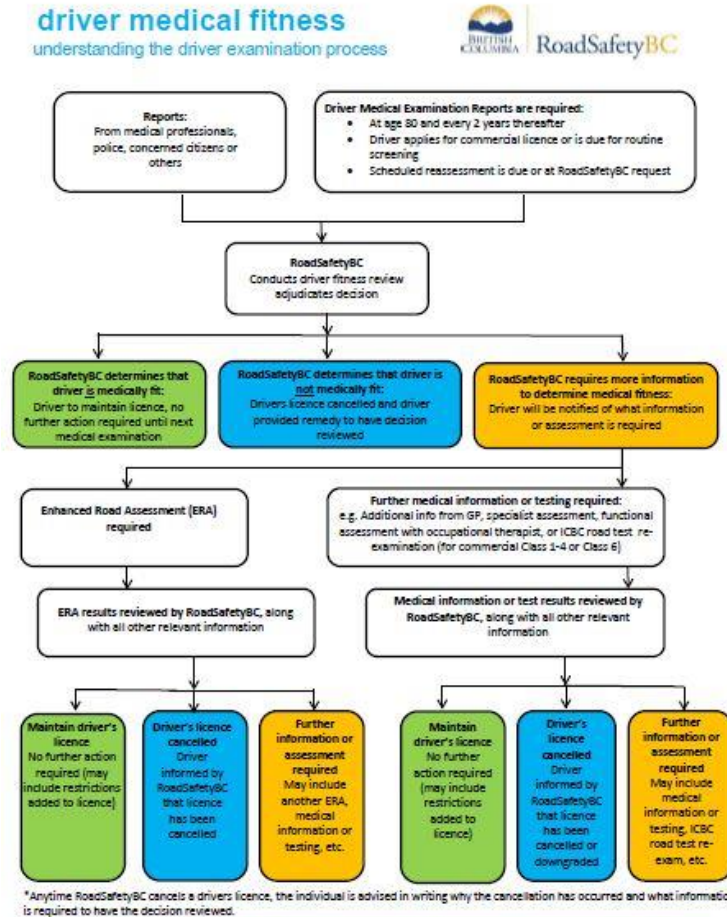
**3.2
million
drivers**

Approximate Annual Volumes:

- 150,000 medical assessments each year
 - 11,000 unsolicited reports
 - 4,000 drivers found unfit
 - 2,000 drivers do not comply and their Driver Licence is cancelled
 - 800 drivers voluntarily surrender their Driver Licence

Understanding Driver Medical Fitness

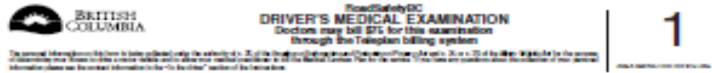
Right click on the flow chart to download a printable copy



When does a driver get a Driver Medical Examination Report (DMER)?

- RoadSafetyBC receives an unsolicited report of concern from police, family member or public
- RoadSafetyBC receives an unsolicited report of concern from a medical professional
- Driver discloses a medical condition to a Licensing Office
- A scheduled reassessment interval is due
- A driver turns 80, and every two years thereafter
- A driver applies for a commercial class licence, or a routine commercial class screening is due

Driver Medical Examination Report (DMER)



DRIVER AND PHYSICIAN OR NURSE PRACTITIONER - SEE BACK FOR INSTRUCTIONS
PERSONAL HEALTH NUMBER: _____ MSP Fee Code: M220 REASON FOR EXAMINATION AND CLASS: _____

1
Note apart from information on the accompanying instructions:
- use section A unless professional information for the age related, in your opinion, applies to the corresponding classification assessment or class renewal.
- section C must be completed.

A. HISTORY (Reference to the 2010 BC Guide to Drive in Determining Fitness to Drive. Web links are provided on the back of form)
TABLE WITH 4 COLUMNS: HISTORY (Section 1), COMMERCIAL (Section 2), DISABILITY (Section 3), DEPENDENT (Section 4)

B. VISION SCREENING AND PHYSICAL FINDINGS AFFECTING DRIVING - May include LWVY-1 done within one year if available.
VISION ACFT: _____ DATE: _____
BEST CORRECTED: _____ DATE: _____

C. OPINION - Having completed A & B if applicable, in your opinion, does patient have a condition that may affect driving?
 NO YES May in future - recommend follow-up in _____ years

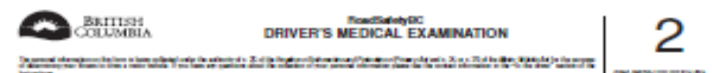
D. DETAILS OF CONDITION(S) THAT AFFECT OR MAY AFFECT DRIVING - May include relevant specialist's reports or lab results.

E. RECOMMENDATION(S)
 advised class - type _____
restrict: yes no (see average) yes no (see restriction) (specify a year)

F. DRIVER'S CERTIFICATION AND CONSENT TO RELEASE INFORMATION
I certify that the information I have given to the physician or nurse practitioner concerning this report is to the best of my knowledge true and correct.
I understand that inaccurate, incomplete, missing or false information may lead to denial or cancellation of my driver's license.
I authorize the release of this report (and any lab and/or other reports pertaining to medical, neurological and conditions that may affect driving to the assessment) or other vehicles.

PHYSICIAN OR NP: FAX TO 250-622-6888 OR MAIL TO RoadSafetyBC, P.O. BOX 6000, STN PROV GOVT, VICTORIA, BC, V8W 6J8 sub 6000 (M220)

Known or Suspected Medical Condition



DRIVER AND PHYSICIAN OR NURSE PRACTITIONER - SEE BACK FOR INSTRUCTIONS
PERSONAL HEALTH NUMBER: _____ MSP Fee Code: M220 REASON FOR EXAMINATION AND CLASS: _____

2
Note apart from information on the accompanying instructions:
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- section C must be completed.

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TABLE WITH 4 COLUMNS: HISTORY (Section 1), COMMERCIAL (Section 2), DISABILITY (Section 3), DEPENDENT (Section 4)

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

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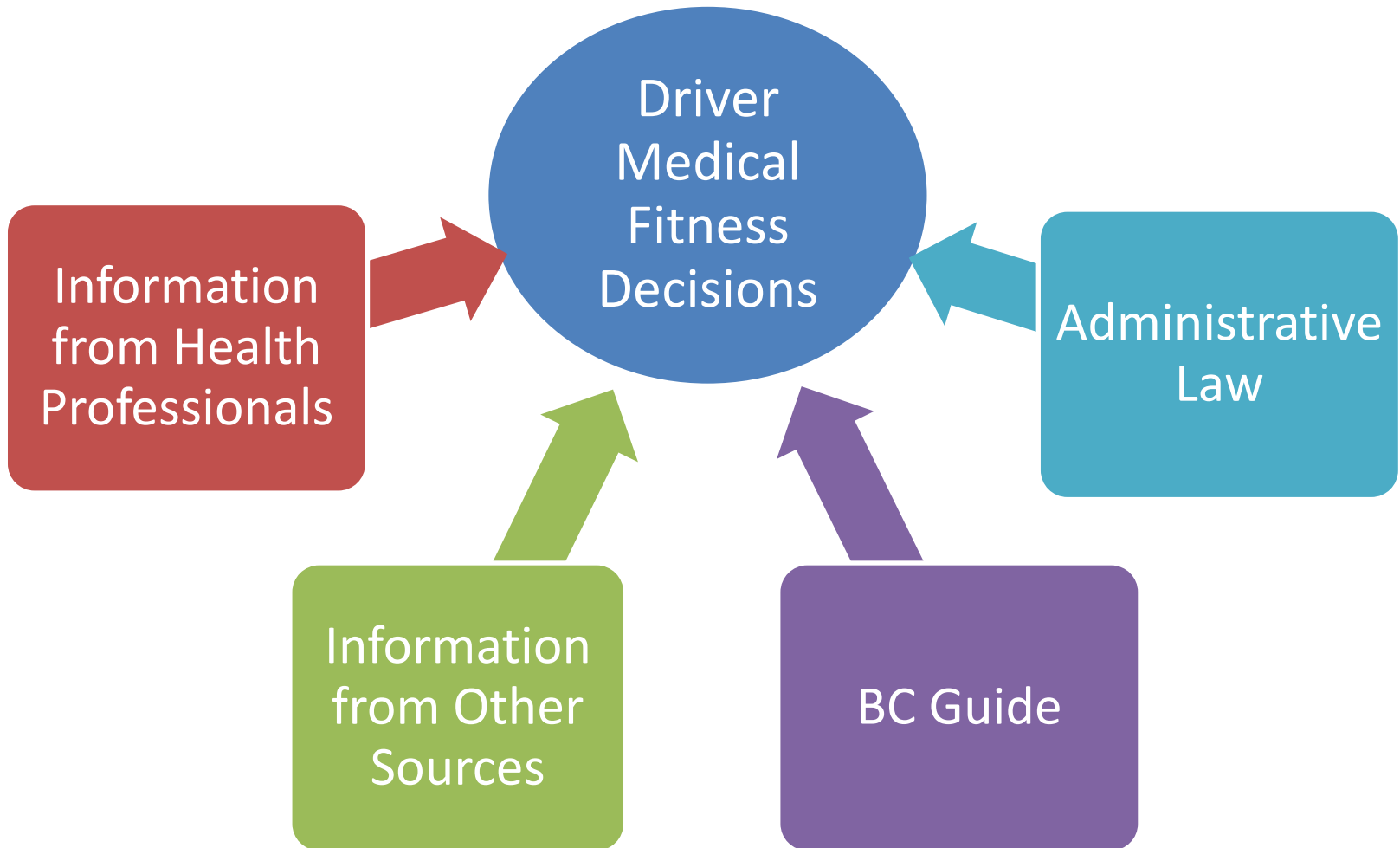
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 advised class - type _____
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Age Related or Commercial Reassessment

Driver Medical Fitness Decisions



Information
from Health
Professionals

To meet the obligations of administrative fairness and case law, Health Professional assessments should include:

- Diagnosis (alone does not 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, learning disability
- Language barriers
- Family concerns

A. HISTORY			
VISION (section 2 of Physician's Guide) <input type="checkbox"/> Acuity loss <input type="checkbox"/> Field defect <input type="checkbox"/> Eye disease <input type="checkbox"/> Other _____	CARDIOVASCULAR (sections 4 and 6) <input type="checkbox"/> Syncope Date _____ Cause _____ <input type="checkbox"/> CAD (M.I., angioplasty, CABG) Date _____ NYHA Functional Class _____ <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Pacemaker <input type="checkbox"/> Implanted defibrillator <input type="checkbox"/> Congestive heart failure <input type="checkbox"/> Aneurysm Site _____ Size _____ <input type="checkbox"/> Peripheral Vascular disease <input type="checkbox"/> Other _____	CNS (sections 5 and 7) <input type="checkbox"/> CVA/TIA Date _____ <input type="checkbox"/> Seizure disorder Date of last seizure _____ <input type="checkbox"/> Narcolepsy <input type="checkbox"/> Congenital condition (Cerebral palsy, etc.) <input type="checkbox"/> Progressive deficit (Parkinson's, MS, ALS, etc.) <input type="checkbox"/> Stable deficit (Paraplegia, Nerve damage, etc.) <input type="checkbox"/> Cognitive impairment MMSE score _____ <input type="checkbox"/> Significant head injury <input type="checkbox"/> Other _____	RESPIRATORY (section 8) <input type="checkbox"/> Home oxygen <input type="checkbox"/> Sleep apnea - Epworth Score _____ <input type="checkbox"/> Other _____
HEARING (section 3) <input type="checkbox"/> Hearing loss <input type="checkbox"/> Vertigo <input type="checkbox"/> Other _____	MUSCULOSKELETAL (section 11) <input type="checkbox"/> Amputation <input type="checkbox"/> Weakness <input type="checkbox"/> Range of motion loss <input type="checkbox"/> Other _____	PSYCHIATRIC (section 12) <input type="checkbox"/> Psychosis <input type="checkbox"/> Severe depression <input type="checkbox"/> Impaired judgment, insight <input type="checkbox"/> Medication non-compliance <input type="checkbox"/> Other _____	ENDOCRINE (section 9) <input type="checkbox"/> Diabetes Insulin <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Significant hypoglycemia Date _____ <input type="checkbox"/> Hypoglycemia unawareness HbA1C _____ Date _____ <input type="checkbox"/> Other _____
DRUGS AND ALCOHOL (sections 13 and 14) <input type="checkbox"/> Alcohol or drug abuse in past 2 years <input type="checkbox"/> Alcohol related seizure <input type="checkbox"/> Addiction rehab taken _____ refused _____ <input type="checkbox"/> Prescribed drugs that could impair <input type="checkbox"/> Psychoactive drugs <input type="checkbox"/> Narcotics <input type="checkbox"/> Other _____			
OTHER CONDITIONS <input type="checkbox"/> General debility or functional decline <input type="checkbox"/> Other (see guide) _____			
B. VISION SCREENING AND PHYSICAL FINDINGS AFFECTING DRIVING			
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			
_____ _____ _____			
E. RECOMMENDATION(S)			
<input type="checkbox"/> Specialist Consult - Type _____ Enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No I will arrange: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Road test to assess _____ <input type="checkbox"/> Restrictions (Reason & Type) _____	

Information from Health Professionals

Example: Reporting Motor & Sensory Function

Should include:

- Diagnosis
- Specifics (date of event/loss of ability)
- Extent of ROM loss
- Specify which limbs are affected
- Severity
- Progressive, transient, stable

A. HISTORY			
VISION (section 2 of Physician's Guide) <input type="checkbox"/> Acuity loss <input type="checkbox"/> Field defect <input type="checkbox"/> Eye disease <input type="checkbox"/> Other _____	CARDIOVASCULAR (sections 4 and 6) <input type="checkbox"/> Syncope Date _____ Cause _____ <input type="checkbox"/> CAD (M.I., angioplasty, CABG) Date _____ NYHA Functional Class _____ <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Pacemaker <input type="checkbox"/> Implanted defibrillator <input type="checkbox"/> Congestive heart failure <input type="checkbox"/> Aneurysm Site _____ Size _____ <input type="checkbox"/> Peripheral Vascular disease <input type="checkbox"/> Other _____	CNS (sections 5 and 7) <input type="checkbox"/> CVA/TIA Date _____ <input type="checkbox"/> Seizure disorder Date of last seizure _____ <input type="checkbox"/> Narcolepsy <input type="checkbox"/> Congenital condition (Cerebral palsy, etc.) <input type="checkbox"/> Progressive deficit (Parkinson's, MS, ALS, etc.) <input type="checkbox"/> Stable deficit (Paraplegia, Nerve damage, etc.) <input type="checkbox"/> Cognitive impairment MMSE score _____ <input type="checkbox"/> Significant head injury <input type="checkbox"/> Other _____	RESPIRATORY (section 8) <input type="checkbox"/> Home oxygen <input type="checkbox"/> Sleep apnea - Epworth Score _____ <input type="checkbox"/> Other _____
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		DRUGS AND ALCOHOL (sections 13 and 14) <input type="checkbox"/> Alcohol or drug abuse in past 2 years <input type="checkbox"/> Alcohol related seizure <input type="checkbox"/> Addiction rehab taken _____ refused _____ <input type="checkbox"/> Prescribed drugs that could impair <input type="checkbox"/> Psychoactive drugs <input type="checkbox"/> Narcotics <input type="checkbox"/> Other _____	OTHER CONDITIONS <input type="checkbox"/> General debility or functional decline <input type="checkbox"/> Other (see guide) _____
B. VISION SCREENING AND PHYSICAL FINDINGS AFFECTING DRIVING			
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 <div style="border: 1px solid black; padding: 5px; display: inline-block;"> Both visual acuity and visual field meet Physician's Guide criteria for licence class <input type="checkbox"/> YES </div> Blood Pressure _____	
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			
_____ _____			
E. RECOMMENDATION(S)			
<input type="checkbox"/> Specialist Consult - Type _____		<input type="checkbox"/> Road test to assess _____	
<input type="checkbox"/> Restrictions (Reason & Type) _____			
Enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No		I will arrange: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Information
from Other
Sources

Unsolicited Reporting

- 11, 000 reports sent in by medical personnel, police, family, and ICBC with concerns regarding the safety or fitness of a person to drive.
- The following conditions are of particular concern to road safety: declining cognitive abilities, seizures, psychiatric disorders, and problematic alcohol/substance use.

[Members of the Public Reporting a Concern about a Person's Fitness to drive](#)

BC Guide

Upon review of Evidence Received

Driver Medical Fitness Adjudicators may:

- Request further medical information
- Request a Functional Driving Evaluation:
 - [Enhanced Road Assessment \(ERA\)](#)
 - [ICBC Road test re-examination](#)
 - Occupational Therapist/Specialist Driving Evaluation
- Cancel a driver's licence/downgrade
- Find the driver medically fit to drive

Administrative
Law

Administrative 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
Law

Administrative Law Principles are applied in Driver Medical Fitness Determinations

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 four basic principles of administrative law:

- 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.

Driver
Medical
Fitness
Decisions

Cancellation of a 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

Driver
Medical
Fitness
Decisions

Urgent Cancellation

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)

Driver
Medical
Fitness
Decisions

Urgent Cancellation

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

- When all three urgent cancellation criteria are not met, a Notice to Cancel (NTC) is issued
- 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

If police encounter an unlicensed driver they may:

- Issue a violation ticket for the offense of no valid driver's licence, or warn the driver

If a driver is convicted of a no driver licence infraction:

- ICBC records will post driver as "Vehicle Impoundment candidate/serve prohibition". Police may then:
 - Issue a violation ticket to the driver again and police must:
 - give an Unlicensed Driver prohibition (driver is prohibited indefinitely)
 - impound vehicle for 7 days (time increases with subsequent violations)

Enforcement Options

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

Thank you

If you would like to provide feedback on this presentation,
please send your comments or questions to

RoadSafetyBC@gov.bc.ca