



Medical Fitness to Drive: When & How to Report

PANELISTS

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WITH

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Ontario College of
Family Physicians  Thriving Family Physicians
in a Healthy Ontario

 Family & Community Medicine
UNIVERSITY OF TORONTO

Mental Health
and Addictions

June 24, 2026

Practising Well: Your Community of Practice

Please introduce yourself in the chat!

Your name,
Your community,
Your X (Twitter)
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Interested in becoming a
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Send us an email with your
name & topic(s) of interest to
practisingwell@ocfp.on.ca

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Your Panelists: Disclosures

Justin McCarthy

Relationships with financial sponsors (including honoraria):

- CoP Speaker - OCFP Practising Well
- Gowling WLG

Dr. Katarina Lakovic

Relationships with financial sponsors (including honoraria):

- CoP Speaker - OCFP Practising Well
- OLTCC
- TMU School of Medicine
- Bridging Futures Canada
- Extedicare LTC Physician working group
- Program Director, Care of the Elderly Program and Sustainable Prescribing National Working Group

Disclosures

Dr. Chase McMurren

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians – Practising Well Scientific Planning Committee
- University of Toronto
- College of Physicians and Surgeons of Ontario
- Ontario Medical Association
- Medical Psychotherapy Association Canada
- Centre for Effective Practice

Dr. Carrie Bernard

Relationships with financial sponsors (including honoraria):

- Ontario College of Family Physicians
- University of Toronto – Stipend for role in the Division of Mental Health and Addictions
- Ontario College of Family Physicians – Practising Well Scientific Planning Committee
- FPME – Medical Editor

Membership on Advisory boards or speakers' bureaus:

- College of Family Physicians of Canada – Past President of the Board of Directors

Mitigating Bias

Disclosure of financial support



This program has received funding from the Ontario Ministry of Health and in-kind support from the Ontario College of Family Physicians and the Department of Family and Community Medicine, University of Toronto.

Potential conflicts



N/A

Mitigating potential bias



The Scientific Planning Committee (SPC) has control over the choice of topics and speakers.

Content has been developed according to the standards and expectations of the Mainpro+ certification program.

The program content was reviewed by the SPC.

Practising Well Self-Learning Program

The Practising Well CoP is certified for self-learning credits!

Earn **1-credit-per-hour** for reviewing the recording and resources from **past CoP sessions**. The self-learning program is certified for up to 63 Mainpro+ credits.



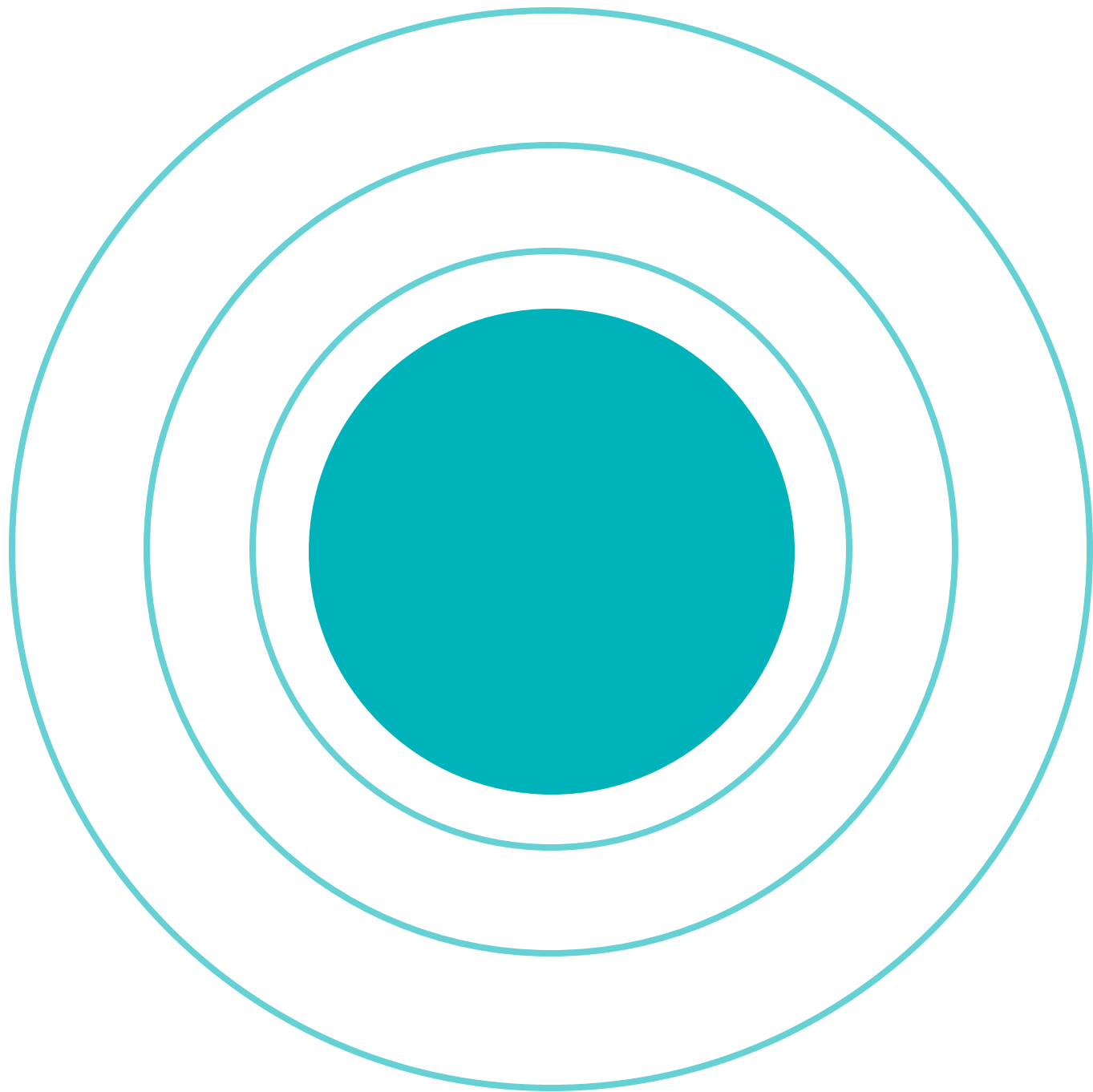
**Learn More and
Participate**

Land Acknowledgement

We acknowledge that the lands on which we are hosting this meeting include the traditional territories of many nations.

The OCFP and DFCM recognizes that the many injustices experienced by the Indigenous Peoples of what we now call Canada continue to affect their health and well-being. The OCFP and DFCM respects that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes.

I invite all of us to reflect on the territories you are calling in from as we commit ourselves to gaining knowledge; forging a new, culturally safe relationship; and contributing to reconciliation.



Your Panelists



Justin McCarthy

Dr. Katarina Lakovic

Medical Fitness to Drive: When & How to Report

Physicians' Mandatory Obligations to Report Impaired Driving

A Summary of Ontario's Legal Framework for Medical Reporting
to the Ministry of Transportation

Prepared by: Justin McCarthy, Gowling WLG (Canada) LLP
June 2026

Overview

- Ontario law imposes mandatory and discretionary reporting duties on physicians regarding patients whose medical conditions may impair their ability to drive safely
- Reports are made to the Registrar of Motor Vehicles (Ministry of Transportation Ontario, or MTO)
- The legal framework involves the *Highway Traffic Act* (HTA), O. Reg. 340/94, and College of Physicians and Surgeons of Ontario (CPSO) professional obligations
- Implications for litigation — a physician's failure to report or improper reporting can affect liability and standard of care analysis, and complaints to the CPSO

Legal Framework

Highway Traffic Act, R.S.O. 1990, c. H.8

- s. 203(1): Mandatory reporting of prescribed conditions
- s. 203(2): Discretionary reporting of other conditions
- s. 203(4): Patient must have been examined or received services
- s. 204: Report content requirements and MTO form
- s. 204(2): Good-faith immunity from civil liability

Regulations & Professional Standards

- O. Reg. 340/94, s. 14.1(3): Six mandatory reporting categories
- CPSO Reporting Requirements Policy (2024)
- CPSO Guide to Legal Reporting Requirements (2024)
- CPSO Advice to the Profession: Reporting Requirements (2024)

Who Must Report

- Any physician who has examined a patient or provided medical or other services to the patient (HTA, s. 203(4))
- The patient must be aged 16 or older
- The obligation arises when, in the physician's opinion, the patient has or appears to have a prescribed condition, functional impairment, or visual impairment

What Must Be Reported

Mandatory — O. Reg. 340/94 “Drivers’ Licenses s. 14.1(3)

1. Cognitive impairment
2. Sudden incapacitation
3. Motor or sensory impairment
4. Visual impairment
5. Substance use disorder
6. Psychiatric illness

****** Not required to report a person whose impairment is of a distinctly transient nature or non-recurrent nature.

Discretionary — HTA, s. 203(2)

Any other medical condition, functional impairment, or visual impairment that, in the physician’s opinion, may make it dangerous for the patient to drive.

A discretionary report does not automatically result in license suspension.

Reporting Procedure

MTO Medical Condition Report Form

- Patient's name, address, and date of birth
- Diagnosed or observed condition or impairment
- Brief description of the condition
- Any other information requested on the form

Additional Obligations

- CPSO expects timely reporting (no fixed statutory deadline)
- Record relevant details in patient chart, including a copy of the MTO report
- Notify the patient at the earliest opportunity, unless notification creates a genuine risk of harm, and ideally before making a report
- Disclosure must be limited to only what the law requires or what is necessary to address the risk

Physician Protections

- HTA, s. 204(2): Good-faith immunity protects physicians from civil liability for reports made in good faith under s. 203
- PHIPA / confidentiality exception: Personal health information may be disclosed without consent when a report is required or permitted by law and public safety outweighs confidentiality

Important Limitation

Good-faith immunity does NOT protect physicians from CPSO oversight

The CPSO may still review whether the physician:

- Used the reporting power professionally
- Chose the proper pathway (mandatory vs. discretionary)
- Had an adequate clinical basis
- Respected patient confidentiality

Jeyaranjan v HPARB, 2025 ONSC 6152

Consequences of Non-Compliance

Failure to Report

- Professional discipline by the CPSO
- Potential civil liability if an unreported patient causes injury while driving

Improper / Unsupported Reporting

- CPSO complaint and disciplinary measures (e.g., mandatory education, oral caution)
- Damage to the physician-patient relationship

Key Cases

Jeyaranjan — Physician filed an unsupported mandatory report after a personal argument with a patient; CPSO required remedial education and issued an oral caution; court upheld CPSO's decision

Conclusion

- Ontario physicians have a statutory duty to report patients with prescribed medical conditions that may impair driving
- The reporting framework balances public safety with patient confidentiality
- Proper documentation and adherence to CPSO policy are essential

Your Panelists



Justin McCarthy

Dr. Katarina Lakovic

Medical Fitness to Drive: When & How to Report

Medical Fitness to Drive: When and How to Report

A Guide for Ontario Family Physicians

Dr. Katarina Lakovic CCFP(COE)

The Law: Section 203, HTA

- Mandatory reporting to the MTO
- Applies to physicians, nurse practitioners, optometrists
- Triggered by high-risk medical, visual, and functional impairments that make driving dangerous

The Tension We All Feel

- We are legally required to break confidentiality
- It threatens the therapeutic relationship
- Fear of fallout leads to under-reporting

"Why is it always the family doctor?"

- The duty is individual and mandatory
- You report what you observe
- Another provider's missed report does not discharge yours
- The MTO decides on the licence — not you

Deciding to Report: A Spectrum

Clear-cut vs Gray zone

- Clear: acute stroke, hemiplegic, wheelchair-bound; advanced dementia → report
- Gray: MCI, unconfirmed dementia, TIA without deficits, untreated OSA, substance use
 - 79M — farmer, MCI progressing to AD, lives rural, wife doesn't drive
 - 45M — alcohol dependence, sole breadwinner, drives for Uber
 - 83F — cognitively intact, frailty, falls, slowed reaction time

A Process for the Gray Zone



1. Review the CMA Driver's Guide
2. Document objective findings (cognitive testing, physical exam, test results)
3. Gather collateral from family ("Would you let your kids in the car with them?")
4. Refer further testing or consultation
5. Refer for on-road / driving assessment
6. Call CMA when unsure

Communicating the Decision: Set the Stage

- Right setting, enough time
- Have a support person present (spouse, child, friend)
- Frame as legality + everyone's safety

"I'm not taking your licence. I'm required to report, and the MTO decides. This may not be permanent — there's a road test."

The Common Objections You Will Hear

1. "Perfect Record" — 50 years, never an accident!
→ Validate the past, pivot to today's condition.
2. "I only drive locally" — Just church and groceries.
→ Most crashes happen close to home; the law looks at reaction time, not route.
3. "Tests don't measure driving"
→ Name anosognosia; bridge brain function to the road.
4. "We're isolated out here"
→ Become the ally; problem-solve resources and assure of ongoing support.
5. "You're taking my life"
→ Validate grief; "This changes how you travel, not who you are."

It's Rarely About Logistics

- The real issue: identity, independence, fear of aging and decline
- Create space to name it
- Refer for counselling if appropriate
- Know your local resources: Alzheimer Society, AA/addiction supports
- Urban objections solve easily; rural is genuinely harder

After the Report

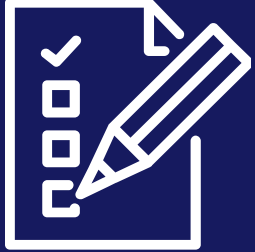
- Schedule check-ins
- Provide resources
- Reinstatement is possible: MTO process + physician form
- Some patients may leave your practice despite your best efforts

Key Takeaways

1. Know the reporting requirements
2. Document objective findings
3. Engage the support system
4. Communicate gently but firmly
5. Offer ongoing support and resources
6. When in doubt, ask for help (colleagues, CMPA)
7. *Just because it's hard doesn't mean it should be avoided*

See Companion Guide for further resources

Resources Tools



Links to resources shared today will be sent to participants following the session.

Tools and Resources

Resource Type

Guidelines

<https://www.cpso.on.ca/physicians/policies-guidance/policies/reporting-requirements>

<https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Reporting-Requirements/Guide-to-Legal-Reporting-Requirements>

<https://www.ontario.ca/page/reporting-driver-medical-review#:~:text=a%20discretionary%20report%20to%20the%20Registrar%20of%20Motor%20Vehicles%20does%20not%20always%20mean%20a%20licence%20suspension>

<https://www.cmpa-acpm.ca/en/education-events/good-practices/medico-legal-matters/duty-to-report>

Resources Education



Links to resources shared today will be sent to participants following the session.

Upcoming Community of Practice Events



ADHD in Primary Care: Meeting Growing Demand with Practical Tools

July 22nd, 2026
8:00am – 9:00am



[Register Now](#)



ADHD in Practice: Treatment & Management for Family Physicians

August 26th, 2026
8:00am – 9:00am



[Register Now](#)

Upcoming Changing the Way We Work Community of Practice

Infectious Disease & Emergency Preparedness for Large-Scale Events
with Drs. Daniel Warshafsky & Michelle Murti

June 26, 2026
8:00am – 9:00am

We will share an update on circulating infectious diseases. We will also explore how emergency preparedness for large-scale events—like the FIFA World Cup—addresses extreme heat response through coordinated clinical care and public health strategies to protect attendees and the broader population.

[Register Now](#)



The Changing the Way We Work Community of Practice for Ontario Family Physicians is a one-credit-per-hour Group Learning program that has been certified for up to a total of 65 credits.

The Children's Mental Health Workshop Series

Foundations of Children's Mental Health

October 7, 2026 | 1:30PM - 4:30PM | Virtual Workshop | Claim up to **3 credits!**



Participants will learn to:

- Carry out a comprehensive psychosocial mental health history for pediatric patients.
- Assess anxiety, depression and ADHD using age-appropriate, evidence-based tools.
- Initiate and monitor pharmacologic management for youth with mild to moderate depression, anxiety or ADHD.

Save now with Early Bird Pricing!

Workshop cost: \$200 + HST

Discount ends July 31st

[Register now](#)

Sign up
today!

Osteoporosis and Fracture Prevention Workshop

What you'll gain:

- A **practical toolkit** with resources and video content to support you in your practice.
- **Expert insights** from facilitators sharing the latest updates from the 2023 clinical practice guideline.
- A **collaborative learning experience** designed specifically for family physicians.

July 15, 2026 | 9:00 AM- 12:00 PM | Virtual

\$195 + HST

Take advantage of this opportunity to earn up to
6 Mainpro+ credits

[Registration now open](#)



Scan to
learn more

Become a Peer Learner and Connect with a fellow Family Physician

Interested in continuing your learning journey?

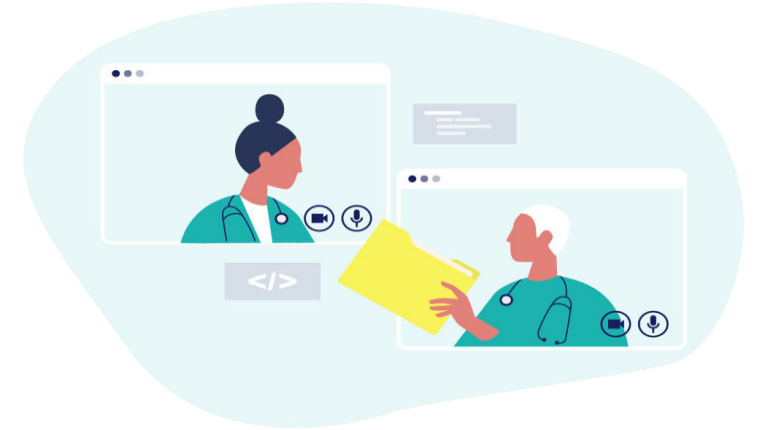
Connect with another family physician through OCFP's one-to-one mentorship program for educational support on topics related to **physician wellness, mental health, chronic pain and substance use disorders.**



Examples of topics Peer Learners have explored:

- Guidance for setting boundaries/work-life balance
- Managing chronic pain and long-term use of opioids

Scan the QR code for more information or [click here!](#)



Female Physicians in their First 10 Years of Practice – Small Group Learning Opportunity

Engage in meaningful conversations around the challenges and rewards of practising family medicine as a female physician. [Learn more about this small group.](#)