Hi there,

I hope everyone is enjoying their summer. Following our last correspondence, attached is the detailed comparison between the 2010 BC Guide to Drive and the CCMTA Guidelines. We hope this will provide you with additional information for your consideration and consultation on this issue.

Sara Bristow has been reaching out to members of the group to discuss in further detail. If your group hasn't been contacted yet by Sara, you likely will in the near future. Also, please feel free to contact us if you have any questions or would like to discuss any aspect of this issue.

We are currently looking at early October for our next scheduled meeting and will be sending out possible dates in the near future.

COMPARATIVE REVIEW OF THE CANADIAN COUNCIL OF MOTOR TRANSPORT ADMINISTRATORS MEDICAL STANDARDS FOR DRIVERS AND THE BC GUIDE IN DETERMINING FITNESS TO DRIVE

RoadSafetyBC is considering adopting the Canadian Council of Motor Transport Administrators Medical Standards for Drivers (the "CCMTA Guide") to replace the BC Guide in Determining Fitness to Drive (the "BC Guide").

While the two Guides are substantively similar, there are some format and terminology differences. There will be different assessment parameters for medical condition standards and a relatively small number of instances where the transition for drivers will result in more or less stringent assessment parameters.

If adopted, the CCMTA Standards will be applied on new submissions, and those in progress. Transition strategies would be developed to be as fair as possible to drivers who are within the licensing decision making process and for whom licensing decisions have already been made.

The following is a list of high level findings derived from a comparative review of the BC Guide and the CCMTA Guide. Reviewing the tables below will help stakeholders understand the differences between the standards, and better prepare their constituents for the adoption of the CCMTA Guide.

Your feedback is welcome and we will address any concerns you or your constituents may have. Please don't hesitate to contact Sara.Bristow@gov.bc.ca in August or Kevin.Murray@gov.bc.ca in September. We look forward to hearing from you.

Comparative Review Table of Contents:

1. Terminology Differences
2. Format Differences
3. More Stringent Medical Condition Standards
4. Less Stringent Medical Condition Standards
5. Medical Condition Standards with Different Assessment Parameters

Comparative Review

1. Terminology Differences

CCMTA Chapter preambles are identical to the BC Guide; there are some terminology changes and streamlined language.

BC Guide	CCMTA Guide
• Refers to Individual • Drivers are private and commercial • Policy/policy rational (5.4.1) • Fit for class 1 – 4 • Medical Standards	• Refers to Driver • Drivers are commercial and non- commercial • Model standard/rational (4.4) • Fit for commercial licence • Medical Conditions

2. Format Differences

BC Guide	CCMTA Guide
• Guide has 8 chapters, 6 appendices relevant to BC.	• Guide has 7 chapters, 2 appendices.
• Charts are in no particular order.	• Charts are ordered alphabetically.
• Charts are at the end of the sub-sections.	• Charts are located at the beginning of each sub-section.

3. More Stringent Medical Condition Standards

BC Guide	CCMTA Guide
Cardiovascular	
17.20 Commercial drivers who have sustained ventricular tachycardia and a left ventricular ejection fraction of <30% are not fit to drive.	**3.6.13** Commercial Drivers Sustained ventricular tachycardia with a left ventricular ejection fraction of <35% - Commercial drivers are not eligible for a licence.
17.35 Commercial drivers who have declined an Implantable cardioverter defibrillator (ICD) or have an ICD implanted as primary or secondary prophylaxis may find individuals fit to drive if an assessment by a cardiologist indicates that the annual risk of sudden incapacitation is 1% or less.	**3.6.28** ICD implanted as secondary prophylaxis for sustained Ventricular Tachycardia (VT) – Commercial drivers not eligible.
Drugs and Driving	
No corresponding guidelines except in section 23.9: Private and commercial drivers with alcohol-related provoked seizures" which states individuals may drive if: • The treating physician has confirmed that the cause of the seizure was alcohol use. • They have undergone addiction treatment and have received a favourable report from an addiction counsellor, and • It has been at least 6 months since they have used alcohol or had a seizure.	**15 .6.3** All drivers eligible for a licence if • Meets the criteria for remission and/or has abstained from the substance for 12 months. • Earlier re-licensing may be considered upon favourable recommendation from an addictions specialist and/or treating physician recognized by the licensing authority and the successful completion of a drug rehabilitation program. • The functional abilities necessary for driving are not impaired.

	Where required, a road test or other functional assessment shows that the functional abilities for driving are not impaired.

4. Less Stringent Medical Condition Standards

BC Guide	CCMTA Guide
Diabetes	
11.6 Commercial drivers on secretagogues are assessed annually.	**7.6.1** Type 2 diabetes – All drivers: • Treated with diet and exercise alone, or: • Oral medication - non insulin secretagogues medication, i.e. Metformin, or: • Oral medication - insulin secretagogues i.e. Glyburide, Diamicron, etc. Re-assessment is routine commercial or age-related, or at discretion of the licensing authority.
General Debility /Lack of Stamina	
30 Re-assessment every 2 years.	**8.6** Re-assessment routine commercial or age-related, or at discretion of authority.
Seizures	
23.10 Single unprovoked seizure – non-commercial may drive if:	**17.6.4** Single unprovoked seizure – non-commercial may drive if:

• It has been 3 months since the seizure occurred. • They have undergone a neurological assessment, or other medical specialist and epilepsy is not diagnosed.	• Complete neurological assessment has been conducted to determine the cause of the seizures and epilepsy is not diagnosed. • Non-commercial (no waiting time if cleared by neurologist).
23.13 Private drivers who have epileptic seizures while asleep or upon awakening are fit to drive if: • The seizure pattern has been consistent for at least 5 years, unless a neurologist recommends a shorter period accompanied by close observation by the neurologist.	**17.6.7** Epilepsy with seizures only while asleep or upon awakening – Non-commercial drivers Non-commercial driver eligible for a licence if: • It has been 6 months since the last seizure, or • The driver is experiencing seizures but seizure pattern has been consistent for at least 1 year- and therefore no seizure free waiting period required.
23.17 Commercial drivers with epilepsy (include simple partial seizure). Individuals may drive if: • They have been taking anti-epileptic medication continuously for 5 years and have not had a seizure during that time, or they have not taken anti-epileptic medication for 5 continuous years and have not had a seizure during that time, and • They routinely follow their treatment regime and physician's advice regarding prevention of seizures.	**17.6.13** Epilepsy with simple partial seizures - Commercial Drivers Commercial Drivers are eligible for a licence if: • It has been 5 years since the last seizure, or • The driver is experiencing seizures but the seizure pattern has been consistent for 3 years – and therefore no seizure free waiting period required. • Favourable assessment from neurologist to drive. • No impairment in level of consciousness or cognition. • No head or eye deviation with seizures.

	• The conditions for maintaining a licence are met.

5. Medical Condition Standards with Different Assessment Parameters

Type of Change: Ceasing to test for possible cognitive impairment for a wide variety of medical conditions other than those directly related to cognitive decline (i.e. dementia).

BC Guide	CCMTA
Sleep Disorders - Obstructive Sleep Apnea (OSA)	
28.6 Private and commercial with untreated OSA: • They have no history of sleep related motor vehicle crashes or sleep at the wheel in the last 5 years. • The results of a cognitive screening test such as MOCA, MMSE, SIMARD-MD, Trails A or Trails B indicate that they have sufficient cognitive function to drive, or where required, a DriveABLE assessment indicates that they are fit to drive. • They understand the nature of their condition and the potential impact on fitness to drive. • They agree to report any episodes of sleep at the wheel to their treating physician and OSMV, and • For commercial drivers, they have not declined further investigation or treatment of OSAHS where it has been recommended by their treating physician.	**18.6.1** OSA – <u>All</u> drivers eligible if: • Has untreated obstructive sleep apnea with an AHI (apnea-hypoapnea index) less than 20 and has no daytime sleepiness. • Has obstructive sleep apnea that is treated successfully. • May not operate any class of vehicle if has experienced a crash associated with falling asleep. Non-commercial drivers reassessment at discretion of the authority.
28.7 Private and commercial drivers who have obstructive sleep apnea that has been treated or surgically treated are fit to drive if:	**18.6.1** Obstructive sleep apnea – All drivers All drivers eligible for a licence if:

• The effectiveness of their treatment has been established through repeat sleep monitoring. • Where applicable, they remain compliant with their treatment regime. For CPAP treatment, compliance means a minimum of 4 hours of use on at least 70% of nights, objectively documented. • The results of a cognitive screening test such as MOCA, MMSE, SIMARD-MD, Trails A or Trails B indicate that they have sufficient cognitive function to drive, or where required, a DriveABLE assessment indicates that they are fit to drive. • They understand the nature of their condition and the potential impact on fitness to drive, and • They agree to report any episodes of sleep at the wheel to their treating physician and OSMV.	• Has untreated obstructive sleep apnea with an AHI <20, and had no daytime sleepiness, or • Has obstructive sleep apnea that is treated successfully. • May not operate any class of vehicle if has experienced a crash associated with falling asleep or reports excessive sleepiness while driving until the sleep disorder had been treated successfully. • The conditions of maintaining a licence are met.
Vision	
21.8 Impaired visual acuity – private • Visual acuity not less than 20/50 (6/15) with both eyes open and examined together, or • a functional assessment indicates that they have the functional ability required to drive a private vehicle if between 20/50 and 20/70. Reassessment annually for progressive eye conditions.	**22.6** Impaired visual acuity – non commercial • Visual acuity is not less than 20/50 (6/15) with both eyes open and examined together. • Reassessment intervals to be determined on an individual basis for progressive eye conditions**.** *BC specific processes would need to be developed for functionally assessing those who do not meet the guidelines.
21.9 Impaired visual acuity- commercial • They have visual acuity not less than 20/30 (6/9) with	**22.6.2** Impaired visual acuity – Commercial drivers

both eyes open and examined together, or • A functional assessment indicates that they have the functional ability required for their class of licence held.	**Class 4 (taxi) and 5 (commercial):** • Visual acuity is not less than 20/40 (6/12 with both eyes open and examined together. Worse eye not worse than 20/200 (6/60). **Class 1 – 4 (emergency):** • Visual acuity is not less than 20/30 (6/9) with both eyes open and examined together. Worse eye not less than 20/100 (6/30).
21.11 Visual field loss – commercial • Individuals may drive if their visual field is at least 150 continuous degrees along the horizontal meridian and 20 continuous degrees above and below fixation with both eyes open and examined together. • A functional assessment indicates that they have the functional ability required for their class of licence held.	**22.6.4** Visual field loss – commercial **Class 4 (taxi) and 5 (commercial) Class** • Visual field is at least 120 continuous degrees along the horizontal meridian and 15 continuous above and below with both eyes open and examined together. **Class 1 – 4 (emergency)** • Visual field is at least 120 continuous degrees along the horizontal meridian and 20 continuous above and below with both eyes open and examined together. ***** BC specific processes would need to be developed for functionally assessing those who do not meet the guidelines.