

Better Safe Than Sorry

Investigation into how the Ministry of Transportation administers the process for obtaining and assessing information about drivers who may have uncontrolled hypoglycemia



Ombudsman Report

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Ministry of Transportation
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assessing information about drivers
who may have uncontrolled hypoglycemia**

“Better Safe Than Sorry”

April 2014

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Executive Summary

- 1** School was out for the summer. It was June 26, 2009. Allan Maki, a 40-year-old high school teacher in Hamilton, had just put in his last day before the break. He was anxious to get into his sport utility vehicle and run some errands, but he knew he had to be extra cautious. Mr. Maki lives with “type 1” diabetes, and was prone to episodes of hypoglycemia – low blood sugar, which can lead to confusion and loss of consciousness. So before he drove, Mr. Maki tested his blood sugar level. When it registered low, he grabbed a quick snack. But instead of waiting and confirming that his condition was stable, as he had been taught to do, Mr. Maki took a chance and got behind the wheel. That decision proved fatal.
- 2** Mr. Maki made it to the bank to pay some bills, but was soon confused and driving erratically. He swerved into a bike lane, and struck and killed cyclist Tong Vi Duong, 81. Soon after, he hit a small car carrying newlyweds Hannah Gordon-Roche, 27, and Jeffrey Roche, 29. Their car then spun into a small pickup truck and both were killed.
- 3** Blood tests taken after the accident revealed Mr. Maki’s blood sugar level was dangerously low. Driving in his condition was a risk he took, for which three innocent strangers paid with their lives.
- 4** Mr. Maki was held responsible for these fatalities. He was charged and convicted on three counts of dangerous driving causing death, and a civil lawsuit against him is pending. However, relatives of two of his victims brought concerns to my Office about the role played by the Ministry of Transportation, which is responsible for monitoring drivers.
- 5** My investigation found that in Mr. Maki’s case, lack of co-ordination within the Ministry contributed to inordinate delay in suspending his driver’s licence on medical grounds after the accident. We also discovered that uncertainty exists about the standards the Ministry applies to assess driver safety. In addition, we learned that the system for reporting at-risk drivers and obtaining details of medical conditions that affect driving lacks sufficient clarity and rigour. Finally, we determined that additional outreach and education efforts are required to ensure consistent and accurate education of the public and the medical community about medical conditions such as uncontrolled hypoglycemia and obligations to report them. The potential for such tragic events to occur might well have been reduced if the Ministry had been more proactive in this area.

- 6** While the Ministry has taken some positive steps, including introducing electronic reporting to simplify reporting at-risk drivers and reduce the likelihood of errors, additional improvements are necessary. In this report I make **19** recommendations, addressed at improving training and communication within the Ministry, clarification and expansion of the reporting of at-risk drivers, and more effective monitoring and education relating to driving risks and reporting of medical conditions. The Ministry accepts all of my recommendations and is taking steps to address them. I will continue to monitor its progress. It is my sincere hope that implementation of my recommendations will lead to safer driving in Ontario, and prevent similar devastating incidents.

Investigative Process

- 7** In November 2011, while Allan Maki’s trial in connection with the June 2009 triple fatality was ongoing, relatives of two of the accident victims contacted my Office. They raised concerns about the Ministry of Transportation’s monitoring of drivers like Mr. Maki, who, because of a tendency to experience hypoglycemic episodes, potentially pose a risk to the public and themselves. They also expressed concern about the Ministry’s long delay in suspending Mr. Maki’s driver’s licence after the accident.
- 8** It is not my role to investigate or assign blame to Mr. Maki. He has been convicted and sentenced in a criminal court and a civil action is pending. My focus as Ombudsman is on whether the Ministry’s systems for monitoring drivers like Mr. Maki are sufficient.
- 9** We deferred investigation of the matter until after the criminal proceedings ended on December 16, 2011. After conducting preliminary inquiries, I notified the Ministry of Transportation on March 19, 2012 that I would be investigating how it administers the process for obtaining and assessing information about drivers whose uncontrolled hypoglycemia might affect the safety of road users.
- 10** The investigation was assigned to the Special Ombudsman Response Team and conducted by seven investigators, assisted by three Early Resolution Officers.
- 11** We reviewed more than 10,000 documents, including internal Ministry emails, policies and procedures.
- 12** We interviewed 70 people, including Ministry officials, Hamilton Police Service officers, members of the Gordon family, and medical experts. We contacted stakeholders including the Canadian Diabetes Association, the Nurse Practitioner

Association of Ontario, the Canadian Medical Association, the Canadian Council of Motor Transport Administrators, Diabetes Education Centres and the Canadian Medical Protective Association.

- 13 We also reviewed the practices of other jurisdictions and monitored social media for references to this issue as well as to identify any emerging trends.
- 14 The Ministry co-operated fully with our investigation.

The Legislation

- 15 The *Highway Traffic Act* is administered by the Ministry of Transportation and governs driving privileges in Ontario.
- 16 Under s. 47 of the Act, the Registrar of Motor Vehicles can suspend or cancel a driver's licence on a number of grounds, including:
 - (f) if the Registrar has reason to believe, having regard to the safety record of the holder or of a person related to the holder, and any other information that the Registrar considers relevant, that the holder will not operate a commercial motor vehicle safely or in accordance with the law; or
 - (g) for any other sufficient reason ...
- 17 Legally qualified medical practitioners are also required under s. 203 of the Act to report any condition to the Registrar of Motor Vehicles that may make it dangerous for a person of legal driving age to operate a motor vehicle. A similar reporting obligation applies to optometrists (s. 204).
- 18 The regulations under the *Highway Traffic Act* (O. Reg 340/94) say an applicant for or holder of a driver's licence must not "suffer" from "any mental, emotional, nervous or physical condition or disability likely to significantly interfere with his or her ability to drive a motor vehicle of the applicable class safely". (s.14(1)(a)).
- 19 They also state that the Ministry can consider medical standards set out in the *Canadian Council of Motor Transport Administrators Medical Standards for Drivers* in determining driver safety. In accordance with the regulations, the Ministry can require drivers to provide satisfactory evidence that they are able to drive safely, including the results of medical and physical examinations. (s. 14(2))

- 20** In applying the legislation, the Ministry must be mindful of the Supreme Court of Canada’s caution against blanket refusals to issue licenses based on disability. In a 1999 decision, the court found that a driver who lacked left-side peripheral vision in both eyes was entitled to individual assessment of his driving ability. The judges in that case stated:

Driving automobiles is a privilege most adult Canadians take for granted. It is important to their lives and work. While the privilege can be removed because of risk, it must not be removed on the basis of discriminatory assumptions founded on stereotypes of disability, rather than actual capacity to drive safely.¹

Fatal Choice – Allan Maki’s Story

- 21** My investigation was launched as a result of a catastrophic motor vehicle accident involving Allan Maki, a 40-year-old with type 1 insulin-treated diabetes. We did not uncover any similar cases in the Ministry files we reviewed, but Mr. Maki’s circumstances dramatically illustrate the driving risks that can be associated with uncontrolled hypoglycemia.
- 22** When Mr. Maki decided to run some errands on June 26, 2009, he made a fatal error in judgment.
- 23** In the previous months, Mr. Maki had experienced frequent episodes of hypoglycemia. He also had a past history of “hypoglycemic unawareness” – an inability to detect the physical warning symptoms of low blood sugar.
- 24** At 4 p.m., Mr. Maki dutifully tested his blood sugar level and found it was too low. So he ate a small snack – at his trial, he recalled it was “either a cookie or a cracker.” But instead of waiting, retesting, and confirming his blood sugar level was stable, he drove off in his sport utility vehicle.
- 25** Mr. Maki went to the bank and paid two bills. Shortly thereafter, he became disoriented and confused. By 5:30 p.m., he was driving erratically. He struck and killed Tong Vi Duong, 81, as he pedaled along in the bike lane. He then rear-ended a small car, spinning it into oncoming traffic, where a pickup truck hit it, killing Hannah Gordon-Roche, 27, her new husband Jeffrey Roche, 29, and their terrier, Piper.

¹ *British Columbia (Superintendent of Motor Vehicles) v. British Columbia (Council of Human Rights)*, [1999] 3 S.C.R. 868 at page 6.

- 26** A paramedic at the accident scene tested Mr. Maki’s blood sugar. It read 2.7 millimoles per litre – well below the level considered safe for driving. A physician who treated Mr. Maki in hospital that day reported on a Ministry of Transportation form that he had “diabetes or hypoglycemia or other metabolic diseases – uncontrolled.”
- 27** On December 8, 2011, Mr. Maki was convicted of three counts of dangerous driving causing death. He received a suspended sentence with three years probation and a 10-year driving prohibition, and was ordered to do 240 hours of community service.
- 28** In rendering his judgment, Ontario Superior Court Justice James Ramsay concluded that Mr. Maki was aware of the risk involved in driving without first confirming his blood sugar was stabilized, and that he chose to take that risk.² His poor judgment ended three lives and irreparably damaged those of the victims’ loved ones.

The ABCs of Diabetes

- 29** The Ministry of Health and Long-Term Care estimates that there are more than 800,000 Ontarians living with diabetes. In a 2012 report, the Institute for Clinical Evaluative Studies put the figure at over a million (*Regional Measures of Diabetes Burden in Ontario*³).
- 30** Diabetes is a condition that causes a person’s pancreas to produce insufficient insulin. Insulin is a hormone that enables sugar in the bloodstream to move into cells, where it is converted to energy.
- 31** “Type 1” diabetes, referred to clinically as “diabetes mellitus,” occurs when the pancreas virtually stops producing insulin, and the body starts breaking down stored fat for energy. Unless treated, this condition may progress to coma and death. Only about 5-10% of people living with diabetes have this form of the illness; most have “type 2” diabetes, where insulin is produced, but is insufficient.⁴ The standard treatment for type 1 diabetes is injection of insulin.

² *R v. Allan Maki*, Superior Court of Justice, unreported reasons of judgment, December 8, 2011.

³ http://www.ices.on.ca/webpage.cfm?site_id=1&org_id=31&morg_id=0&gsec_id=0&item_id=7448; see also http://www.ices.on.ca/webpage.cfm?site_id=1&org_id=31&morg_id=0&gsec_id=0&item_id=1312

⁴ Canadian Council of Motor Transport Administrators, *Determining Driver Fitness in Canada*, Edition 13 August 2013 Chapter 7: Diabetes - Hypoglycemia at page 159

<http://www.cmmta.ca/english/pdf/Determining-Driver-Fitness-In-Canada-Final.pdf>

Many people with type 2 diabetes are able to control their condition by diet alone or in combination with oral medication, but sometimes treatment with insulin is necessary.⁵

- 32** People living with diabetes must monitor their blood sugar levels. Typically, this is done through obtaining a small drop of blood by pricking a finger, and using a meter to determine the level of glucose in the sample. It is recommended that people with type 1 diabetes frequently test their blood sugar in accordance with their treatment plan⁶, keep accurate records of the readings, and undergo additional laboratory blood tests approximately every three months.⁷

Hypoglycemia and Hypoglycemia Unawareness

- 33** In simple terms, “hypoglycemia” means low blood sugar (glucose) – when the amount of blood glucose in the body drops below 4 millimoles per litre. Symptoms include trembling, palpitations, sweating, anxiety, nausea, tingling, difficulty concentrating and speaking, confusion, weakness, drowsiness, vision changes, headaches and dizziness.⁸ Someone with severe hypoglycemia can also experience seizures and loss of consciousness.⁹
- 34** People living with type 1, insulin-dependent diabetes have the greatest risk of experiencing hypoglycemia. They are also at increased risk for developing hypoglycemia unawareness, which is the inability to detect the symptoms of low blood sugar.¹⁰
- 35** If people living with diabetes are alert to the early symptoms associated with low blood sugar, they can take some form of glucose to stabilize their condition. However, some people do not have the ability to detect the warning signs of hypoglycemia. They may go on to have a severe reaction, progressing to confusion and loss of consciousness, often requiring outside intervention.¹¹

⁵ Ibid, at page 158

⁶ http://www.diabetes.ca/documents/about-diabetes/112022_managing-your-blood-glucose_0413_lc_final.pdf

⁷ <http://www.diabetes.ca/files/StayHealthy.pdf>

⁸ Canadian Diabetes Association Clinical Practice Guidelines Expert Committee, Hypoglycemia: Chapter 14, Dale Clayton MHSc, MD, FRCPC Vincent Woo MD, FRCPC Jean-François Yale MD, CSPQ, FRCPC. Available at: <http://guidelines.diabetes.ca/Browse/Chapter14#tbl2>.

⁹ <http://www.mayoclinic.com/health/diabetic-hypoglycemia/DS01166/DSECTION=symptoms>

¹⁰ <http://www.diabetes.ca/diabetes-and-you/living/guidelines/commercial-driving/>

¹¹ Ibid.

- 36** It is estimated that 25% of people treated with insulin will experience one or more episodes of hypoglycemia unawareness. For those with type 1 diabetes, the risk of hypoglycemia unawareness increases with the duration of the condition. For those with type 2 diabetes, hypoglycemia unawareness is relatively uncommon.¹²

Diabetes and Driving

- 37** Several studies have considered the correlation between motor vehicle accidents and drivers with diabetes.¹³ Some have suggested that drivers with type 1 diabetes, and some with type 2 diabetes treated with a particular combination of medications, are more likely to be involved in collisions. Others have shown that people with type 2 diabetes who are treated by diet alone or with a single oral medication do not have this risk. A few smaller studies have also demonstrated a connection between hypoglycemic reactions and motor vehicle crashes.¹⁴
- 38** Individuals who experience chronic complications of diabetes are at greater risk for impaired fitness to drive than those who experience occasional incidents of hypoglycemia. Over time, people living with diabetes often develop other medical conditions, such as cardiovascular disease. The effect of chronic complications must be factored in when evaluating a person's fitness to drive.¹⁵
- 39** It is generally accepted that individual medical history, including incidents of hypoglycemia, hypoglycemia unawareness, and chronic complications, as well as treatment, are key to evaluating whether a particular driver poses a safety risk and should be considered medically unfit to drive.¹⁶
- 40** The Ministry of Transportation's records for 2010 (the most recent year that statistics are available) show there were **17,456** drivers identified as having diabetes, **7,336** of whom were insulin dependent.

Below Five, Don't Drive – Diabetes Education

- 41** Education about diabetes is critical for controlling the disease and reducing safety risks that are sometimes associated with it.

¹² CCMTA Standards, supra note 4 at page 161.

¹³ Ibid.

¹⁴ Ibid.

¹⁵ Ibid, at page 162.

¹⁶ Ibid, at page 161.

- 42** The Ministry of Health and Long-Term Care funds 152 diabetes education programs across the province, in hospitals, community health centres and family health teams. A regional diabetes co-ordination centre, which identifies service needs to support planning for diabetes care, told us that most educators are certified through the Canadian Diabetes Educator Certification Board. Diabetes education includes information about the relationship between blood sugar levels and driving safety.
- 43** People living with diabetes are commonly instructed not to drive if their blood sugar level is below 5.0 millimoles per litre. The Canadian Diabetes Association recommends in its *Guidelines for Diabetes and Private and Commercial Driving 2003*¹⁷ that someone whose blood sugar reading is in the 4.0 and 5.0 mmol/L range should not drive. Drivers in such situations are taught to increase their blood sugar levels, wait at least 45 to 60 minutes after treatment, and test their levels again to ensure they have stabilized before driving. Typically, diabetes education programs rely on the Association’s guidelines.
- 44** The Canadian Diabetes Association’s Chief Scientific Advisor informed us that it is essential for drivers with diabetes to test their blood sugar levels frequently in accordance with their treatment plan, to be educated and aware of the nature of their disease, and to have a source of sugar readily available.

Medical Reporting and Driver’s Licence Suspension

- 45** Since 1968, the Ministry of Transportation has required legally qualified medical practitioners to report any patients who have conditions that could affect their driving to the Ministry. Ontario is now one of seven provinces with a mandatory reporting system.
- 46** In April 2006, in an effort to respond to concerns about under-reporting of patients posing potential safety risks, the Ontario Health Insurance Plan was revised to add a physician fee of \$36.25 for submitting a medical report to the Ministry. Since then, the number of medical reports the Ministry receives annually under s. 203 of the *Highway Traffic Act* has more than doubled.
- 47** In 2011, the Ministry received 51,000 mandatory medical and vision reports and issued 27,203 driver’s licence suspensions for medical and vision reasons.¹⁸

¹⁷ <http://www.diabetes.ca/diabetes-and-you/living/guidelines/commercial-driving/>.

¹⁸ Figures are not yet available for the 2012.

- 48** Physicians can alert the Ministry to a driver’s medical condition through correspondence or by submitting the Ministry’s Medical Condition Report, which refers to various common medical conditions using a tick-box format (Figure 1).

For your convenience, the following is a list of the more common medical conditions that are reported to MTO, to be marked with an “X”. If the condition you are reporting is not listed, please indicate it in the section marked “Other”.

<input type="checkbox"/> Alcohol Dependence	<input type="checkbox"/> Visual Field Impairment
<input type="checkbox"/> Drug Dependence	<input type="checkbox"/> Diabetes or Hypoglycemia – Uncontrolled
<input type="checkbox"/> Seizure(s)-Cerebral	<input type="checkbox"/> Other metabolic diseases (specify) _____
<input type="checkbox"/> Seizure(s)-Alcohol related	<input type="checkbox"/> Mental or Emotional Illness-Unstable
<input type="checkbox"/> Heart disease with Pre-syncope/Syncope/Arrhythmia	<input type="checkbox"/> Dementia or Alzheimer’s
<input type="checkbox"/> Blackout or Loss of consciousness or Awareness	<input type="checkbox"/> Sleep Apnea-Uncontrolled
<input type="checkbox"/> Stroke/TIA or head injury with significant deficits	<input type="checkbox"/> Narcolepsy-Uncontrolled
<input type="checkbox"/> Both Visual Acuity and Visual Field Impairment	<input type="checkbox"/> Motor Function/Ability Impaired
<input type="checkbox"/> Visual Acuity Impairment	<input type="checkbox"/> Other (specify): _____

Figure 1: Excerpt from the Ministry of Transportation’s Medical Condition Report. A complete copy of this form can be found at Appendix A.

Ministry Review of Medical Reports

- 49** The Ministry’s Medical Review Section is responsible for reviewing and responding to medical reports about Ontario drivers. The Ministry has committed to reviewing medical reports relating to driver fitness and taking appropriate action within 30 business days. In 2011, it met this commitment 87% of the time.
- 50** The Medical Review Section has a two-tier process for licence suspension and reinstatement, with suspension given the higher priority. When a medical report is received indicating a person may be unfit to drive, a level 1 medical analyst must either suspend the driver immediately or request additional medical information if the driver’s capacity appears unclear. Level 2 medical analysts are responsible for reviewing supplemental medical reports relating to suspended drivers or those whose medical condition is under assessment. They decide whether drivers’ licences should be reinstated and can suspend drivers when additional medical reporting confirms they pose a safety risk.
- 51** The Ministry generally does not suspend drivers who have clinical conditions that are well controlled and under physician care. If a driver’s stability is questionable, the Ministry might request follow-up medical information or ask the person to undergo driving examination or other assessments.

- 52** When evaluating driver safety, the Ministry considers the details of the person’s clinical condition as reported by his or her attending physician, who uses guidelines established by the Canadian Medical Association.
- 53** The Ministry also relies on the standards set by the Canadian Council of Motor Transport Administrators. The Council is a national non-profit organization comprising representatives of the provincial, territorial and federal governments of Canada. The Council has established 15 national safety code standards for driving, including a set of medical standards for drivers with different medical conditions. The standards include various requirements for private and commercial classes of driver’s licences.
- 54** The Ministry may also consult its Medical Advisory Committee.

Medical Advisory Committee

- 55** The Medical Advisory Committee is composed of subject experts, including two endocrinologists. In 2011, it considered 2,224 cases.
- 56** The committee can provide recommendations to the Medical Review Section, including that a licence be suspended, reinstated, or reinstated with follow-up to ensure the driver continues to have the capacity to drive safely.
- 57** We reviewed 126 Medical Advisory Committee files relating to drivers with diabetes for the period January 1, 2010 to March 31, 2012. About 40% of these involved recommendations that the Ministry follow up with drivers to ensure they were still fit to drive.

Medical Reports Relating to Diabetes and Hypoglycemia

- 58** A medical practitioner who has concerns about a patient’s capacity to drive can write to the Ministry or submit a Medical Condition Report. If a physician writes to the Ministry indicating a patient’s diabetes is not controlled – for instance, that the patient has experienced frequent hypoglycemic episodes, hypoglycemia unawareness, hypoglycemia requiring the need for intervention by an outsider, or a motor vehicle accident related to hypoglycemia – this would normally trigger an immediate suspension of the patient’s driver’s licence. Similarly, if the physician

sends in a Medical Condition Report with the “Diabetes or Hypoglycemia – Uncontrolled” box checked, the patient’s licence will be suspended.

- 59** Once a report confirming uncontrolled diabetes or hypoglycemia is received, the Ministry will suspend the patient’s licence and forward a “Diabetic Assessment” form to the driver for completion by his or her physician.¹⁹ Patients are generally directed to keep a diary or log of their blood glucose readings. These records can be handwritten or digital (for instance, if the patient uses an electronic blood-sugar meter). The form instructs physicians to review the patient’s blood logs for the previous 30 days, to ensure his or her blood sugar readings have been tested at least twice daily, to indicate any levels below four and to confirm the logs are consistent with laboratory blood tests. It also asks whether the patient has had diabetes education or any severe hypoglycemic reactions.
- 60** The Ministry’s Medical Review Section will review the completed form and decide whether continued suspension of the patient’s licence is warranted or whether additional information is required.
- 61** The Canadian Council of Motor Transport Administrators has established standards for drivers with insulin-treated diabetes. These were revised in 2009 and 2011, and a new set of standards was published in September 2013.²⁰ Since 2011, the council’s standards have provided detailed guidance on driving safety in connection with “severe hypoglycemia” and “persistent hypoglycemia unawareness.”
- 62** Ministry officials told us that normally after a licence suspension, the driver is asked for additional medical information. Typically, in cases involving diabetes-related complications, the Ministry asks for information covering a period of three months to assess stability before it considers reinstating the driver’s licence.
- 63** In 2011, the Ministry received 723 police and physician reports identifying “hypoglycemia” as a concern; of those, 32 triggered Ministry requests for more information. In 2012, there were 730 such reports and 31 Ministry requests for more information.

¹⁹ A copy of the Diabetic Assessment Form is attached in Appendix F.

²⁰ <http://www.ccmta.ca/english/producestandservices/publications/publications.cfm>

E-Reporting

- 64** The Ministry is in the process of implementing an online “e-reporting” system for physicians that should simplify the reporting process and reduce the likelihood of medical reports going astray through human error. The new system is being implemented in phases. A new electronic form for “diabetes” reporting has been developed, but is not yet in use. The Ministry is reviewing it with experts in endocrinology.

Police Reports

- 65** Under s. 202 of the *Highway Traffic Act*, police and Crown attorneys must ensure that all fatal collisions are reported to the Ministry. The Ministry handles these on a priority basis. If a police report says a driver’s ability is impaired by drugs or a medical or physical disability, the case is sent to the Medical Review Section for assessment. In 2011, 33 fatal accident reports stated that a driver had a medical condition that might have contributed to the crash.
- 66** Police are required under s. 199(3) of the *Highway Traffic Act* to report all collisions within 10 days to the Ministry. The standard form for these reports includes a section on the condition of the drivers involved. Historically, these forms were filled out by hand. The Ministry handled about 250,000 such forms a year, many of which included errors that had to be manually corrected and inputted into the Ministry’s Accident Data System. This resulted in a significant backlog of collision reports waiting to be processed. During our investigation, the delay in recording information about less serious incidents in the Ministry’s system ranged between 10 and 12 months.
- 67** Since 2010, the Ministry has given priority to reports in which medical conditions are noted. These are sent to the Medical Review Section for assessment. In 2011, the Ministry initiated an “E-Collision” system that permits police services to fill out and submit collision reports electronically. As of October 2013, 41 of Ontario’s 57 police services were doing so, and the Ontario Provincial Police and Toronto Police Service (which together are responsible for 49% of collision reports received by the Ministry) were expected to be on board by the end of 2013. The Ministry told us it expected to have 82% of collision reporting online by January 2014, and that the system would be fully implemented throughout Ontario by July 2014.
- 68** Police services can also report drivers to the Ministry by sending a letter on police

service letterhead or using a form called “Driver Information/Request for Driver’s Licence Review,” which was developed and distributed to all police services in 2006. Officers can identify a medical condition, including diabetes, in the “other” box. Figure 2 shows an example of a form in which this was done to alert the Ministry to a safety concern about a driver with diabetes.

A. The above driver has come to my attention due to an investigation as a result of:	
<input checked="" type="checkbox"/> Collision	<input checked="" type="checkbox"/> Public complaint/information
<input checked="" type="checkbox"/> Officer observation	<input type="checkbox"/> Other (describe)
B. Investigation of the above incident indicated the driver may not be able to safely operate a motor vehicle due to:	
<input type="checkbox"/> Loss of consciousness/black-out	<input type="checkbox"/> Fell asleep
<input type="checkbox"/> Erratic Behaviour	<input checked="" type="checkbox"/> Other DIABETIC MEDICAL ISSUE (e.g. significant driving incompetence)

Figure 2: Example of the Driver Information / Request for Driver’s Licence Review form, with “diabetic medical issue” identified in the “other” box. A full copy of this form is attached as Appendix D.

69 Police reports and letters about potentially unfit drivers are forwarded to the Medical Review Section. If police indicate that a driver has lost consciousness, displayed erratic behavior, or has been apprehended under the *Mental Health Act*, the Ministry immediately suspends the driver’s licence. In other cases, up-to-date medical information could be requested from a physician or nurse practitioner. Typically, this will involve the Medical Review Section sending a general Medical Report form to the driver for completion by his or her physician. The form includes questions relating to diabetes.

7. Diabetes / Diabète	Yes / Oui <input type="checkbox"/>	No / Non <input type="checkbox"/>	Type _____
Treatment / Traitement	Diet alone / Régime seulement <input type="checkbox"/>	Oral medication (amt per 24 hrs.) / Médicaments pris par voie orale (dose quotidienne) <input type="checkbox"/>	Insulin (amt per 24 hrs.) / Insuline (dose quotidi- enne) <input type="checkbox"/>
8. Hypoglycemia / Hypoglycémie	Frequency / Fréquence _____	Circumstances / Circonstances _____	
Loss of Consciousness / Perte de conscience? _____		Decrease in cognition, etc. / Perte des facultés cognitives, etc. _____	

Figure 3: Excerpt from the Medical Report form. A full copy of this form appears at Appendix E.

- 70** Based on the information returned on this form, the Medical Review Section may send out a more detailed Diabetic Assessment form for completion by the driver’s physician.

Driver Self-Disclosure

- 71** Anyone who wants to obtain or renew a driver’s licence must fill out an application and take it to the nearest Service Ontario office or DriveTest centre. Applicants are warned that there is a penalty for making a false statement that may include a fine, imprisonment and/or driver’s licence suspension. Since 2004, the application has asked:

Do you suffer, or have you ever been advised by a physician that you suffer from heart disease, stroke, *diabetes requiring insulin to control*, epilepsy, seizure disorder, loss of consciousness or awareness, or any other medical condition or physical disability that may affect your safe operation of a motor vehicle? If yes, state medical condition: [emphasis added]²¹

- 72** Any applicant who indicates on the form that he or she has “diabetes requiring insulin to control” must be given a “Report on Applicant with a Medical History” form by Service Ontario or DriveTest centre staff. This form must be returned and reviewed before the application is processed. In 2011, the Ministry received 26,600 applications from people who disclosed that they had medical conditions affecting their driving.
- 73** The Report on Applicant with a Medical History form requires applicants to identify the nature of their medical condition. One of the boxes that can be marked refers to “Insulin Reaction.” The frequency and dates of the first and most recent “attack” are also requested (see Figure 4).

²¹ A complete copy of the Application for Ontario Driver’s Licence and Driver’s Licence Renewal Application are attached in Appendix B.

Nature of Condition / Nature des troubles de santé

Epilepsy / Épilepsie Fainting Spells / Évanouissements Narcolepsy / Narcolepsie Convulsions / Convulsions Insulin Reaction / Réactions à l'insuline Other / Autre

Frequency of Attack / Fréquence des crises _____

Date of First Attack / Y/A M D/J Date of Most Recent Attack / Y/A M D/J
 Date de la première crise Date de la plus récente crise

Is condition controlled by medication? / Le demandeur prend-il des médicaments contre ces crises? Yes No
 If yes, specify type and dosage. / Dans l'affirmative, préciser le type et la dose. Oui Non

Applicant's Signature / Signature du demandeur _____

Under the Highway Traffic Act (HTA), the maximum penalty for making a false statement is a fine and/or imprisonment and/or a driver's licence suspension.
 / En vertu du Code de la route, la peine maximale en cas de fausse déclaration est une amende, une peine d'emprisonnement ou la suspension du permis de conduire.

Figure 3: Excerpt from Report on Applicant with a Medical History form. A full copy of this form can be found at Appendix C.

- 74** If an applicant has not had an insulin reaction in the past year, the Service Ontario office or DriveTest centre can process his or her application. Otherwise, the form is sent to the Ministry's Medical Review Section and the licence or renewal is delayed pending this review.
- 75** The Medical Review Section can ask the driver for more information to assess his or her medical condition. Staff in the Medical Review Section may also consult the Ministry's *Driver Improvement Policy Manual 2010*, which contains tables showing what steps should be taken if certain medical conditions are identified, depending on the class of licence involved.
- 76** In the case of an application or renewal of a standard "G-class" driver's licence, no further action is required. The assumption is that the driver's condition is under control unless a physician reports otherwise. In the case of a commercial licence, the Ministry requires a specialist report be provided for review. If a commercial licence is granted or renewed, cyclical medical reporting is also instituted.
- 77** The Ministry recently announced plans to introduce online licence renewal. We were told that under this proposed system, people who indicate they have any of the listed medical conditions will not be able to have their applications processed online, but will be directed to go to a Service Ontario office or DriveTest centre instead.

Review and Appeals

- 78** If a driver's licence is suspended for medical reasons, he or she can request an administrative review through the Medical Review Section or appeal the suspension to the external Licence Appeal Tribunal.

Mr. Maki's Licence History

- 79** It was revealed during Mr. Maki's trial that his type 1 diabetes was diagnosed in 2000. Ministry records show his first driver's licence renewal application on which he reported having one of the listed medical conditions was in December 2002.
- 80** In November 2007, when he renewed his licence again at a Service Ontario office, Mr. Maki noted he had diabetes. However, the form he was given was out of date, and it did not refer specifically to "diabetes requiring insulin to control." The Ministry took no further action.
- 81** Mr. Maki should have filled out the proper 2007 form, and should have identified that he had insulin-dependent diabetes. He would then have been asked to fill out a "Report on Applicant with a Medical History" form. If he had then reported having had an insulin reaction within the past year, the form would have been sent to the Ministry's Medical Review Section for review. However, it is unclear whether Mr. Maki experienced any incidents of insulin reaction around that time, and normal Ministry procedure would not have required follow-up for a general licence.
- 82** In his decision, Justice Ramsay noted that Mr. Maki had experienced four serious episodes of hypoglycemia in 2002, 2003, 2004 and 2005, and he had apparently experienced hypoglycemia unawareness as well.
- 83** But the Ministry's records indicate that none of Mr. Maki's treating physicians ever reported that his medical condition put his driving ability at risk. The Ministry does not have access to Mr. Maki's detailed medical history, and was not in a position to give an opinion on whether it should have received medical reporting under s. 203 of the *Highway Traffic Act*. An expert report prepared in connection with Mr. Maki's criminal prosecution noted that his home glucose testing log book – dating back about five months prior to the June 2009 accident – showed frequent episodes of both mild and severe hypoglycemia. However, it

also said it was unclear whether his physicians were aware of the frequency and severity of his hypoglycemia at that time.

Delayed Licence Suspension

- 84** The day after the accident, Mr. Maki was released from custody and prohibited from driving as a condition of his bail. Remarkably, the Ministry did not suspend his driver's licence until January 7, 2011. Our investigation looked at the reasons for this delay.
- 85** If the reporting system had worked as intended, the emergency room doctor would have alerted the Ministry about Mr. Maki's uncontrolled hypoglycemia. The police would also have notified the Ministry about the fatal accident and Mr. Maki's medical condition. These steps would likely have led to immediate licence suspension after review by the Medical Review Section.
- 86** However, in Mr. Maki's case, the system clearly broke down.

Initial Police Notification

- 87** Hamilton police did file a motor vehicle accident report with the Ministry the day after the accident. The section on the report form where police can make note of a driver's medical or physical condition was marked as "unknown." The Ministry told us that unless police have specific information about an individual's medical history, it is common for this section to be marked in this manner. However, if Mr. Maki's hypoglycemia had been mentioned, the Ministry would likely have required further medical information from Mr. Maki and suspended his licence.
- 88** Police did not submit a Driver Information/Request for Driver's Licence review form to the Ministry, which could have alerted the Ministry to Mr. Maki's medical condition. However, a police officer told us that he wrote to the Ministry on police service letterhead about Mr. Maki on July 1, 2009. He said he indicated in the letter that Mr. Maki had been involved in a fatal accident while experiencing diabetic shock, and asked that Mr. Maki's licence be suspended. However, the Ministry has no record of ever receiving the letter.

Medical Condition Report

- 89** The emergency room doctor who treated Mr. Maki on the day of the accident prepared a medical condition report, stating that he had “diabetes or hypoglycemia or other metabolic diseases – uncontrolled.” This report was entered into evidence at Mr. Maki’s trial. It should have been submitted to the Ministry in accordance with s. 203 of the *Highway Traffic Act*. Normally, once it receives such a report, the Ministry automatically suspends the driver’s licence. The Ministry has no record of ever receiving the report.

Additional Police Contact

- 90** From April 10 to August 11, 2010, the police were in contact with the Ministry, requesting information about Mr. Maki’s driving record in connection with the criminal charges against him. The Ministry responded to these requests. However, given the nature of the inquiries, they were dealt with by a policy advisor in the Program Management Section who was not connected with the Medical Review Section. These communications did not trigger a licence suspension.
- 91** The Ministry’s records also show that it received a letter from the police dated October 21, 2010, asking that Mr. Maki’s licence be suspended, given the fatal accident and his medical condition. On November 4, the police followed up with an email, asking how the Ministry would be responding to their request. They also referred to evidence from Mr. Maki’s preliminary hearing, indicating that the emergency room doctor had notified the Ministry about Mr. Maki’s condition.
- 92** According to emails we reviewed, in November 8, 2010, the Ministry responded that police reports are logged in as “correspondence” and are given lower priority than medical reports. A Ministry official also told the police it might be difficult for the Ministry to suspend Mr. Maki’s licence, given that the incident had occurred more than a year earlier. The Ministry also confirmed it had nothing on file from the emergency room doctor. Later the same day, the Ministry told the police that the most it could do was request an up-to-date assessment from Mr. Maki’s diabetes specialist.
- 93** On November 8, 2010, the Ministry sent Mr. Maki a letter, asking him to have a Diabetic Assessment form completed and returned within a month and warning that if he failed to do so his licence would be suspended. The Ministry did not

receive the requested medical information, and on December 29, 2010, it sent Mr. Maki a notice of suspension effective January 7, 2011.

- 94** Given that Mr. Maki was already prohibited from driving as a condition of his bail, the impact of the delay in formally suspending his licence is unclear. However, I have concerns about what occurred in his case.

Using Outdated Forms

- 95** The Ministry was unable to explain why Mr. Maki was given an outdated form, which had not been in use for three years, when he renewed his driver's licence in 2007. The Service Ontario office Mr. Maki visited to renew his licence was privately operated. However, the Ministry should ensure that all offices that issue driver's licences use up-to-date forms and are familiar with the protocols relating to medical conditions that can affect driving ability.

Recommendation 1

The Ministry of Transportation should ensure that all Service Ontario and DriveTest Centre offices use current versions of forms relating to driver's licences and are familiar with and follow proper procedures relating to individuals with medical conditions which may render it dangerous for them to drive.

Asking the Right Questions of Drivers

- 96** Even if Mr. Maki had been provided with the correct licence renewal application and asked to complete a medical history form, there is no guarantee that he would have disclosed sufficient information to enable the Ministry to accurately assess any risk he might have posed. The Ministry relies to a large degree on self-reporting of medical conditions by drivers. The form that the Ministry requires applicants to fill out once they indicate they are insulin-dependent diabetics refers to "insulin reaction." If they indicate on the form that they have had an insulin reaction within a year of the date of the application, the form is sent to the Medical Review Section.
- 97** Unfortunately, the term "insulin reaction" is not defined. Unless someone applying for a G-class licence happens to provide expanded information on the form, specifically stating that he or she has uncontrolled diabetes or hypoglycemic

unawareness, the form is simply filed once it reaches the Medical Review Section and no further action is taken.

- 98** The Ministry’s explanation for this practice is that if a driver’s medical condition is serious, his or her treating physician is obligated to give notice under the *Highway Traffic Act*. At the same time, some Ministry officials acknowledged to us that physicians do not always file reports on their patients as required by the Act. Physicians may also have incomplete or outdated information about the medical status of their patients.
- 99** Under the circumstances, the Ministry should clarify the instructions on its “Report on Applicant with a Medical History” form with regard to drivers’ insulin reactions. For example, it would be helpful to include descriptions and/or examples of insulin reactions, and such terms as “uncontrolled diabetes/hypoglycemia” and “hypoglycemia unawareness.” The form should also require applicants to provide details about the nature of the “insulin reaction” they have experienced.

Recommendation 2

The Ministry of Transportation should revise its medical history form to provide clearer direction and require greater detail about insulin reactions experienced by drivers.

- 100** The Medical Review Section should also carefully review the medical history forms forwarded to them. If the nature of the insulin reaction an individual has experienced is not apparent, further information should be obtained and reviewed.

Recommendation 3

The Ministry of Transportation should ensure that its Medical Review Section carefully reviews medical history forms submitted by drivers with diabetes and obtains further information if a driver’s history of insulin reaction is unclear.

Filing of Medical and Police Reports

- 101** It is regrettable that the Ministry does not appear to have received the medical and police communications about Mr. Maki, which would have led to more timely

suspension of his licence. We were unable to confirm what happened to these reports. However, the Ministry's new e-filing system for medical reports and e-collision system for police accident reports may help reduce the potential in future for such reports to go astray due to human error.

Communication Lapses

- 102** By April 2010, the Ministry was aware that Mr. Maki had been involved in a fatal accident. Despite this, it did nothing to suspend his licence for another seven months. This lapse arose because information did not flow from the Ministry's Program Management Section to the Medical Review Section. The Program Management Section focused narrowly on issues in its purview and failed to recognize the seriousness of the situation in terms of driver safety. The Ministry assured us that police reports relating to driver safety issues are given equal priority to medical reports. However, it is disturbing, given the facts of the Maki case, that a Ministry official would suggest that the Ministry assigned lower priority to police reports.
- 103** The Ministry should ensure that in future its staff members do not function in silos. There should be greater co-ordination and communication between the Medical Review Section and other operational areas. The Ministry should also educate staff on the importance of acting swiftly when information about driver safety is raised, regardless of whether it comes from police or a medical practitioner.

Recommendation 4

The Ministry of Transportation should educate its staff on the importance of communicating immediately with the Medical Review Section whenever issues of driver safety based on medical conditions are raised.

Further Systemic Observations

- 104** Our review of the Ministry's processes for obtaining and assessing information about medical conditions that might affect a driver's capacity also identified several additional areas of concern.

Knowledge of Driving Standards

- 105** Despite the fact that the Canadian Council of Motor Transport Administrators standards were updated in August 2011, the Ministry initially sent us the old 2009 standards in response to our request for documentation relevant to this investigation. In addition, during our interviews, Ministry staff in the Medical Review Section provided conflicting answers about the standards that were currently in use. It is important for the Ministry to apply the latest standards consistently when assessing the safety of drivers in Ontario.

Recommendation 5

The Ministry of Transportation should ensure that all staff in the Medical Review Section are provided with ongoing training to ensure they are familiar with and apply current Canadian Council of Motor Transport Administrators standards for driving.

- 106** One Ministry official also told us the Ministry was considering linking to the Council's standards from its website. The driving public as well as medical practitioners should have easy access to the standards. This would assist the public and physicians in understanding the reasoning behind licence suspension and reinstatement on medical grounds. As well, given that the standards are relatively complex, it would be useful for the Ministry to provide an explanation of the standards and their relevance to evaluation of driver safety, in addition to a link.

Recommendation 6

The Ministry of Transportation should ensure that a link to the standards used to assess the medical fitness of drivers and a summary of their relevance are available on its website.

- 107** There are multiple resource documents that physicians and Ministry staff can consult when assessing how diabetes affects a person's ability to drive safely. There are the standards developed by the Canadian Council of Motor Transport Administrators and the guide produced by the Canadian Medical Association. The Canadian Diabetic Association has also issued guidelines for drivers with diabetes.

- 108** The available reference materials differ in their level of detail as well as in their treatment of the subject. An endocrinologist on the Ministry’s Medical Advisory Committee told us there is considerable confusion in the medical community over what standards should be applied. It seems clear that physicians and Ministry staff would benefit from a single consolidated resource for assessing the safety risk of drivers with diabetes, based on recent medical studies. The Ministry should conduct research and consult the medical community and stakeholders, including the Canadian Diabetic Association, with a view to developing a current, clear, and consistent guideline for use in assessing driving risks associated with diabetes and hypoglycemia. This guide should be available to physicians and the public through the Ministry’s website and other means of distribution.

Recommendation 7

The Ministry of Transportation should engage in research and consultation with a view to developing a clear, comprehensive, and publicly available guide for evaluating the driving risks posed by people living with diabetes who experience hypoglycemia.

Duty to Report

- 109** Under the *Highway Traffic Act* medical practitioners are responsible for notifying the Ministry about patients whose medical conditions might adversely affect their ability to drive. Physicians who fail to comply with this obligation are not penalized under the Act, but could be subject to civil liability. In 1985, a cyclist was struck and killed in Etobicoke by a driver who had epilepsy. In ruling on the subsequent lawsuit, Justice Janet Lang Boland of the Ontario Court of Justice concluded that two of the driver’s physicians had been negligent in failing to notify the Ministry about the risk posed by his condition.²²
- 110** Similarly, the Ontario Court of Appeal ruled in 1994 that two Hamilton-Niagara-area physicians were negligent for failing to report that a driver had cervical spondylosis, before he was involved in a 1983 motor vehicle accident that seriously injured others. The doctors led evidence at trial that it was not the prevailing practice for physicians to report every incident where a medical condition might impact driving. In dealing with this argument, the Ontario Court of Appeal observed:

²² *Spillane v. Wasserman*, [1992] O.J. No. 2607.

The appellants argue that s. 177 (now 203) does not give rise to a cause of action and evidence was tendered by medical experts that it was not the practice to report all incidents. That is, that somehow the medical practice overcame the statutory requirement. ... we cannot accept that argument. If the burden is too onerous, it should be amended by the Legislature. We also think it is clear that the duty of doctors to report is a duty owed to members of the public and not just to the patient. It is clearly designed to protect not only the patient but people he might harm if permitted to drive.²³

The College of Physicians and Surgeons of Ontario told us that physicians are educated about their reporting obligations in medical school and information about reporting requirements is available on the College's website. The Canadian Medical Association has also produced a guide for physicians entitled *Determining Medical Fitness to Operate Motor Vehicles: CMA Driver's Guide*.

- 111** We interviewed Dr. Donald Redelmeier, a professor from the Faculty of Medicine at the University of Toronto, who has co-authored articles relating to fitness to drive, motor vehicle crashes involving people living with diabetes, and physician reporting.²⁴ He notes that a variety of factors contribute to physicians' uncertainty about reporting patients, including concern about patient dissatisfaction, limited time and training, and lack of knowledge about patients' driving habits. Dr. Redelmeier told us that underreporting of patients is not as prevalent today as it was years ago, given the change to the OHIP schedule allowing physicians to bill for reports. However, he said despite the *Highway Traffic Act's* expansive language, only a tiny fraction of drivers – fewer than .5% – are reported to the Ministry, far below the prevalence rates of many diseases that can affect driving. He observed that intermittent disabilities present challenges for reporting, and that the sheer breadth of the reporting requirement makes it difficult for doctors to comply strictly with the law.

²³ *Toms v. Foster* [1994] O.J. No. 1413.

²⁴ Mandatory Reporting by Physicians of Patients Potentially Unfit to Drive (2008) *Open Medicine* 2008;2(1) : E8-17 Donald A. Redelmeier, Vikram Vinkatesh, Matthew B. Stanbrook. Motor Vehicle Crashes in Diabetic Patients with Tight Glycemic Control: A Population-based Case Control Analysis (2009) *PLoS Medicine* December 2009 / Volume 6 / Issue 12 / e1000192 Donald A. Redelmeier, Anne B. Kenshole, Joel G. Ray; Physicians' Warnings for Unfit Drivers and the Risk of Trauma from Road Crashes (2012) *N ENGL J MED* 367;13 September 27, 2012, Donald A. Redelmeier, M.D., M.S.H.S.R., Christopher J. Yarnell, A.B., Deva Thiruchelvam, M.Sc., and Robert J. Tibshirani, Ph.D.

- 112** Representatives of the Ontario Medical Association also told us one of the biggest impediments to physician reporting under the *Highway Traffic Act* is the broad nature of the obligation and the lack of clear guidelines.
- 113** The government attempted to improve this in 2002 and 2003, through proposed amendments to the Act that would have provided for regulations to specify the conditions that must be reported by medical practitioners, including functional or visual impairments that might make it dangerous to drive. However, the bills promoting these changes never proceeded past first reading.²⁵ In 2009, the Ministry consulted with the Ontario Medical Association about once again amending the reporting requirements, but this initiative did not move forward.
- 114** The Ministry’s present view is that the reporting obligation should lie with physicians, who are best placed to assess the individual circumstances affecting their patients’ ability to drive. The physician’s obligation is to report the patient and the Ministry’s is to make the call on whether the licence should be suspended.
- 115** The Ministry has engaged in some outreach efforts in the medical community, primarily through submitting articles to the Ontario Medical Association’s *Ontario Medical Journal* and by providing information, upon request, to provincial medical schools about the duty to report under the *Highway Traffic Act*. However, senior officials at the Ministry acknowledged to us that physician underreporting of unsafe drivers is still an issue and that additional outreach would be useful. An endocrinologist on the Medical Advisory Committee echoed this sentiment. Given the Ministry’s significant reliance upon medical practitioners to bring concerns about drivers to its attention, it should take more proactive steps to ensure they know their obligations.

Recommendation 8

The Ministry of Transportation should engage in regular outreach to the medical community to enhance its understanding of the responsibility to notify the Ministry about drivers whose medical conditions pose safety risks.

- 116** As several members of the medical community told us in interviews, the scope of the duty to report conditions that “may make it dangerous” to drive is far-reaching, open to considerable interpretation, and may be out of step with the realities of medical practice. It would be beneficial if additional and clearer guidance could

²⁵ Bill 241, *Road Safety Act, 2002*, Bill 20, *Road Safety Act, 2003*.

be provided to medical practitioners about what their duty means in practical terms when they see patients with medical conditions such as uncontrolled diabetes and hypoglycemia. The Ministry should engage medical professionals in a dialogue about what measures might better assist them in meeting their reporting obligations, and consider amending the law to reflect these measures.

Recommendation 9

The Ministry of Transportation should, in consultation with the medical community, provide additional guidance to medical practitioners relating to the duty to report their patients under the *Highway Traffic Act*, and consider whether legislative amendment is required to clarify the reporting obligation.

Expanding “Medical Practitioner” Definition

- 117** Along with requiring “legally qualified medical practitioners” to report patients, the *Highway Traffic Act* also protects them from being sued for doing so (s.203(2)). The phrase “legally qualified medical practitioner” is defined in the *Legislation Act, 2006*, as meaning a member of the College of Physicians and Surgeons of Ontario (s. 87).
- 118** Mr. Maki, like many patients these days, received some of his medical care from a nurse practitioner. According to the Nurse Practitioner Association of Ontario, nurse practitioners are primary care providers who see patients with diabetes and provide information relating to their condition. They diagnose, manage medication and monitor patients and can provide comprehensive care, promote patient self-management and educate patients about their obligations when driving.
- 119** Nurse practitioners are authorized to complete two Ministry forms on behalf of their patients: The standard medical form for commercial drivers or drivers wishing to upgrade their licence, and the substance abuse assessment form, which must be completed when physicians report substance abuse and/or dependence in connection with certain impaired driving offences. However, nurse practitioners are not required to report patients to the Ministry whose medical conditions may make it unsafe for them to drive.
- 120** In British Columbia, nurse practitioners as well as psychologists are required to report such drivers.

- 121** The Nurse Practitioners’ Association of Ontario told us that nurse practitioners occasionally report patients, with their knowledge, to the Ministry. However, this is done on an individual and ad hoc basis. An Association representative told us that they have been told by Ministry officials that nurse practitioners might incur liability for reporting patients unless they are expressly covered by the legislation.
- 122** As the involvement of nurse practitioners in patient care continues to increase in Ontario, their exclusion from the mandatory reporting requirement appears anachronistic. It is in the public interest to ensure that all qualified nurse practitioners have the same obligations and protection from liability as physicians when it comes to reporting patients who present a driving risk. The Ministry should also review the experience of other jurisdictions and expand the reporting requirement to other professionals who may have legitimate concerns about how patients’ conditions affect their capacity to drive.

Recommendation 10

The Ministry of Transportation should take all necessary steps to extend the mandatory medical reporting requirements under the *Highway Traffic Act* to qualified nurse practitioners and other health care professionals.

Reports from Concerned Citizens

- 123** In addition to acting on medical professionals’ reports about patients, three provinces – Alberta, British Columbia and Saskatchewan – also consider information from concerned members of the public about potentially unsafe drivers. In these jurisdictions, information communicated by citizen whistleblowers can result in additional inquiries to confirm someone is fit to drive. In British Columbia, the Office of the Superintendent of Motor Vehicles receives and assesses unsolicited reports about drivers from paramedics, chiropractors, family members and private citizens. If deemed appropriate, the Office will contact the driver for more medical information.
- 124** Ministry officials in Ontario told us they do not act on citizen concerns about drivers, but refer them to local police services. The Ministry expressed reluctance to encourage citizens to come forward because such an approach would likely trigger frivolous and vexatious reports.
- 125** Family members, neighbours, colleagues, and health care providers other than physicians could have relevant information about the demonstrable impact of a

medical condition on someone’s driving. Physicians might not have access to this information or might overlook their reporting obligation for various reasons. While it is conceivable that some people might misuse a citizen reporting system, this does not necessarily justify ignoring the concept altogether. Our Office has received complaints from people whose concerns about drivers have been disregarded by the Ministry. With proper planning, the Ministry should be able to implement a process for acting on citizen reports of at-risk drivers that balances the need to protect people from meritless inquiries with the broader interests of public safety. Accordingly, the Ministry should consult with other jurisdictions and review best practices with a view to developing procedures for receiving and acting on information about potentially unsafe drivers from members of the public.

Recommendation 11

The Ministry of Transportation should develop a procedure for receiving and acting on citizen reports of unsafe driving.

Diabetes Education

- 126** When a physician reports to the Ministry that a patient has uncontrolled diabetes or hypoglycemia, the Ministry requires the physician to complete its Diabetic Assessment form. Usually, the driver’s licence is immediately suspended and the Medical Review Section reviews the completed form to assess whether it should be reinstated.
- 127** The Diabetic Assessment Form includes a section on “diabetic education,” where the physician must note when the patient completed this education and whether any further education is recommended. It also allows for a “certificate of completion of diabetic education” to be submitted with the form (Figure 5).

9. Diabetic education / Programme d'éducation sur le diabète				
Date completed/Date à laquelle s'est terminé le programme	Y/A	M	D/J	Location Endroit
Re-education recommended/Le (La) patient(e) devrait-t-il (elle) suivre à nouveau le programme?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes/Oui No/Non
Certificate of completion of diabetic education enclosed/Attestation de participation au programme 'éducation sur le diabète ci-jointe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Figure 4: Excerpt from the Diabetic Assessment form. A full copy of this form can be found at Appendix F.

- 128** We reviewed 126 cases involving drivers who experience complications of diabetes. In 15 of them, treating physicians did not fill out this section of the form, left it incomplete or merely stated that the education was ongoing. In others, no certificate of diabetic education completion was provided to the Ministry. The Ministry's records reveal there was no follow-up in these cases. Based on our interviews with medical analysts in the Medical Review Section, it appears they do not normally attempt to verify whether drivers have completed diabetes education in these circumstances.
- 129** We were told that Ministry staff generally would only ask for more information if the physician states on the Diabetic Assessment form that the driver requires re-education or if the file is referred to the Medical Advisory Committee and the Committee recommends it. Out of the 126 Medical Advisory Committee files we reviewed, there were 25 where the driver's treating physician recommended re-education – but the Ministry followed up in only four. In 13 of the cases we reviewed, the Medical Advisory Committee recommended that the Ministry obtain proof that the drivers had undergone diabetes education or re-education before their licences were reinstated. The Ministry followed up in 10 of these cases.
- 130** A member of the Medical Advisory Committee told us that if a physician states on the form that a driver requires re-education, then it is the physician's obligation to send the patient for further education.
- 131** Diabetes education is key in helping people control their diabetes and in promoting safe driving practices. The questions on the Ministry's Diabetic Assessment form reflect this. However, the form is of limited value if the Ministry does not ensure that the information it receives is complete and that education takes place as recommended.
- 132** The Ministry should direct staff in the Medical Review Section to confirm that drivers have received diabetes education, if it is not apparent from the Diabetic Assessment forms. They should also ensure that re-education of drivers has taken place when recommended by the driver's physician or the Medical Advisory Committee.

Recommendation 12

The Ministry of Transportation should direct staff in the Medical Review Section to confirm that drivers have received diabetic education in cases where this is unclear

from the Diabetic Assessment form, and where re-education is recommended by a treating physician or the Medical Advisory Committee.

- 133** Although information on driving safety is included in diabetes education, the Ministry has not consulted with education providers about the standards the Ministry applies when assessing risks posed by drivers with diabetes. Ministry staff, including medical analysts and senior officials, also told us they were unfamiliar with the actual content of the curriculum delivered by diabetes educators relating to driving risks and safety precautions. An endocrinologist on the Medical Advisory Committee with experience in diabetes education expressed the view that the quality of education provided in different diabetes education centres was “extremely variable.”
- 134** We reviewed some of the pamphlets that Diabetes Education Centres and hospitals in the province distribute to patients about diabetes and driving. The level of information ranged from a one-page tip sheet to a detailed explanation of driver obligations and the impact of hypoglycemia.
- 135** Given the importance of diabetic education in mitigating driving risks, it is in the public interest for the Ministry of Transportation to be proactive in this area. It should establish a partnership with the Ministry of Health and Long-Term Care and consult with that Ministry as well as diabetes education providers. In addition to sharing information about the standards it uses in evaluating driver safety, the Ministry should take steps to ensure that educators across the province provide consistent and accurate information about promoting safe driving for individuals with diabetes.

Recommendation 13

The Ministry of Transportation should establish a partnership with the Ministry of Health and Long-Term Care and consult with diabetes education providers, the Canadian Diabetes Association and other stakeholders with a view to sharing information about the standards it uses to evaluate driver safety.

Recommendation 14

The Ministry of Transportation should take proactive steps to ensure diabetes education is consistent and accurate across the province in promoting safe driving for individuals with diabetes.

- 136** The Ministry’s website does not contain specific materials relating to diabetes and driving. At a minimum, it should provide links on its website to useful resources such as the online information about diabetes available through the Ministry of Health and Long-Term Care.

Recommendation 15

The Ministry of Transportation should include information on its website about diabetes and driving, as well as the risks associated with hypoglycemia, including links to useful resources such as the Ministry of Health and Long-Term Care’s online information on diabetes.

- 137** In Mr. Maki’s case, he had received diabetic education and was familiar with the risks associated with driving. While his own home testing records indicated that he was experiencing frequent hypoglycemic incidents, his medical practitioners were not necessarily aware of this, and it is unclear whether their reporting obligation would have been triggered under the circumstances. Like a driver who chances having one more drink before getting behind the wheel, Mr. Maki made a fatal choice to drive without confirming that his blood sugar levels were stable. Medical practitioners are limited in their contact with their patients, and often rely on the information that is conveyed to them. Individual drivers bear significant responsibility to ensure they drive safely. As one of the endocrinologists on the Ministry’s Medical Advisory Committee remarked to us, the Ministry has waged an aggressive and high-profile campaign to alert drivers to the risks of drinking and driving. Yet it has not taken a similar approach to raise awareness of the often comparable risks that can be presented by some medical conditions.
- 138** The Ministry should make additional public outreach and education efforts to underscore drivers’ responsibility to take all reasonable precautions when they have medical conditions that might affect them behind the wheel. Mr. Maki’s case should be used as a cautionary tale to illustrate the risks associated with hypoglycemia and driving.

Recommendation 16

The Ministry of Transportation should launch an education campaign to alert individuals with medical conditions that may pose safety risks for driving, such as uncontrolled diabetes/hypoglycemia, and use Mr. Maki’s case as an example.

Re-assessing Assessments

- 139** Both endocrinologists on the Ministry’s Medical Advisory Committee told us that in their experience, treating physicians rarely fully complete their patients’ Diabetic Assessment forms.
- 140** They said they are often unable to tell from the form why a patient developed hypoglycemia, which is key to evaluating safety risks. They expressed the view that the two lines on the form where physicians are asked to describe the circumstances surrounding a hypoglycemic reaction are insufficient to capture the necessary information. This brevity may lead to important information being omitted.
- 141** They also emphasized the importance of reviewing a driver’s blood glucose logs in assessing fitness to drive – and noted that in some cases it is clear the treating physicians have not done so as required. Of the **126** files we received, the committee asked for copies of the driver’s blood glucose logs in **31**. The committee required these to be presented in digital form from an electronic meter, (digital records are viewed as more reliable because they are less susceptible to manipulation than manual records). In the past, the Ministry required drivers to submit blood glucose logs to have their licences reinstated – but this practice was abandoned because of health and safety concerns relating to blood residue on handwritten logs. Today, when completing the Ministry’s Diabetic Assessment form, physicians are required to review a patient’s blood glucose reading for the preceding 30 days and answer questions relating to the results.
- 142** In its latest review of the Diabetic Assessment form, the Ministry should carefully consider the advice of experts in endocrinology, and ensure that the form encourages physicians to provide the best and most accurate information available, in order to enable objective and complete evaluation of their patients’ fitness to drive.

Recommendation 17

The Ministry of Transportation should consider the advice of experts in the field of endocrinology in revising its Diabetic Assessment form, and ensure that the form contains sufficient space to allow for complete details to be provided and encourages review of blood glucose logs.

- 143** In any case, where the information on a completed Diabetic Assessment form suggests that a physician has not adequately reviewed a patient's blood glucose logs, the Ministry should require them to be submitted for review by the Medical Advisory Committee.

Recommendation 18

The Ministry of Transportation should require submission of blood glucose logs in all cases where it is unclear from the Diabetic Assessment form that a physician has adequately reviewed them.

Opinion

- 144** Three lives were lost on June 26, 2009, when Allan Maki made the fatal choice of driving before ensuring that his blood glucose levels were stable. While Mr. Maki was clearly the author of this misfortune, my investigation revealed that the Ministry of Transportation's system for obtaining and assessing information relating to drivers experiencing uncontrolled hypoglycemia is deficient. While the Ministry has taken some positive steps, including introducing electronic reporting to simplify and to reduce the likelihood of error in reporting at-risk drivers, additional improvements are necessary.
- 145** My investigation revealed that lack of co-ordination within the Ministry contributed to inordinate delay in suspending Mr. Maki's licence. It also highlighted uncertainty about the standards the Ministry applies to assess driver safety, that the system for reporting at-risk drivers and for obtaining details of medical conditions fails to capture relevant information and is unclear, and that enhanced outreach efforts are necessary to ensure consistent and accurate education of at-risk drivers, the public and the medical community. The potential for catastrophic accidents involving drivers with conditions such as uncontrolled

hypoglycemia might have been diminished had the Ministry been more proactive in promoting and monitoring driver safety.

- 146** It is my opinion that the Ministry's failure to ensure timely suspension of Mr. Maki's licence was unreasonable and wrong, under the *Ombudsman Act*. Its failure to take additional proactive measures to ensure the effectiveness of its system for reporting of medical conditions and encouraging driver safety is also unreasonable and wrong under the Act.

Recommendations

- 147** Accordingly, I am making the following recommendations, which I am hopeful will improve safety on Ontario's roads:

Recommendation 1

The Ministry of Transportation should ensure that all Service Ontario and DriveTest Centre offices use current versions of forms relating to driver's licences and are familiar with and follow proper procedures relating to individuals with medical conditions which may render it dangerous for them to drive.

Recommendation 2

The Ministry of Transportation should revise its medical history form to provide clearer direction and require greater detail about insulin reactions experienced by drivers.

Recommendation 3

The Ministry of Transportation should ensure that its Medical Review Section carefully reviews medical history forms submitted by drivers with diabetes and obtains further information if a driver's history of insulin reaction is unclear.

Recommendation 4

The Ministry of Transportation should educate its staff on the importance of communicating immediately with the Medical Review Section whenever issues of driver safety based on medical conditions are raised.

Recommendation 5

The Ministry of Transportation should ensure that all staff in the Medical Review Section are provided with ongoing training to ensure they are familiar with and apply current Canadian Council of Motor Transport Administrators standards for driving.

Recommendation 6

The Ministry of Transportation should ensure that a link to the standards used to assess the medical fitness of drivers and a summary of their relevance are available on its website.

Recommendation 7

The Ministry of Transportation should engage in research and consultation with a view to developing a clear, comprehensive, and publicly available guide for evaluating the driving risks posed by people living with have diabetes who experience hypoglycemia.

Recommendation 8

The Ministry of Transportation should engage in regular outreach to the medical community to enhance its understanding of the responsibility to notify the Ministry about drivers whose medical conditions pose safety risks.

Recommendation 9

The Ministry of Transportation should, in consultation with the medical community, provide additional guidance to medical practitioners relating to the duty to report their patients under the *Highway Traffic Act*, and consider whether legislative amendment is required to clarify the reporting obligation.

Recommendation 10

The Ministry of Transportation should take all necessary steps to extend the mandatory medical reporting requirements under the *Highway Traffic Act* to qualified nurse practitioners and other health care professionals.

Recommendation 11

The Ministry of Transportation should develop a procedure for receiving and acting on citizen reports of unsafe driving.

Recommendation 12

The Ministry of Transportation should direct staff in the Medical Review Section to confirm that drivers have received diabetic education in cases where this is unclear from the Diabetic Assessment form, and where re-education is recommended by a treating physician or the Medical Advisory Committee.

Recommendation 13

The Ministry of Transportation should establish a partnership with the Ministry of Health and Long-Term Care and consult with diabetes education providers, the Canadian Diabetes Association and other stakeholders with a view to sharing information about the standards it uses to evaluate driver safety.

Recommendation 14

The Ministry of Transportation should take proactive steps to ensure diabetes education is consistent and accurate across the province in promoting safe driving for individuals with diabetes.

Recommendation 15

The Ministry of Transportation should include information on its website about diabetes and driving, as well as the risks associated with hypoglycemia, including links to useful resources such as the Ministry of Health and Long-Term Care's online information on diabetes.

Recommendation 16

The Ministry of Transportation should launch an education campaign to alert individuals with medical conditions that may pose safety risks for driving, such as uncontrolled diabetes/hypoglycemia, and use Mr. Maki’s case as an example.

Recommendation 17

The Ministry of Transportation should consider the advice of experts in the field of endocrinology in revising its Diabetic Assessment form, and ensure that the form contains sufficient space to allow for complete details to be provided and encourages review of blood glucose logs.

Recommendation 18

The Ministry of Transportation should require submission of blood glucose logs in all cases where it is unclear from the Diabetic Assessment form that a physician has adequately reviewed them.

Recommendation 19

The Ministry of Transportation should report back to my Office in six months’ time on the progress of implementing my recommendations and at six-month intervals thereafter until such time as I am satisfied that adequate steps have been taken to address them.

Response

- 148** The Ministry of Transportation was provided with an opportunity to make representations concerning my preliminary findings, opinion and recommendations. On March 28, 2014, the Ministry responded, accepting all of my recommendations and providing a chart detailing the steps it intends to take to address them. A copy of the Ministry's response is attached at Appendix G.
- 149** The Ministry expects to implement most of my recommendations in September 2014. However, physician and public education about drivers living with diabetes (**Recommendations 8 and 16**) and legislative changes to expand medical reporting requirements (**Recommendations 9 and 10**) are ongoing initiatives. The Ministry explained that expanding the range of medical practitioners who must report drivers requires enabling legislation to be passed and further consultation with the medical community.
- 150** On March 17, 2014, the Minister of Transportation introduced Bill 173, *Highway Traffic Amendment Act (Keeping Ontario's Roads Safe), 2014*. The bill proposes amendments to the *Highway Traffic Act* that would enable future regulations to clarify medical conditions that must be reported and allow additional medical professionals to report drivers who have medical conditions that may make them unsafe drivers.
- 151** I am pleased with the Ministry's positive response to my report, and the efforts it has already made towards implementation of my recommendations. The Ministry has committed to providing semi-annual updates on its progress, and I will monitor them closely.



André Marin
Ombudsman of Ontario

Appendices – Ministry of Transportation Forms and Response

A – Medical Condition Report

B – Application for Driver’s Licence / Licence Renewal

C – Report on Applicant with a Medical History

D – Driver Information / Request for Driver’s Licence Review

E – Medical Report

F – Diabetic Assessment

G – Response to Ombudsman findings, March 28, 2014

Appendix A – Medical Condition Report

Medical Condition Report



Section 203 of the *Highway Traffic Act* requires that all legally qualified medical practitioners must report to the Registrar of Motor Vehicles the name, address and clinical condition of any patient sixteen years of age or older who, "is suffering from a medical condition that may make it dangerous for the person to operate a motor vehicle". To simplify the reporting process, the Ministry of Transportation has created this form.

Mail or fax to: Ministry of Transportation, Driver Improvement Office, Medical Review Section, 77 Wellesley St. W. Box 589, Toronto ON M7A 1N3. Tel. No.: 416 235-1773 or 1 800 268-1481. Fax No.: 416 235-3400 or 1 800 304-7889.

Patient Information			Fee Schedule Code
Last Name	First Name	Middle initial	K035
Street No. and Name or Lot and Conc. and Township			App. No.
City, Town or Village			Postal code
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Driver Licence No. (if available)	

For your convenience, the following is a list of the more common medical conditions that are reported to MTO, to be marked with an "X". If the condition you are reporting is not listed, please indicate it in the section marked "Other".

<input type="checkbox"/> Alcohol Dependence	<input type="checkbox"/> Visual Field Impairment
<input type="checkbox"/> Drug Dependence	<input type="checkbox"/> Diabetes or Hypoglycemia - Uncontrolled
<input type="checkbox"/> Seizure(s)-Cerebral	<input type="checkbox"/> Other metabolic diseases (specify)
<input type="checkbox"/> Seizure(s)-Alcohol related	<input type="checkbox"/> Mental or Emotional Illness-Unstable
<input type="checkbox"/> Heart disease with Pre-syncope/Syncope/Arrhythmia	<input type="checkbox"/> Dementia or Alzheimer's
<input type="checkbox"/> Blackout or Loss of consciousness or Awareness	<input type="checkbox"/> Sleep Apnea-Uncontrolled
<input type="checkbox"/> Stroke/TIA or head injury with significant deficits	<input type="checkbox"/> Narcolepsy-Uncontrolled
<input type="checkbox"/> Both Visual Acuity and Visual Field Impairment	<input type="checkbox"/> Motor Function/Ability Impaired
<input type="checkbox"/> Visual Acuity Impairment	<input type="checkbox"/> Other (specify):

Optional
To expedite your patient's file, please provide further elaboration of clinical condition (if available) or attach as a separate report. Diagnosis; Other Relevant Clinical Information (i.e. current status - including results of investigations, medication(s), treatment and prognosis); and whether or not the condition is a serious risk to road safety. threat to road safety is unknown or condition is temporary - weeks/months.

Date of examination upon which this report is based: _____ How long has this person been your patient? _____

Patient is aware of this report.

I wish to be notified if my patient requests a copy of this report, as releasing this report pursuant to a request under the *Freedom of Information Act* may threaten the health or safety of the patient or another individual.

For MTO use only
D30

Physician's Last Name, First Name and Middle Initial _____

Street No. and Name or Lot and Conc. and Township _____ Apt. No. _____

City, Town or Village _____ Postal code _____ Telephone No. _____

Family Physician Emergency Room Physician Specialist _____ Other _____
(Specialty)

Doctor's Signature _____ **Date of Report** _____

Requirement to Report Patients

Section 203 of the *Highway Traffic Act* states:

- (1) Every legally qualified medical practitioner shall report to the Registrar the name, address and clinical condition of every person sixteen years of age or over attending upon a medical practitioner for medical services, who, in the opinion of such medical practitioner is suffering from a condition that may make it dangerous for such person to operate a motor vehicle.
- (2) No action shall be brought against a qualified medical practitioner for complying with this section.
- (3) The report referred to in subsection (1) is privileged for the information of the Registrar only and shall not be open for public inspection, and such report is inadmissible in evidence for any purpose in any trial except to prove compliance with subsection (1). R.S.O. 1980, c. 198, s. 203.

How to Complete the Form

You are required by law to provide the patient's name, address and the clinical condition, however, by including the patient's sex and date of birth, we can accurately identify the individual. We suggest you keep a copy for your records. If you send by fax, please do not mail the original. To expedite your patient's file, please provide further elaboration of clinical condition (if available) or attach as a separate report: Diagnosis; Other Relevant Clinical Information (i.e. current status - including results of investigations, medication(s), treatment and prognosis); and whether or not the condition is a serious risk to road safety, threat to road safety is unknown or condition is temporary - weeks/months.

What Conditions to Report

The Canadian Medical Association publishes the "Physician's Guide to Driver Examination" to assist physicians in determining which conditions may make it dangerous to drive safely. The guide is available from the Canadian Medical Association.

How the Ministry Determines Licence Status

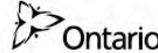
The ministry considers the details of the individual's clinical condition reported by the attending physician, using guidelines established by the Canadian Medical Association, and advice from the Ministry's Medical Advisory Committee, whose members are experts in the fields of neurology, cardiology, psychiatry, endocrinology, ophthalmology, internal medicine, substance abuse, geriatric medicine and psychiatry.

The ministry relies on information provided on this form to help identify individuals who are at significant risk so that immediate action to suspend the licence of any individual reported to have a chronic or deteriorating condition that is likely to impair judgement or psychomotor skills or to be experiencing recurring or unexplained episodes of loss of consciousness.

If an individual is reported to have a clinical condition that is well controlled and the individual is under physician care, the ministry generally does not suspend the licence. Where stability may be questionable, the ministry may request follow-up medical information to confirm stability or request the individual undergo a driving examination or other appropriate assessments.

Patient's Right to Access This Report

The *Freedom of Information and Protection of Privacy Act* requires the ministry to provide your patient with a copy of this report if requested. It may be withheld only if there is evidence that its release would threaten the health or safety of yourself, the patient or another individual. *If you are concerned that the release of this report would threaten someone's health or safety, make sure you notify the ministry by checking the appropriate box on the front of this form or by calling the ministry at 416 235-1773 or 1 800 268-1481.*



ServiceOntario

Driver's Licence Renewal Application
Demande de renouvellement du permis de conduire

Any prescribed fee on this form is subject to change without notice. / Les droits indiqués sur ce formulaire peuvent être modifiés sans préavis.

Name and Address / Nom et adresse		FOR OFFICE USE ONLY / USAGE RÉSERVÉ AU BUREAU Effective Date: Yr. Mo. Day Business Date: Yr. Mo. Day Office No. Operator No. Identification Viewed: <input type="checkbox"/>				Photo Taken YES NO TWWP
Driver's Licence Number / Numéro du permis de conduire		Date of Birth / Date de naissance		Your present licence expires on: / Votre permis actuel expire à la date indiquée: Year / Année, Month / Mois, Day / Jour		Class / Catégorie, Height / Taille, Condition / Restriction, Sex / Sexe, Endorsement / Autorisation, Photo Required / Photo requise
Answer Yes or No / Répondez par oui ou par non 1. Has an optometrist or physician ever advised you that you require corrective lenses to improve your visual acuity to see at a distance? / Un optométriste ou un médecin vous a-t-il déjà recommandé de porter des verres correcteurs pour améliorer votre acuité visuelle et voir de loin? <input type="checkbox"/> No <input type="checkbox"/> Yes		2. Do you suffer from, or has a physician ever advised you that you suffer from any medical condition (including, but not limited to, heart disease, stroke, diabetes requiring insulin to control, epilepsy, seizure disorder, or any condition that may result in loss of consciousness or awareness) or any physical disability or functional impairment that may affect your safe operation of a motorized vehicle? If yes, state medical condition: / Souffrez-vous, avez-vous déjà souffert, ou un médecin vous a-t-il déjà dit que vous souffrez ou avez souffert d'un problème de santé (y compris d'une maladie du cœur, d'un accident vasculaire cérébral, de diabète contrôlé par des injections d'insuline, d'épilepsie, de troubles épileptiques ou de tout trouble pouvant entraîner une perte de conscience), d'un handicap physique ou d'une déficience fonctionnelle pouvant avoir une incidence sur votre capacité à conduire un véhicule motorisé de façon sécuritaire? Si c'est le cas, veuillez indiquer de quoi il s'agit: _____		Driver's test required / Examen de conduire requis Vision / Acuité visuelle, Written / Par écrit, Road / Sur route, Group support / Séances de groupe Licence / Renouvellement du permis, Written Test / Examen par écrit, Road Test / Examen sur route, Reinstatement / Reprise de permis en vigueur		Fees / Droits: <input type="checkbox"/> Cash, <input type="checkbox"/> Debit, <input type="checkbox"/> Cheque, <input type="checkbox"/> Credit Card, <input type="checkbox"/> Other TDL Number: _____

Please retain this application for the protection of your personal information and for your records until your next renewal. / Veuillez garder cette demande afin de protéger vos renseignements personnels et la conserver dans vos dossiers jusqu'au prochain renouvellement.

I hereby certify that the statements on this application are correct. / Je certifie par la présente que les déclarations qui figurent sur cette demande sont exactes.

Licensee's Signature / Signature du titulaire X Date: Y/A M D/U

Under provincial legislation, the penalty for making a false statement may include a fine and/or imprisonment and/or a driver's licence suspension. / Selon les lois provinciales, toute fausse déclaration est passible d'amende, d'emprisonnement ou de suspension de permis de conduire.

Address Correction Section - Complete only information that is incorrect / Partie réservée aux changements d'adresse - Ne corrigez que les renseignements inexacts

Residential Address / Adresse résidentielle
Street No. & Name, P.O. Box, R.R. No. or Lot, Concession & Township / N° et rue, C.P., R.R. ou lot, concession, canton Apt. No. / App. n°

City, Town, Village / Ville ou village Province/State / Province/État Postal Code / Code postal

Mailing Address / Adresse Postale
Street No. & Name, P.O. Box, R.R. No. or Lot, Concession & Township / N° et rue, C.P., R.R. ou lot, concession, canton Apt. No. / App. n°

City, Town, Village / Ville ou village Province/State / Province/État Postal Code / Code postal

General Enquiries - Telephone / Renseignements généraux - Téléphone
Canada Wide / Partout au Canada : 1 800 387-3445
Toronto, GTA: 416 235-2999
Website / Site Web : ServiceOntario.ca

Appendix C – Report on Applicant with a Medical History



Off. No. Op. Y/A M D/J Date

Report on Applicant with a Medical History Demandeur souffrant de troubles de santé

Driver's Licence No. (if available) / N° du permis de conduire (si disponible) _____

Date of Birth / Date de naissance Y/A M D/J _____

Sex / Sexe _____

Class / Catégorie _____

Last Name, First Name and Middle Initial / Nom, prénom et initiale _____

Street No. and Name or Lot, Conc. and Township / N° et rue ou lot, conc. et canton _____

Apt. No. / N° d'app. _____

City, Town or Village / Ville ou village _____

Postal Code / Code postal _____

Nature of Condition / Nature des troubles de santé

Epilepsy / Epilepsie Fainting Spells / Évanouissements Narcolepsy / Narcolepsie Convulsions / Convulsions Insulin Reaction / Réactions à l'insuline Other / Autre

Frequency of Attack / Fréquence des crises _____

Date of First Attack / Date de la première crise Y/A M D/J _____

Date of Most Recent Attack / Date de la plus récente crise Y/A M D/J _____

Is condition controlled by medication? / Le demandeur prend-il des médicaments contre ces crises? Yes / Oui No / Non

If yes, specify type and dosage. / Dans l'affirmative, préciser le type et la dose. _____

Applicant's Signature / Signature du demandeur _____

Under the Highway Traffic Act (HTA), the maximum penalty for making a false statement is a fine and/or imprisonment and/or a driver's licence suspension. / En vertu du Code de la route, la peine maximale en cas de fausse déclaration est une amende, une peine d'emprisonnement ou la suspension du permis de conduire.

Examiner's Name and Number / Nom et numéro de l'examineur _____

Personal information contained in this form is collected under the authority of section 14 of Regulation 340/94 made under the Highway Traffic Act and is used to evaluate fitness to operate a motor vehicle. Direct inquiries to: Supervisor, Driver Improvement Office, Medical Review Section, 77 Wellesley Street West, Box 589, Toronto, ON M7A 1N3, 416-235-1773 or 1-800-268-1481 or by fax to 416-235-3400 or 1-800-304-7889. / Les renseignements personnels figurant dans le présent formulaire sont recueillis en vertu de l'article 14 du Règlement de l'Ontario 340/94 pris en application du Code de la route et servent à évaluer l'aptitude à conduire un véhicule automobile. Prière d'adresser les demandes d'information au superviseur du Bureau de perfectionnement en conduite automobile, Section d'étude des dossiers médicaux, 77, rue Wellesley Ouest, C.P. 589, Toronto, ON M7A 1N3, par téléphone au 416-235-1773 ou au 1-800-268-1481 ou par télécopieur au 416-235-3400 ou au 1-800-304-7889.

Appendix D – Driver Information / Request for Driver’s Licence Review

Fax completed form to the
 Registrar of Motor Vehicles @
 (416) 235-3400 or 1(800) 304-7889



Driver Information Request For Driver's Licence Review



Police Occurrence No.:

Collision Report No.:

Please complete all parts. If handwritten please use black pen.
 photocopy

Fax original only – do not

1. Driver Information										
Driver's Licence No.			Province	Class	Cond.	Gender	Date of Birth	Y	M	D
Last Name			First name				Initial			
Street No. and Name or Lot, Conc. and Township								Apt. No.		
City, Town or village							Province	Postal Code		
<input type="checkbox"/> Driver's licence not produced	Generated Ontario Driver's Licence Number only									
2. Vehicle Information										
Vehicle Type <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> CVOR Type Vehicle <input type="checkbox"/> Motorized Snow Vehicle <input type="checkbox"/> Streetcar										
Plate No.	Province	Make of Vehicle	Model of Vehicle				<input type="checkbox"/> Owner – Same as Driver			
V.I.N. (if requested)			CVOR/NSC			Trailer Plate No.	Province			
Vehicle Owner - Last name / First name				Vehicle Owner Company Name				Initial		
Street name and No., Apt. No., City, Town or Village										
3. Officer Information										
Police Service Detachment/Division and Address							Telephone No.			
Investigating Officer / Badge No.					Unit	Fax No.				
Signature of Investigating Officer's Supervisor			Name of Investigating Officer's Supervisor			Date Submitted	Y	M	D	
4. Incident Information										
Location Vehicle Stopped Street Municipality						Date	Y	M	D	Time
A. The above driver has come to my attention due to an investigation as a result of:										
<input type="checkbox"/> Collision			<input type="checkbox"/> Public complaint/information			<input type="checkbox"/> Officer observation		<input type="checkbox"/> Other (describe)		
B. Investigation of the above incident indicated the driver may not be able to safely operate a motor vehicle due to:										
<input type="checkbox"/> Loss of consciousness/black-out			<input type="checkbox"/> Fell asleep			<input type="checkbox"/> Erratic Behaviour		<input type="checkbox"/> Other (e.g. significant driving incompetence)		
C. Please: 1) Attach the incident report, or, 2) provide a brief description of the incident and information in support of what you indicated Part B above. If driver self-declared to having specific impairment(s), please provide the name(s) of these impairments.										

Ministry use only 010

Instructions for Completing the Driver Information form

This form may be completed on-line, printed, signed and the original faxed to the Registrar within 24 hours of the incident. Please fax the original only as photocopying disables the use of the barcode, which is essential for efficient routing of the form to the appropriate area within MTO.

Police may choose to report drivers who show signs of driving incompetence that could be due to a physical/mental impairment that:

- May have played a role in causing a collision;
- May impede the driver's ability to sustain safe driving practices; or
- May put the driver and/or the public at risk if the driver continues to operate a motor vehicle.

Top of the form

- Complete all fields as appropriate.

Police Occurrence Report No.

- If an occurrence report is being completed for this incident, provide the police occurrence report number. You may fax the police occurrence report with the completed form.
- You may submit a police occurrence report in lieu of completing Part 4 C of the form.

Collision Report No.

- If the incident is related to a collision, indicate the collision report number.

Parts 1, 2 and 3

- Complete all fields in Parts 1 and 3. Complete as many fields as possible in Part 2

Part 4

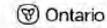
The information provided in Part 4 is intended to help ministry staff determine the appropriate action.

- A. Please check at least one box in Section A.
- B. Please check the appropriate box in Section B. Check "Other" for a driver impairment not listed and follow Part 4 C instructions below.
- C. Provide a detailed description of the driver's possible impairment, and the circumstances surrounding your or other witnesses' observations. The description should document the circumstances which demonstrate the driver's possible impairment or behaviour. If the driver self declared as having specific impairment(s), please provide name(s) of self-declared impairments. Fully complete Section C (unless an incident report that contains the required details is faxed with this form).

Fax completed form to the Registrar of Motor Vehicles at 416-235-3400 or 1-800-304-7889. If you have questions about completing the form, please call 416-235-1773 or 1-800-268-1481 during office hours (8:30 am – 5 pm, Monday to Friday).

Appendix E – Medical Report

Medical Report / Rapport médical



Tel / Tél _____

OFF. NO. CP. Y/A M D/J
Bus. Date

If not shown, please print last name, then first name and address. / S'ils ne sont pas indiqués, veuillez écrire votre nom de famille, suivi de votre prénom et adresse.

Class of Licence Desired Catégorie de permis désirée		Office Use Only Renseign. au bureau
Sex Sexe	Date of Birth Date de naissance	Year of Record Rc 4
Licence Permise		M/Di
Y/A M D/J	C/Car Cond / End Régul / Méd	Week
Ref. of Driver's Licence No. / N. de ref. du permis de conduire		Next Cond.
Reason for Medical / Raison de l'examen		Next Med.
1. <input type="checkbox"/> Original Ont. Licence / Permis permis en Ont. 2. <input type="checkbox"/> Regular Re-exam / Réexamen régulier 3. <input type="checkbox"/> Change of Class / Changement de catégorie 4. <input type="checkbox"/> Special Min. Request / Demande spéciale d'min.		D Code R

Driver's Certificate and Release of Information

I certify that the foregoing information is to the best of my knowledge correct and agree to this report and any future report from this examination only being given to the Ministry of Transportation. The fee for this examination is not the responsibility of the ministry or its service provider.

Attestation du de la conducteur(trice) et divulgation des renseignements

J'atteste par la présente que, pour autant que je le sache, les renseignements suivants sont exacts et je consens à ce que ce rapport et tout autre rapport ultérieur relatif à cet examen ne soient remis qu'au ministère des Transports. Il n'incombe pas au ministère ni à son fournisseur de services d'acquitter les droits de cet examen.

Telephone Number
Numero de téléphone Business / Travail _____

Home / Domicile _____

Driver's Signature / Signature du/de la conducteur(trice) _____

Date Y/A M D/J

Complete Health History

To be completed by examining physician.

YES answers should be explained on the reverse side under History Details.

Yes/Oui No/Non

- Diseases of Senses (Deafness, Vertigo, Visual Deficiencies, etc.) Yes No
- Cardiovascular Diseases (Heart Failure, Angina, Infarction, Embolism, Arrhythmia, Syncope, Surgery, etc.) Yes No
- Respiratory Diseases (Asthma, Chronic Bronchitis, Emphysema, etc.) Yes No
- Diseases of the Musculo-Skeletal System (Fracture(s) or Amputation, Arthritis, etc.) Yes No
- Metabolic Diseases (Diabetes (+) (-), Hypoglycemia, Thyroid, etc.) Yes No
- Psychiatric Disorders (Psychoneurosis, Psychosis, etc.) Yes No
- Addictions (Alcohol, Sedatives, Tranquilizers, Narcotics, etc.) Yes No
- Other Diseases (Blackouts, Fainting Spells, Anemia, Cancer, Blood Dyscrasia, etc.) Yes No
- Neurological Diseases (Seizures, Cerebrovascular Diseases, Parkinson's Disease, Multiple Sclerosis, Dementia, Head Injury, Mental Retardation, etc.) Yes No

Date of first seizure _____

Date of last seizure _____

Date of Examination

Y/A M D/J

Antécédents médicaux

Le présent rapport doit être rempli par le médecin effectuant l'examen. Veuillez expliquer au verso les réponses affirmatives.

- Maladies touchant les sens (surdit , vertige, d faillances visuelles, etc.)
- Maladies cardio-vasculaires (insuffisances cardiaques, angine, infarctus, embolie, arythmie, syncope, chirurgie, etc.)
- Maladies respiratoires (asthme, bronchite chronique, emphy me, etc.)
- Maladies touchant le syst me musculo-squelettique (fracture(s) ou amputation, arthrite, etc.)
- Maladies touchant le m tabolisme (diab te (+) (-), hypoglyc mie, thyroide, etc.)
- Troubles psychiatriques (psychon vrose, psychose, etc.)
- D pendances (alcool, s datifs, tranquillisants, stup fiants, etc.)
- Autres maladies (voies noires,  vanouissements, an mie, cancer, dyscrasie, etc.)
- Maladies neurologiques (crises, maladies c r bro-vasculaires, maladie de Parkinson, scl rose en plaques, d mence, traumatisme cr nien, amn rie mentale, etc.)

Date de la premi re crise _____

Date de la derni re crise _____

Date de l'examen

SR/LC-0807-01

Medical Examination / Examen médical

Height / Taille _____ Weight / Poids _____

1. Eyes / Yeux Acuity without glasses / Acuité visuelle sans verres Acuity with Glasses / Acuité visuelle avec verres Horizontal Field of Vision / Champ de vision horizontal

Right / Droit 20/ _____ 20/ _____ Normal / Normal Restricted / Restreint

Left / Gauche 20/ _____ 20/ _____ Normal / Normal Restricted / Restreint

Both eyes together / Les deux yeux ensemble 20/ _____ 20/ _____ Normal / Normal Restricted / Restreint

Squint, disease or eye injury / Strabisme, maladie ou lésion oculaire _____

Indicate type of tests given / Indiquer le type d'examen effectué Snellen Other / Autre _____

2. Hearing / Ouïe Meets standards defined in the H.T.A. with or without a hearing aid. / Respecte les normes décrites dans le Code de la route avec ou sans prothèse auditive. Yes / Oui No / Non

3. Heart / Cœur Apical Rate / Fréquence apicale _____ Rhythm / Rythme _____

Murmurs / Souffles _____ B.P./P.S. _____

4. Locomotor / Locomotion Upper Extremity / Membres supérieurs _____ Lower Extremity / Membres inférieurs _____ Neck and Lumbar / Cou et région lombaire _____

5. Chest / Abdomen / Poitrine / Abdomen _____

6. Urinary / Voies urinaires Urine Protein / Protéine urinaire _____ Glucose _____

7. Diabetes / Diabète Yes / Oui No / Non Type _____

Treatment / Traitement Diet alone / Régime seulement Oral medication (amt. per 24 hrs.) / Médicaments pris par voie orale (dose quotidienne) Insulin (amt per 24 hrs.) / Insuline (dose quotidienne)

8. Hypoglycemia / Hypoglycémie Frequency / Fréquence _____ Circumstances / Circonstances _____

Loss of Consciousness / Perte de conscience? _____ Decrease in cognition, etc. / Perte des facultés cognitives, etc. _____

9. Neurological / Affections neurologiques : Gait and Stance / Démarche et position _____ Reflexes / Réflexes _____

Tremor / Tremblement _____ Coordination _____

10. Mental Competence / Aptitude mentale _____ Judgement / Jugement _____

Evidence of Emotional Disorder / Signe de trouble émotionnel

	Yes/Oui	No/Non		Yes/Oui	No/Non		Yes/Oui	No/Non
Instability / Instabilité	<input type="checkbox"/>	<input type="checkbox"/>	Psychosis / Psychose	<input type="checkbox"/>	<input type="checkbox"/>	Drug Habituation / Toxicomanie	<input type="checkbox"/>	<input type="checkbox"/>
Neurosis / Névrose	<input type="checkbox"/>	<input type="checkbox"/>	Alcoholism / Alcoolisme	<input type="checkbox"/>	<input type="checkbox"/>			

History Details and Summary / Détails sur les antécédents et résumé
(Including details of all medication prescribed and dosage, degree of decompensation in cardiovascular diseases) / (Y compris les détails relatifs à tous les médicaments prescrits et la posologie, le degré de décompensation pour les maladies cardio-vasculaires)

How long has this person been your patient? / Depuis combien de temps soignez-vous cette personne? _____ Family Physician / Médecin de famille or / ou Certified Specialist in / spécialiste qualifié(e) en _____

Physician's Name / Nom du/ds la médecin _____ Signature _____

Address / Adresse _____ Date _____

Information in this form is collected under the authority of the Highway Traffic Act, R.S.O.1990, c.H.8 and regulation 340/04-21.2 thereunder and is used to evaluate eligibility to obtain and maintain a driver's licence. Direct inquiries to: Team Leader, Medical Review Section, Driver Improvement Office, Licensing Services Branch, Bldg A, 2660 Keele St. Download: (Ontario) M3M 3E9 (416) 235-1773 or 1-800-265-1481 / Les renseignements figurant sur cette formule sont recueillis en vertu du Code de la route, L.R.O.1990, chap. H.8, et du règlement 340/04-21.2 pris en application du Code. Ces renseignements sont utilisés pour évaluer l'admissibilité à l'obtention et la conservation du permis de conduire. Veuillez contacter nos spécialistes de renseignements à l'adresse suivante: Au chef d'équipe, Section de suivi des dossiers médicaux, Bureau de perfectionnement en conduite automobile, Direction des services des véhicules et permis et d'immatriculation, Édifice A, 2660 rue Keele. Download: (Ontario) M3M 3E9 (416) 235-1773 or 1-800-265-1481

Appendix F – Diabetic Assessment

Diabetic Assessment/Évaluation de diabète



Please note, this ministry will be unable to process incomplete assessments. All questions must be completed in full or it will result in a delay in reviewing the file. For any additional information regarding the completion of this document, please contact the Driver Improvement Office, Medical Review Section at (416) 235-1773 or 1 800 268-1481. The fee for the assessment is not the responsibility of the ministry. /Remarque : le ministère des Transports ne pourra pas traiter les évaluations incomplètes. Si vous ne répondez pas à toutes les questions, l'examen du dossier sera retardé. Pour en savoir plus sur la façon de remplir le questionnaire, veuillez communiquer avec le Bureau de perfectionnement en conduite automobile, Section d'étude des dossiers médicaux, au (416) 235-1773 ou au 1 800 268-1481. Les frais liés à l'évaluation ne relèvent pas du ministère.

Mail completed assessments to: /Postez le questionnaire d'évaluation rempli à :

Ministry of Transportation, Driver Improvement Office, Medical Review Section, 77 Wellesley St. W, Box 589, Toronto ON M7A 1N3 / Ministère des Transports, Bureau de perfectionnement en conduite automobile, Section d'étude des dossiers médicaux, 77, rue Wellesley Ouest, C.P. 589, Toronto ON M7A 1N3.

A. Patient Information / Renseignements sur le (la) patient(e)

Driver's Licence No.
N° du permis de conduire

Class of Licence Held
Catégorie de permis détenue

Class of Licence Desired
Catégorie de permis demandée

Last Name, First Name and Middle Initial / Nom de famille, prénom et initiale

Street No. and Name or Lot, Conc. and Township / N° et rue ou lot, conc. et canton

Apt. No. / App. n°

City, Town or Village / Ville ou village

Postal Code / Code postal

Recent incident reported to MTO / Incident récent signalé au MTO

OR / OU

Routine re-assessment / Réévaluation de routine

Yes/Oui No/Non

Yes/Oui No/Non

B. Routine Diabetic Care / Traitement ordinaire du diabète

1. Date of diagnosis of diabetes / Date du diagnostic

When insulin was started / Date du début de l'insulinothérapie

Current type(s) of insulin dose(s) or oral-hypoglycaemic dose(s) / Dose actuelle d'insuline ou d'hypoglycémiant oral

2. Please review the last blood glucose readings for the last 30 days and provide appropriate answer. / Veuillez examiner les derniers niveaux de glycémie des 30 derniers jours et donner la réponse appropriée.

a) Are the readings electronically downloaded? / Les résultats sont-ils téléchargés électroniquement? Yes/Oui No/Non

b) Are the readings handwritten? / Les résultats sont-ils inscrits à la main?

c) Do the handwritten readings correspond to the meter readings? / Les résultats inscrits à la main correspondent-ils à ceux du glucomètre?

3. How often are blood glucose levels recorded? Circle appropriate answer. / À quelle fréquence les niveaux de glycémie sont-ils consignés? Encerlez la réponse appropriée.

a) Less than 5 times a week / Moins de cinq fois par semaine.

b) Twice daily / Deux fois par jour.

c) Three or more times daily / Au moins trois fois par jour.

d) Other / Autre _____

4. What approximate percentage of blood glucose readings have been below 4 mmol/L? Circle appropriate letter. / Quel est le pourcentage approximatif des niveaux de glycémie inférieurs à 4 mmol/L? Encerlez la réponse appropriée.

a) 0

b) Less than 10% / Moins de 10 p. 100

c) Greater than 10% / Plus de 10 p. 100

5. Meter memory average. Record available results. / Moyenne enregistrée par le glucomètre. Indiquez les résultats disponibles.

a) 7 days / 7 jours _____ mmol/L

b) 14 days / 14 jours _____ mmol/L

c) 30 days / 30 jours _____ mmol/L

6. Does the patient adjust the insulin dose based on the readings of self-blood glucose monitoring? / Le (La) patient(e) modifie-t-il (elle) sa dose d'insuline en fonction des résultats de l'auto-analyse de la glycémie? Yes/Oui No/Non

7. A1C results / Résultats du test A1C

Most recent result/ Résultat le plus récent Previous result/ Résultat précédent

Date Result/Résultat _____ Date Result/Résultat _____

Non-diabetic range for laboratory / Plage en dehors de laquelle le laboratoire considère les résultats comme négatifs _____

8. Are the A1C results consistent with the patient's blood logs? / Les valeurs du test A1C correspondent-elles aux entrées du journal du (de la) patient(e)? Yes/Oui No/Non

If no, please comment / Dans la négative, expliquez. _____

9. Diabetic education / Programme d'éducation sur le diabète

Date completed/Date à laquelle s'est terminé le programme Location Endroit _____

Re-education recommended/Le (La) patient(e) devrait-t-il (elle) suivre à nouveau le programme? Yes/Oui No/Non

Certificate of completion of diabetic education enclosed/Attestation de participation au programme 'éducation sur le diabète ci-jointe

10. Does the patient have a full understanding of diabetes and the close relationship between insulin dose or oral medication, diet and exercise? / Le (La) patient(e) comprend-il (elle) bien sa maladie et le lien étroit entre l'insuline ou un médicament administré par voie orale, le régime alimentaire et l'exercice physique? Yes/Oui No/Non

11. General compliance with respect to diet, self monitoring, attendance at the doctor's office, lifestyle, exercise/rest/ Conformité générale aux exigences du traitement régime alimentaire, auto-analyse, suivi médical, style de vie, exercice/repos.

Please circle: / Veuillez encircler la réponse appropriée: 1 2 3 4 5
1 = poor/faible 5 = excellent/excellente

C. Hypoglycemia / Hypoglycémie Yes/Oui No/Non

12. Does the patient have awareness of early symptoms of hypoglycaemia? If yes, at what glucose level?

Le (La) patient(e) connaît-t-il (elle) les symptômes précoces de 'hypoglycémie? Dans l'affirmative, à quel niveau de glycémie? _____

13. Describe symptoms of hypoglycemia and how it is treated. / Décrivez les symptômes de l'hypoglycémie et son traitement. _____

14. Has the patient experienced major hypoglycemic events requiring second party assistance: / Est-ce que le (la) patient(e) a vécu des épisodes hypoglycémiques majeurs nécessitant l'aide d'autrui: Yes/Oui No/Non

In the past 6 months? / Au cours des six derniers mois? Date(s) _____

In the past 2 years? / Au cours des deux dernières années? Date(s) _____

If yes, how many times? / Dans l'affirmative, combien de fois? _____

Was there / Cette réaction a-t-elle causé: Loss of Consciousness/un évanouissement Confusion/de la confusion Convulsion/des convulsions

Describe circumstances leading to the hypoglycemic episode(s) / Décrivez les circonstances qui ont mené aux épisodes hypoglycémiques.

What changes have since been made to reduce the likelihood of further hypoglycemic events? / Quels changements ont été effectués depuis pour réduire le risque d'autres épisodes hypoglycémiques?

D. General Health / État de santé général

15. Complications	Yes/Oui	No/Non	Current Status / État actuel
(a) Retinopathy/ Rétinopathie	<input type="checkbox"/>	<input type="checkbox"/>	_____
(b) Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	_____
(c) Myocardial Infarct/ Infarctus du myocarde	<input type="checkbox"/>	<input type="checkbox"/>	_____
(d) Stroke/ Accident cérébrovasculaire	<input type="checkbox"/>	<input type="checkbox"/>	_____
(e) Neuropathy/Neuropathie	<input type="checkbox"/>	<input type="checkbox"/>	_____
(f) Nephropathy/ Néphropathie	<input type="checkbox"/>	<input type="checkbox"/>	_____
(g) Other - If yes, explain./Autre - Dans l'affirmative, expliquez.	<input type="checkbox"/>	<input type="checkbox"/>	_____

16. Has impairment by alcohol ever interfered with patient's ability to maintain good control of diabetes?/Le (La) patient(e) a-t-il (elle) déjà éprouvé de la difficulté à contrôler son diabète parce que ses facultés étaient affaiblies par l'alcool?

17. Additional comments, including reference to any other medical conditions which in conjunction with the reported diabetes may interfere with the safe operation of a motor vehicle./Commentaires supplémentaires, y compris tout renseignement sur un trouble de santé qui, conjointement au diabète, pourrait nuire à la capacité du (de la) patient(e) de conduire un véhicule automobile en toute sécurité.

E. Physician's Signature/Signature du médecin

I certify that I am this patient's./J'atteste que je suis:

Endocrinologist / Endocrinologist Internist / Internist Family Physician/ Médecin de famille

and have been involved in the ongoing management of this patient since:/
et que je vois régulièrement le (la) patient(e) depuis:

Y/A M D/J

Physician's Name/Nom du médecin

Address - Street No. and Name, City, Town, Village/Adresse - No et rue, ville, village

Postal Code / Code postal

Physician's Signature
Signature du médecin

Date of Examination
Date de l'examen

Y/A M D/J

Information in this form is collected under the authority of the Highway Traffic Act, s. 15, Reg. 340/94, and is used to evaluate fitness to operate a motor vehicle. Direct enquiries to : Driver Improvement Office, Medical Review Section, 77 Wellesley St. W, Box 589, Toronto ON M7A 1N3 416-235-1773 or 1-800-268-1481. / Les renseignements figurant sur la présente formule sont recueillis aux termes du Code de la route, par. 15, Régl. 340/94, et servent à déterminer si l'auteur(e) de la demande est apte à conduire un véhicule automobile. Pour tout renseignement, s'adresser au : Bureau du perfectionnement en conduite automobile, Section d'étude des dossiers médicaux, 77, rue Wellesley Ouest, C.P. 589, Toronto ON M7A 1N3. 416-235-1773 ou 1-800-268-1481.

Appendix G – Ministry Response to Ombudsman findings,
March 28, 2014

Ministry of Transportation

Office of the Deputy Minister

3rd Floor, Ferguson Block
77 Wellesley Street West
Toronto ON M7A 1Z8
Tel.: 416-327-9162
Fax: 416-327-9185

Ministère des Transports

Bureau du Sous-ministre

Édifice Ferguson, 3^e étage
77, rue Wellesley Ouest
Toronto ON M7A 1Z8
Tél. : 416-327-9162
Télééc. : 416-327-9185



March 28, 2014

Mr. André Marin
Ombudsman
Office of the Ombudsman of Ontario
10th Floor, South Tower
483 Bay Street,
Toronto, ON M5G 2C9

Dear Mr. Marin,

Thank you for the opportunity to review your Preliminary Report: "Investigation into How the Ministry of Transportation Administers the Process for Obtaining and Assessing Information About Drivers Who May Have Uncontrolled Hypoglycemia". The Ministry agrees with your recommendations and I am pleased to share the steps we are taking to address them.

I am attaching our detailed response to the list of recommendations in your preliminary report. I am pleased that we expect to have most of our initiatives completed in September 2014.

Physician and public education about diabetic drivers and legislative changes to expand medical reporting requirements are ongoing initiatives. In addition, expanding the range of medical practitioners who must report drivers requires enabling legislation to be passed and further consultation with the medical community. Both are being pursued.

Thank you again for the opportunity to respond to your preliminary report.

Sincerely,

A handwritten signature in blue ink, appearing to read "Carol Layton".

Carol Layton
Deputy Minister

Attachment

Ministry of Transportation Response to the Ombudsman Preliminary Report – Drivers Who May Have Uncontrolled Hypoglycemia
March 28, 2014

Recommendation	Response
<p><u>Recommendation 1</u></p> <p>The Ministry of Transportation should ensure that all ServiceOntario and DriveTest Centre offices use current versions of forms relating to driver's licences and are familiar with and follow proper procedures relating to driver's licences and are familiar with and follow proper procedures relating to individuals with medical conditions which may render it dangerous for them to drive.</p>	<p>The ministry is working proactively with ServiceOntario and DriveTest Centre offices to ensure that they are using and following up-to-date forms, standards and procedures. When these forms are updated, our service providers are notified of changes, receive training, and are given ample time to implement changes.</p> <p>In addition, service providers are monitored for accuracy and consistency; appropriate mitigation measures are taken in the event of any issues.</p> <p>The ministry, together with ServiceOntario, is in the process of reviewing current processes with service providers to determine how additional improvements can be made.</p>
<p><u>Recommendation 2</u></p> <p>The Ministry of Transportation should revise its medical history form to provide clearer direction and require greater detail about insulin reactions experienced by drivers.</p>	<p>The ministry is currently working with ServiceOntario and other internal stakeholders to review and clarify the medical history form. Changes include, requesting more information of driver's medical history, and requiring greater detail regarding insulin reactions.</p> <p>Target implementation date July 2014.</p>
<p><u>Recommendation 3</u></p> <p>MTO should ensure that its Medical Review Section carefully reviews medical history forms submitted by drivers with diabetes and obtains further information if a driver's history of insulin reaction is unclear.</p>	<p>In June 2012, the province introduced five condition-specific forms, which are designed to make it easier for physicians to provide information necessary to confirm national medical standards are met. An additional five forms will be implemented Summer 2014.</p> <p>When the Medical Review Section receives a medical history form, the information is reviewed against policies, procedures and national medical standards. The Canadian Council of Motor Transport Administrators standards are established in consultation with all Canadian jurisdictions, key representatives from the medical community and Transport Canada. Where information is unclear or incomplete, additional information is requested to determine if standards are met.</p>

Ministry of Transportation Response to the Ombudsman Preliminary Report – Drivers Who May Have Uncontrolled Hypoglycemia
March 28, 2014

Recommendation	Response
<p><u>Recommendation 4</u></p> <p>MTO should educate its staff on the importance of communicating immediately with the Medical Review Section whenever issues of driver safety based on medical conditions are raised.</p>	<p>The ministry is reviewing current practices to streamline communication, and put new processes in place for sharing information between sections to ensure information is provided to the Medical Review Section immediately upon notification of a potential driver safety issue.</p> <p>Where police or crown attorneys specifically request a medical review or the suspension of an individual's driving privilege, the medical information provided is assessed against national medical standards to determine the appropriate action. Where medical information is not current, up-to-date information is requested to determine if standards are met.</p>
<p><u>Recommendation 5</u></p> <p>MTO should ensure that all staff in the Medical Review Section are provided with ongoing training to ensure they are familiar with and apply current CCMTA standards for driving.</p>	<p>Comprehensive, in-depth training is planned in September 2014 for all staff on policies, procedures and processes. This training includes current information on Canadian Council of Motor Transport Administrators standards.</p> <p>Ongoing training for the Medical Review Section will be conducted as policy and procedures are updated and new initiatives implemented and as new employees join the Section.</p>
<p><u>Recommendation 6</u></p> <p>MTO should ensure that a link to the standards used to assess the medical fitness of drivers and a summary of their relevance are available on its website.</p>	<p>The ministry's website has been improved and now includes:</p> <ul style="list-style-type: none"> • Information on both medical and vision standards for driving; • A description of the medical review process (i.e. how cases are processed); • Sections for physicians, optometrists and police on reporting requirements; and, • A direct link to both the Canadian Council of Motor Transport Administrators (CCMTA) and the Canadian Medical Association websites. <p>Part 1 of the CCMTA standards document provides a detailed explanation of how standards are developed and how driver fitness should be assessed. (http://www.mto.gov.on.ca/english/dandv/driver/medical-review/committees.shtml#national-stds)</p> <p>The ministry is also reviewing the Medical Review web pages to make sure it is clear and user friendly.</p>

Recommendation	Response
<p><u>Recommendation 7</u> MTO should engage in research and consultation with a view to developing a clear, comprehensive, and publicly available guide for evaluating the driving risks posed by people living with diabetes who experience hypoglycemia.</p>	<p>The ministry will retain a consultant to research and consult with the medical community, Ministry of Health and Long-Term Care and stakeholders such as the Canadian Diabetes Association. The focus of the consultant assignment will be to develop a new public guide that focuses on driving with diabetes and a plan for the best distribution process.</p> <p>The Canadian Council of Motor Transport Administrators diabetes standard is currently available publicly and provides a standard assessment and detailed information on driving risks associated with diabetes including adverse driving outcomes, effect on functional ability to drive, ability to compensate and guidelines for assessment.</p>
<p><u>Recommendation 8</u> MTO should engage in regular outreach to the medical community to enhance its understanding of the responsibility to notify the Ministry about drivers whose medical conditions pose safety risks.</p>	<p>The ministry recognizes that holding regularly scheduled sessions for doctors and other health care providers is key to communicating the importance of mandatory medical reporting of potentially unfit drivers. The ministry continues to work with the medical community to expand its outreach initiatives. In the last two years our efforts include:</p> <ul style="list-style-type: none"> • Conducting presentations to the medical community (currently upon request) – presentations are conducted in person and via teleconference to make access more widely available; • Presenting to Ontario medical schools (currently upon request); • Participating with the medical community on working groups and projects aimed at developing best practices for reporting and assessing potentially unfit drivers; • Increasing the number of articles in medical publications. Two articles were published in <i>Ontario Medical Review</i> on physicians' reporting requirements in October 2012 and February 2013 and in the <i>College of Physicians and Surgeons publication Dialogue</i> (July 2013); • Updating the MTO website to include a new section specific to the Medical Review Section; • Dividing the Medical Review brochure into two separate brochures (one directed to physicians, and one directed to the public); a broad distribution strategy is under development; and, • Developing <i>Fact Sheets</i> for specific high risk conditions to be posted on the ministry's website, and an additional distribution strategy is also under development for hard copies.

Ministry of Transportation Response to the Ombudsman Preliminary Report – Drivers Who May Have Uncontrolled Hypoglycemia
 March 28, 2014

Recommendation	Response
<p><u>Recommendation 9</u></p> <p>MTO should, in consultation with the medical community, provide additional guidance to medical practitioners relating to the duty to report their patients under the <i>Highway Traffic Act</i> (HTA), and consider whether legislative amendment is required to clarify the reporting obligation.</p>	<p>Improvements to the Medical Reporting Program are proposed in the <i>Keeping Ontario's Roads Safe Act, 2014</i>. If passed, this legislation provides for supporting regulations that will require physicians to report drivers based on standards developed by the medical community. As medical practitioners continue to improve these standards, the ministry's administration will progress with them. Extensive consultation with the medical community is planned prior to regulatory changes being implemented.</p> <p>See response 8 for outreach strategies for the medical community and the public.</p>
<p><u>Recommendation 10</u></p> <p>MTO should take all necessary steps to extend the mandatory reporting requirements under the HTA to qualified nurse practitioners and other health professionals.</p>	<p>Amendments to the <i>Highway Traffic Act</i> are proposed in the <i>Keeping Ontario's Roads Safe Act, 2014</i>. If passed, this legislation provides the flexibility to allow additional medical professions to identify unfit drivers to the ministry (see response 9).</p>
<p><u>Recommendation 11</u></p> <p>MTO should develop a procedure for receiving and actioning citizen reports of unsafe driving.</p>	<p>The ministry is researching and consulting with the medical community and police services on additional ways to address citizen reporting of unsafe driving. Ministry staff are aware that other jurisdictions (i.e. Alberta, Saskatchewan and British Columbia) make greater use of citizen reporting.</p> <p>Currently, the ministry encourages citizens to discuss unsafe driving or other driving concerns with a physician or the police (depending on the circumstances and their relationship with the driver).</p> <p>The ministry will review its policy based on the results of these consultations.</p>

Ministry of Transportation Response to the Ombudsman Preliminary Report – Drivers Who May Have Uncontrolled Hypoglycemia
 March 28, 2014

Recommendation	Response
<p><u>Recommendation 12</u> MTO should direct staff in the Medical Review Section to confirm that drivers have received diabetic education in cases where this is unclear from the Diabetic Assessment form and where re-education is recommended by a treating physician or the Medical Advisory Committee.</p>	<p>The ministry continues to develop condition-specific forms for high-risk and frequently reported medical conditions. These forms will allow the ministry to collect information to determine if national medical standards for driving are met.</p> <p>The content of the forms is based on medical standards found in the 2013 edition of <i>Determining Driver Fitness in Canada</i>, developed by the Canadian Council of Motor Transport Administrators. The diabetic standard requires drivers with diabetes to understand how their condition affects their ability to drive.</p>
<p><u>Recommendation 13</u> MTO should establish a partnership with the Ministry of Health and Long-Term Care and consult with diabetes education providers, the Canadian Diabetes Association and other stakeholders with a view to sharing information about the standards it uses to evaluate driver safety.</p>	<p>The ministry has an excellent and long-standing working relationship with the Ministry of Health and Long-Term Care, and will share these recommendations. We are also exploring the opportunity for partnership with the Canadian Diabetes Association and other stakeholders to determine where future partnerships may be beneficial.</p> <p>The ministry will also discuss options regarding diabetes education providers and their knowledge of diabetic standards for driving with the Ministry of Health and Long-Term Care.</p> <p>All Medical Review forms are endorsed by the Ministry of Health and Long-Term Care – Ontario Medical Association Joint Forms Committee. This committee is mainly comprised of physicians.</p> <p>In the past, the ministry has participated in information sessions for the Canadian Diabetes Association, diabetic educators, Registered Nurses and Nurse Practitioners. The ministry is pursuing a greater role in the future.</p>

Recommendation	Response
<p><u>Recommendation 14</u></p> <p>MTO should take proactive steps to ensure diabetes education is consistent and accurate across the province in promoting safe driving for individuals with diabetes.</p>	<p>The ministry website is being updated to provide the most up-to-date information and additional links (see responses 7 and 8 above).</p> <p>The ministry will share recommendations and work with the Ministry of Health and Long-Term Care to identify any gaps in diabetes education and share information on national medical standards for driving with diabetes (see response 8).</p>
<p><u>Recommendation 15</u></p> <p>MTO should include information on its website about diabetes and driving, as well as the risks associated with hypoglycemia, including links to useful resources such as the Ministry of Health and Long-Term Care's online information on diabetes.</p>	<p>The ministry is reviewing its website to make it more user friendly for the public and for medical practitioners looking for information on driving with diabetes. This includes providing more direct or improved links to, and content from, other websites that may be useful. This is being done in consultation with the Ministry of Health and Long-term Care.</p> <p>The MTO website includes:</p> <ul style="list-style-type: none"> • Information on both medical and vision standards for driving; • A description of the medical review process (i.e. how cases are processed); • Sections for physicians, optometrists and police on reporting requirements; and, • A direct link to both the Canadian Council of Motor Transport Administrators and the Canadian Medical Association websites.
<p><u>Recommendation 16</u></p> <p>MTO should launch an education campaign to alert individuals with medical conditions that may pose safety risk for driving, such as uncontrolled diabetes/hypoglycemia, and use Mr. Maki's case as an example.</p>	<p>The ministry plans to explore options for a public education campaign with key road safety stakeholders, police services, the medical community and other ministries involved in this issue.</p> <p>Ongoing consultations scheduled for spring and summer will include discussion of this issue and a communications strategy will be developed for fall 2014.</p>

Ministry of Transportation Response to the Ombudsman Preliminary Report – Drivers Who May Have Uncontrolled Hypoglycemia
 March 28, 2014

Recommendation	Response
<p><u>Recommendation 17</u></p> <p>MTO should consider the advice of experts in the field of endocrinology in revising its Diabetic Assessment form, and ensure that the form contains sufficient space to allow for complete details to be provided and encourages review of blood glucose logs.</p>	<p>The Ministry of Health and Long-Term Care – Ontario Medical Association Joint Forms Committee has been consulted and approved the revised Diabetic Assessment form. This committee, comprised mainly of physicians, provides valuable input into forms development and consults, where necessary, with appropriate Ontario Medical Association specialty sub-committees. The revised Diabetic Assessment Form has been reviewed by experts in the field of endocrinology.</p>
<p><u>Recommendation 18</u></p> <p>MTO should require submission of blood glucose logs in all cases where it is unclear from the Diabetic Assessment form that a physician has adequately reviewed them.</p>	<p>The ministry continues to develop condition-specific forms for high risk conditions, such as uncontrolled hypoglycemia. These forms will allow the ministry to collect better information to determine if national medical standards for driving are met. The submission of blood glucose logs will also be considered when reviewing complex cases with the Medical Advisory Committee.</p> <p>The content of the forms is based on medical standards found in 2013 edition of <i>Determining Driver Fitness in Canada</i>, developed by Canadian Council of Motor Transport Administrators.</p>
<p><u>Recommendation 19</u></p> <p>MTO should report back in six months time on the progress of implementing my recommendations and a six-month intervals thereafter until such time as I am satisfied that adequate steps have been taken to address them.</p>	<p>The ministry would be pleased to share its progress with the Ombudsman as requested and will provide information on MTO's progress on this important issue as soon as it is available.</p>