

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, 85 then every two years thereafter
- A driver applies for a commercial class licence, or a routine commercial class screening is due

# Driver Medical Examination Reports (DMERs)

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

1

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.

**Known or Suspected Medical Condition**  
  
**RoadSafetyBC pays \$75**

BRITISH COLUMBIA RoadSafetyBC  
**DRIVER'S MEDICAL EXAMINATION**

2

AREA ABOVE FOR OFFICE USE

**DRIVER AND PHYSICIAN OR NURSE PRACTITIONER - SEE BACK FOR INSTRUCTIONS**

REASON FOR EXAMINATION AND CLASS

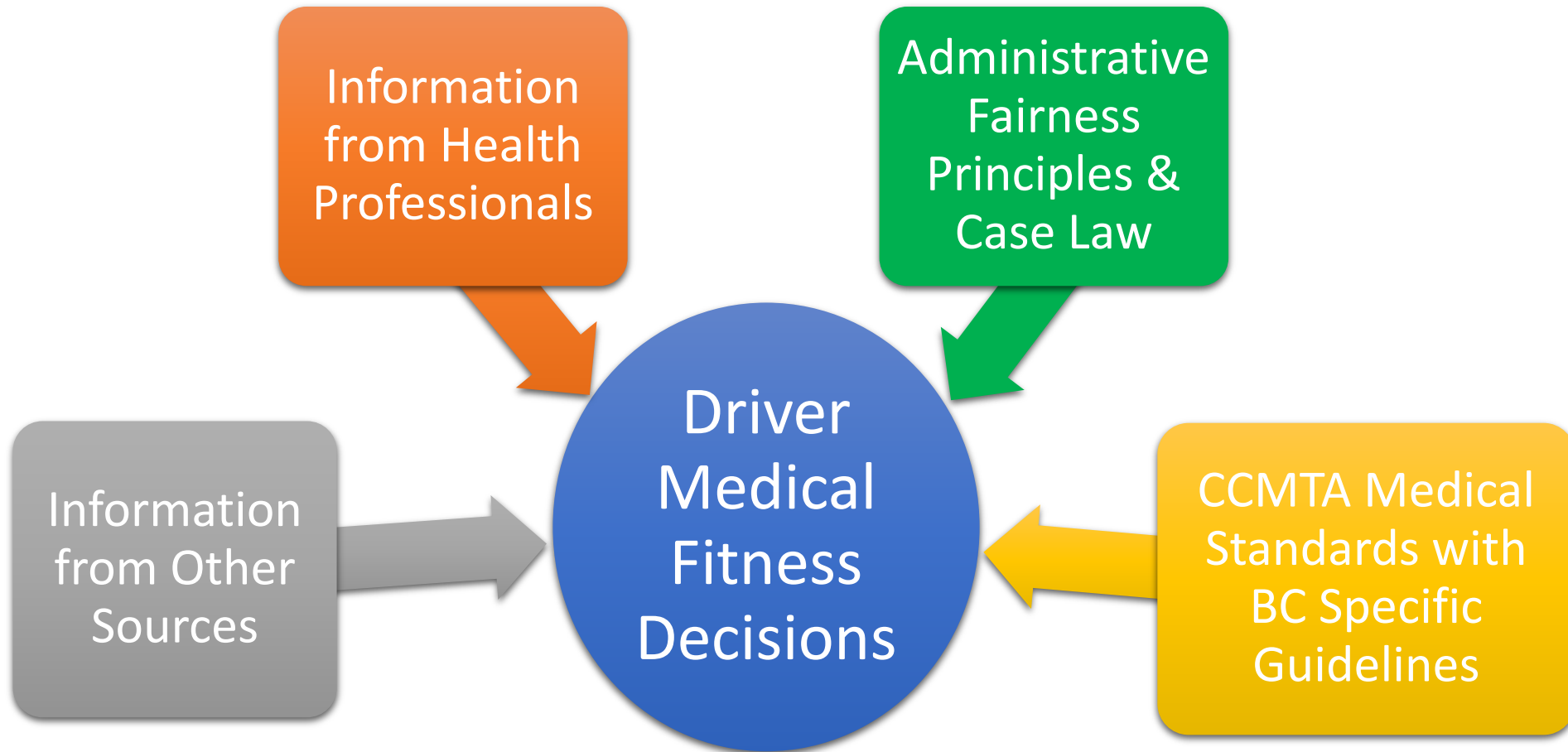
Driver requires a complete physical examination.

- 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.

**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.

<b>VISION</b> <input type="checkbox"/> Acuity loss Cause _____ <input type="checkbox"/> Field defect Cause _____ <input type="checkbox"/> Monocular Date of Onset _____ <input type="checkbox"/> Other _____	<b>HEARING</b> <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 _____	<b>MUSCULOSKELETAL</b> <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 _____	<b>GARDIOVASCULAR / PVD</b> <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 _____	<b>CNS / Cognition / Narcolepsy / Seizure / CVA</b> <input type="checkbox"/> CVA <input type="checkbox"/> TIA Date _____ <input type="checkbox"/> Epilepsy <input type="checkbox"/> Provoked Seizure Cause _____ <input type="checkbox"/> 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 _____	<b>RESPIRATORY / Sleep Apnea</b> <input type="checkbox"/> O <sub>2</sub> continuous <input type="checkbox"/> O <sub>2</sub> intermittent <input type="checkbox"/> O <sub>2</sub> 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 _____	<b>ENDOCRINE</b> <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 _____
<b>B. VISION SCREENING AND PHYSICAL FINDINGS AFFECTING DRIVING</b> May include EVF/VFT done within one year if available.						
<b>VISUAL ACUITY</b> <input type="checkbox"/> Uncorrected R _____ L _____ Both _____ <input type="checkbox"/> Corrected R _____ L _____ Both _____			<b>VISUAL FIELD</b> <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			
<b>C. OPINION</b> 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						
<b>D. DETAILS OF CONDITION(S) THAT AFFECT OR MAY AFFECT DRIVING</b> May include relevant specialists' reports or lab results.						
<b>E. RECOMMENDATION(S)</b> <input type="checkbox"/> Specialist Consult - Type _____ <input type="checkbox"/> Road test to assess _____ Rationale for road test _____ <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 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 _____	<b>ENDOCRINE (9 or 9.1)</b> <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 _____
<b>MUSCULOSKELETAL (11)</b> <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 _____	<b>PSYCHIATRIC (12)</b> <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 _____	<b>DRUGS (13) / ALCOHOL (14)</b> <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>OTHER CONDITIONS</b> <input type="checkbox"/> General debility, Frailty, or functional decline (17) <input type="checkbox"/> Other (see guide) _____
<b>B. VISION SCREENING AND PHYSICAL FINDINGS AFFECTING DRIVING</b> May include EVF/VFT done within one year if available.			
<b>VISUAL ACUITY</b> <input type="checkbox"/> Uncorrected R _____ L _____ Both _____ <input type="checkbox"/> Corrected R _____ L _____ Both _____		<b>VISUAL FIELD</b> <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>	
<b>C. OPINION</b> 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			
<b>D. DETAILS OF CONDITION(S) THAT AFFECT OR MAY AFFECT DRIVING</b> May include relevant specialists' reports or lab results.			
_____ _____ _____			
<b>E. RECOMMENDATION(S)</b>			
<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](#)