National Defence / Défense nationale

CANADIAN ARMED FORCES

# RETURN TO DUTY GUIDE

## FOR CANADIAN ARMED FORCES MEMBERS

Canada

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## EXECUTIVE SUMMARY

### *Principles of CAF RTD*

1. RTD is fundamentally a multidisciplinary approach that depends on the collaborative efforts of: the ill or injured CAF member, their chain of command (COC); their Health Care Provider (HCP) team; Personnel Support Programs (PSP) Professional; and, the support and services provided by the local Transition Centre (TC).

### *Leadership Responsibilities*

2. Leaders at all levels have a responsibility to ensure that their members understand that early RTD intervention is their best chance for recovery, rehabilitation and reintegration. Ill or injured members must have trust and confidence that their leadership will support them in all aspects of their RTD. This fosters loyalty and unit cohesion and maintains a shared identity for the ill or injured member within their team.

### *CAF RTD Stakeholders*

3. The following list represents key stakeholders in the RTD Process:

   a. The CAF Member;

   b. The Primary Health Care Provider (PHCP);

   c. The Parent Unit Chain of Command;

   d. The TC RTD Coordinator;

   e. The Unit RTD Representative;

   f. The Employing Unit Supervisor/Chain of Command;

   g. The Psychiatrist/Psychologist/Social Work Professional;

   h. The Physiotherapy/Occupational Therapy Professional;

   i. The PSP Regional Adapted Fitness (RAF) Professional;

   j. The PSP Physical Exercise (PE) Professional;

   k. The Nurse Case Manager;

   l. The Member’s Spouse/Partner and Family;

   m. The TC Services Manager; and

   n. The TC Platoon Commander (*when the member is posted to CAF TG*).

### *Eligibility for CAF RTD*

4. All serving members of the CAF who are ill or injured are eligible for the CAF RTD program.

### *Participation in the CAF RTD Program*

5. CAF members who are expected to have a prolonged course of recovery and rehabilitation beyond 30 days coupled with a requirement for reintegration into their place of duty, should be placed on RTD. CAF members who are recommended for RTD for a period beyond 30 days and within 6 months can, and should remain with their parent unit. CAF members who are recommended for RTD that is expected to last beyond 6 months may be posted to the CAF TG. A detailed description of RTD Program Coordination is provided at Annex A to this Guide.

### *CAF RTD Program and CO's Authority*

6. Participation in the CAF RTD Program is subject to the approval of the member's CO. If the member's CO does not support their participation in the CAF RTD Program, the CO is still obliged to respect the member's MELs as assigned by the PHCP.

### *CAF RTD Program Funding*

7. The CAF RTD Program is not a funded program, and as such, the ill or injured member's unit continues to be responsible for that member's administrative or support costs associated with their placement on RTD.

### *CAF RTD and CAF Regulations, Policies and Procedures*

8. CAF ill and injured on RTD are subject to the same administrative and disciplinary regulations, policies and procedures as all members of the CAF.

### *The RTD Plan*

9. An RTD plan is a written arrangement between a CAF member and their CO that incorporates the RTD medical recommendation into a patient-based, goals-oriented framework that supports the recovery, rehabilitation and reintegration of the CAF member. An RTD plan serves as the road map for the CAF member to follow to RTD and lays out the duties that the CAF member can perform within the parameters of their RTD medical recommendation that are specific to their rank, occupation and skills.

10. Each injured or ill CAF member on RTD status must have an RTD plan prepared in accordance with this guide (Return to Duty Guide for Canadian Armed Forces Members), with collaborative input from all the stakeholders invested in returning the CAF member to duty. Each RTD plan must have realistic and achievable goals that are integrated with, and cumulatively built on, the recovery, rehabilitation and reintegration capacity of the CAF member. To measure success, each RTD plan must also have benchmarks established that can be assessed in terms of time and the ability of the CAF member to progressively assume more activities and, eventually, general and operational duties.

***The RTD Process***

11. RTD plans will vary in accordance with the member's MELs, the goals established and support and resources available to the member. However, the RTD Process cannot vary and must be followed to ensure RTD plans can be implemented efficiently and effectively. The RTD Process follows a series of steps that are essential:

a. Recommendation. The member's PHCP assigns MELs and recommends member be placed on RTD;

b. Referral. The member will be referred to the local TC RTD Coordinator or directly to their Unit RTD Representative to receive an information briefing on the RTD Program and familiarization with the support services available to them;

c. Intake. The TC RTD Coordinator or Unit RTD Representative explains the RTD Process and the purpose of the RTD Plan to the member, including the member's roles and responsibilities, as well as the services provided by the TC;

d. Consult. The TC RTD Coordinator, the member and the member's Unit RTD Representative discuss the member's RTD recommendation with a view to creating an RTD Plan that respects MELs but focuses on building capacity to eventually remove those limitations;

e. Plan. The plan is developed collaboratively with the member, the professional clinical team, the chain of command, and the TC RTD Coordinator and/or the Unit RTD Representative. The plan incorporates the recommendations, goals and objectives of the identified stakeholders. The RTD Plan is submitted to the member's chain of command for approval;

f. Placement. Most members are normally placed within a few weeks of receiving a RTD recommendation. The above steps take time and must be done with the principles of RTD in mind. Placements can be in unit, out of unit, or within a civilian work environment;

g. Monitor. The TC RTD Coordinator or the Unit RTD Representative on behalf of the Chain of Command will conduct regular follow-up with the member and his/her duty placement employer or supervisor to assess the member's progress;

h. Adjust. The RTD plan will be reviewed and adjusted accordingly, especially with any changes in the member's MELs or the RTD recommendation from the PHCP;

i. Monitor. Follow-up continues and progress is evaluated for potential to be returned fit full duties. The TC RTD coordinator or the Unit RTD Representative also assists the member in preparing for the member's actual reintegration into the unit; and,

j. Return or Transition. Member is to be considered on RTD until such time as they are declared fit full duties or a decision is made to transition from the CAF in which case they should be referred to the TC RTD Coordinator to begin transition planning.

A detailed example of the RTD Process is provided at Annex B.

### *RTD Plan Administration*

12. Once an RTD Plan is approved, the member, member's CO (or delegated authority), duty placement employer or supervisor, and the TC RTD Coordinator or Unit RTD Representative sign a Statement of Understanding (SOU) that establishes the parameters of the member's RTD and the commitment of all the signatories to that plan. The standard SOU template is found at Annex D to this Guide (the local TC version may differ slightly depending on local preferences or practices with specific units). The member also signs the standard RTD Compliance and Consent Form acknowledging their compliance with the conditions of their RTD Plan and offering their consent to disclose information regarding their MELs. The standard RTD Compliance and Consent Form is found at Annex D to this Guide).

13. The RTD Plan should be inserted in a Personnel Development Review (PDR) as per CFPAS. Sections 1 and 2 will be used for the actual Plan and Sections 3-5 can be used for progress and meeting the objectives set-out in the plan.

### *The Transition Centre (TC)*

14. Coordination and oversight of the CAF RTD Program is done locally on Bases/Wings through the affiliated TC by the TC RTD Coordinator.

### *The TC RTD Coordinator*

15. Each TC has a Services Section which coordinates the provision of support services to ill and injured members. One of the core services of the TC Services Section is RTD coordination. This service is provided for members recommended for RTD who are posted to the CAF TG as well as those members recommended for RTD who remain with their Parent Unit.

16. The TC RTD Coordinator is responsible to the TC Services Manager Manager for assuring the coordination, planning and development of the individualized RTD plans for the ill and injured CAF members are consistent with DAOD 5018 CAF Return To Duty Program (TBI) and this Guide.

17. The TC RTD Coordinator is responsible to the TC Services Manager for the delivery of RTD Unit Representative training, and the collection and collation of RTD client data from Unit RTD Representatives in support of performance measurement requirements.

### *Duty, Obligations, Responsibilities*

18. IAW CBI 208.80, a member's "place of duty" means "the place at which an officer or non-commissioned member usually performs their normal military duties and includes any place in the surrounding geographical area that is determined to be part thereof by the Chief of the Defence Staff or such other officer as the Chief of the Defence Staff may designate".

19. RTD is a CO approved modification to the member's place of duty that permits them to engage in the recovery and rehabilitation services they require and reintegration support necessary to return to full duty.

20. RTD does not imply unique entitlement or benefits for members. While on RTD, members are still in the CAF and as such, have the same obligations and responsibilities as all CAF members.

***Sick Leave while on RTD***

21. While on RTD, members are not on Sick Leave unless they are in possession of a Sick Leave pass.

22. While on RTD, members are entitled to actual and reasonable expenses associated with transportation from the place of duty established in their RTD plan (duty placement location, fitness facility) to a medical appointment, treatment or therapy session. The member's Chain of Command is responsible for local travel and CFHS covers the cost for travel outside of the geographical area.

***Refusal to Abide by RTD Plan***

23. If a member fails to comply with any term of their RTD plan, their CO will review the RTD plan. The CO may require that the member submit to a medical assessment to determine if their RTD plan remains realistic and achievable, or if the RTD plan should be amended. Refusal to abide by the terms of an agreed upon RTD Plan following a trial period could be deemed to be a refusal to perform duty. If a member continues to fail to comply with terms of their RTD plan, the CO may initiate administrative and/or disciplinary action.

***Removal from the RTD program***

24. A member may be removed from the RTD Plan when:

a) the Base/Wing Surgeon/Medical Officer determines that they are fit to return to full duties;
b) the member refuses to participate in the RTD plan;
c) the member receives notification that they will be released;
d) the member has been assigned permanent medical employment limitations that will most likely lead to a release from the CAF for medical reasons; or
e) the member begins an approved Vocational Rehabilitation program for Serving Member (VRPSM);

***Expenditure and Management of Annual Leave***

25. The days that a member is not at their duty placement agreed to in their RTD Plan are considered part of their recovery, rehabilitation and reintegration and therefore are accounted for in the expenditure and management of annual leave. Although the member is not performing military tasks/duties, they are following an RTD medical recommendation being implemented within an RTD plan approved by their CO. As such, those days and times of day outside of unit-scheduled duty periods still constitute military service.

***Civilian Placement***

26. Civilian placement for CAF members recommended to be placed on RTD should not be with the intent to position the member for transition to a new career or employment outside the CAF. Any placement that involves vocational rehabilitation should be part of a member's transition plan.

***Benefits, Responsibilities, and Liability on Civilian Placement***

27. The benefits of civilian placement should be carefully weighed against the potential risks and consequences to the member and the CAF. A member employed outside of the CAF would be subject to federal and provincial labour laws as well as other pertinent laws and regulations. As per QR&O 208.45, no participating member is authorized to receive compensation, financial or otherwise, for the duties he/she carries out outside the CAF in the context of his/her CAF RTD plan.

***Injury on Civilian Placement***

28. Members on RTD in a civilian placement are still considered on duty when they are at their civilian workplace.

***Travel Expenses in a Location Other than the Normal Workplace***

29. When an RTD placement is located other than the member's normal workplace, it shall be within the geographical boundaries of the member's normal workplace. RTD is not designated as or considered to be a temporary duty. As such, reimbursement of the transportation costs as per CAFTDI 5.13 (Temporary Workplace Change) is not authorized.

***Tools, Equipment, Protective Clothing for Civilian or Private Sector Placements***

30. It is understood that when a member is placed on a RTD outside of the military environment there are possible costs associated with the provision of protective clothing, tools and equipment to enable the member to carry out the duty placement. The CAF is not responsible to provide these items to members who are employed in other units and/or agencies outside of the military environment. The employing unit or civilian organization is responsible to provide any such items required by that unit or organization for the member to perform duties.

***Cadet Organizations Administration and Training Service (COATS)***

31. COATS members who become ill or are injured while on duty, may be eligible for enrollment in the RTD program provided funding is available. Funding is at the discretion of the COATS member's unit (or possibly higher level of command within VCDS);

***Canadian Rangers***

32. In general terms, the RTD program for CR members for service-related illness/injuries is no different than it is for Regular Force or other Reserve Force members in larger, less remote communities. However, due to the geographic and cultural uniqueness of the CR community, administrative and logistical challenges can be presented that require creative solutions.

***Reserve Force Compensation (RFC) and RTD***

33. A member of the Reserve Force on Class A, B or C service who has applied for RFC may be enrolled in the RTD Program pending the disposition of their application. If the member's application for RFC is approved, the member may continue with their RTD Plan as recommended by their PHCP and approved by their CO in accordance with CBI 210.72. Class A pay authorized by the unit for the purpose of RTD will not be considered as employment during the adjudication of the RFC application. However, if the RFC application is not approved, the unit will remain responsible for any past or future Class A pay associated with the member's RTD plan.

***CAF RTD and Duty***

34. An RTD recommendation is an assignment of MELs that define the parameters of the regular work week for the CAF member. CFAO 24-6 states that "a member is on duty when he is at a specific place, or doing a specific act, because of a military order". For a CAF member on RTD, the CO has supported the medical authority's recommendation that the member can be in a different place of duty in addition to their normal place of duty; i.e., at home recovering, at the gym rehabilitating, or attending a medical appointment, at certain periods during the regular work week.

***Base/Wing RTD Committee***

35. Base/Wing Commanders are encouraged to create an RTD Committee to collaborate in the effective and efficient management, support and promotion of the CAF RTD program on their Base/Wing. Sample Terms of Reference for the RTD Committee are provided at Annex E.

***Unit RTD Representative***

36. Unit COs should appoint a Unit RTD Representative to assist in the coordination of support for their members on RTD. Whether a member on RTD is posted to the CAF TG or remains with their home unit, the Unit RTD Representative has the responsibility to track and support their members on RTD. Sample Terms of Reference for the Unit RTD Representative are provided at Annex F.

37. Unit RTD Representatives should receive the Unit RTD Representative course delivered locally by the TC. This course provides the information, knowledge and practical skills the Unit RTD Representative requires for assisting their members on RTD in developing and implementing their RTD Plan.

***CAF Health Services***

38. While the PHCP recommends RTD for the member, the RTD plan is developed collaboratively with the member, the medical team, the chain of command, the Unit RTD Representative, and the Transition Centre (TC) RTD Coordinator.

## SECTION 1 – INTRODUCTION

### *Overview of the CAF RTD Program*

1.1 CAF RTD is a comprehensive recovery, rehabilitation and re-integration program for ill and injured Regular and Reserve Force members with the joint objective of returning the member fit for general and operational duties.

1.2 When a CAF member becomes ill or is injured, a Primary Health Care Provider (PHCP) may assign the member Medical Employment Limitations (MEL) and recommend a modified duty schedule. A CAF member is placed on RTD status when they have received an RTD recommendation from a PHCP that is being implemented in an RTD Plan approved by their commanding officer (CO).

1.3 Being placed on RTD status means that the ill or injured CAF member is still capable of performing work albeit at a reduced capacity and frequency. It also means that member's recovery, rehabilitation, and reintegration are a part of their daily duties.

1.4 The ill or injured CAF member's unit is responsible to develop an RTD plan that respects the member's MELs and modified work week and promotes the member's recovery, rehabilitation and reintegration.

1.5 The ill or injured CAF member is responsible to follow their RTD plan until such time as they are declared by a PHCP as fit for duty, or they are assigned MELs that will most likely lead to their release from the CAF for medical reasons.

### *Principles of CAF RTD*

1.6 RTD is not a compromise between meeting the needs of the CAF member and the needs of the CAF as an organization. RTD is an organizational goal of the CAF and, as such, RTD plans should comply with the tactical, operational and strategic goals of the CAF. Successful RTD requires *courage*, *compassion*, *commitment*, communication and *capacity*. *Courage* for the ill or injured to overcome the uncertainty, anxiety, and fear that comes with an illness or injury. *Compassion* from the chain of command to overcome the stigma, judgement and prejudice towards the ill or injured. *Commitment* from the ill or injured to focus on their recovery, rehabilitation and reintegration and comply with their RTD plan. Communication must be open, frequent, and collaborative between all stakeholders. *Capacity* on the part of the organization to ensure that the resources are available within the unit and outside of the unit to promote RTD and support the ill and injured on RTD.

1.7 RTD is fundamentally a multidisciplinary approach that depends on the collaborative efforts of: the CAF member, the CAF member's chain of command (COC); their HCP team; Personnel Support Programs (PSP) professionals; and, the support and services provided by the local Transition Centre (TC). In order for RTD to be successful, the ill or injured member must be actively involved in the development of their RTD plan.

1.8 An RTD plan should satisfy the following principles:

a. The RTD benefits the CAF member;

b. The RTD benefits the CAF as an organization;

c. The CAF member feels they continue to belong to the team and are contributing to the unit's/organization's mission;

d. The member is progressively challenged to take on more and more responsibility;

e. The RTD plan is a staged or phased approach to coincide with the goals established by the multidisciplinary team for recovery and rehabilitation;

f. The placement is deemed to be realistic by the member and the multidisciplinary team with full consideration of the member's physical and mental capacities;

g. The placement is individually focused and driven by the member's engagement;

**h.** The placement is respectful, dignified, safe and reflective of rank and experience; and

**i.** The placement is flexible and creative and meaningful to the member.

***Leadership Responsibilities***

1.9 Leaders at all levels have a responsibility to ensure that their members understand that early RTD intervention is their best chance for recovery, rehabilitation and reintegration. Ill or injured members must have trust and confidence that their leadership will support them in all aspects of their RTD. This fosters loyalty and unit cohesion and maintains a shared identity for the ill or injured member within their team.

1.10 One of the most challenging barriers to successful RTD is stigma, both within the organization and within the individual ill or injured member. Stigma can deter the ill or injured member from seeking treatment. Members can be reluctant to come forward with an illness or injury for fear that it could lead to their release from the CAF. Leaders are further responsible to foster confidence, build trust and eliminate this stigma within the members under their command.

***CAF RTD Stakeholders***

1.11 RTD is not based solely on the recommendation of the member's PHCP. There are numerous stakeholders to successful RTD planning, implementation and management. Each stakeholder has vested interests that complement the intended outcome of RTD. Each stakeholder has specific roles and responsibilities associated with successful RTD. The following list represents key stakeholders in the RTD Process:

a. The CAF Member;

b. The Primary Health Care Provider;

c. The Parent Unit Chain of Command;

d. The TC RTD Coordinator;

e. The Unit RTD Representative;

f. The Employing Unit Supervisor/Chain of Command;

g. The Psychiatrist/Psychologist/Social Work Professional;

h. The Physiotherapy/Occupational Therapy Professional;

i. The PSP Regional Adapted Fitness (RAF) Professional;

j. The PSP Physical Exercise (PE) Professional;

k. The Nurse Case Manager;

l. The Member's Spouse/Partner and Family;

m. The TC Services Manager; and

n. The TC Platoon Commander (*when the member is posted to CAF TG*).

1.12 Not all stakeholders need to be engaged in all aspects of RTD planning and implementation. However, effective and appropriate stakeholder engagement must be maintained throughout the RTD process.

1.13 More complex MELs may require specialist engagement (such as Occupational Therapists) to assist RTD planning that takes into consideration the CAF requirements, the member's current and future capacity and the MELs.

***Eligibility for CAF RTD***

1.14 All serving members of the CAF who are ill or injured are eligible for the CAF RTD program. Although the program is aimed primarily at members who will be returning to duty in the Regular Force, ill or injured members of the Reserve Force are also eligible to receive support under the CAF RTD Program in accordance with their class of service.

***Participation in the CAF RTD Program***

1.15 CAF members who are expected to have a prolonged course of recovery and rehabilitation beyond 30 days coupled with a requirement for reintegration into their place of duty, should be placed on RTD. Members with an expected course of recovery less than 30 days should not normally be placed on RTD.

1.16 Depending on the nature of their illness or injury, a member may be assessed by a PHCP as having high, uncertain or no potential for success in their RTD. Members who are assessed with high potential for success (typically 30-90 days) will normally have their RTD plan coordinated at the unit level. These members should remain with their parent unit. Members who are assessed as having uncertain potential for success (90-180 days) should normally have their RTD plan coordinated at the IPSC level. They may or may not, depending on circumstances, remain with their unit or be placed outside of their unit. Those who are recommended for RTD that is expected to last beyond 6 months may be posted to the CAF Transition Group (CAF TG). They may still be able to conduct RTD at their home unit. Those members who are assessed as having no potential for successful RTD should have a Release Transition Plan coordinated at the TC level. A detailed flow chart describing levels of RTD coordination based on potential for success is provided at Annex D to this Guide.

1.17 For members posted to the CAF TG, the RTD process is facilitated by the TC RTD Coordinator. For those members who remain with their parent unit, the RTD process is facilitated by the Unit RTD Representative with the engaged support or guidance of the TC RTD Coordinator as required. In some instances, the member may benefit from joint facilitation between the Unit RTD Representative and the TC RTD Coordinator. The extent of this collaboration will depend on the duty placement needs of the member and the administrative capacities of the local TC and those of the Unit.

1.18 CAF members who are awaiting a decision regarding the assignment of permanent MELs that could be in high risk of breaching U of S are still to be employed within the limitations of their MELs. They should be considered participants in the CAF RTD program until their MELs are either removed or they are assigned permanent MELs that are in high risk of breaching U of S. Once these latter MELs are assigned or a decision is made to release, they will begin planning for transition. Furthermore, if a member's illness or injury is of a nature that will most certainly lead to their release, they should not be participants in an RTD program, and should instead participate in a transition program.

1.19 A medical recommendation that supports a CAF member's efforts to commence a program of vocational rehabilitation towards a civilian transition is, by its implied objective, not on a RTD program. While it promotes the recovery and rehabilitation of the CAF member, it excludes the interests of the CAF in promoting the member's reintegration. The needs of the organization should be balanced with the needs of the member in this regard.

***CAF RTD Program and CO's Authority***

1.20 All ill or injured members, whether posted to the JPSU or remaining in the home unit, continue to subject to the authority of their chain of command. As such, participation in the CAF RTD Program is subject to the approval of the member's CO.

1.21 The CDS instructed in CANFORGEN - 128/03 ADMHRMIL 061 Oct 03, that MELs assigned by medical staff will be honoured by the chain of command without alteration. Commanding officers are reminded that they have no authority to overrule or disregard what the member's PHCP recommends as medical care for members under their command.

1.22 Consequently, if the member's CO does not support their participation in the CAF RTD Program, the CO is still obliged to respect the member's MELs as recommended by the PHCP. In such cases, the immediate or short-term needs of the organization should be balanced with the immediate and long-term needs of the member and effort be made to collaboratively accommodate the member's RTD placement requirements.

***Participation in a CAF Release Transition Plan (RTP)***

1.23 CAF members who have been assigned permanent MELs that are likely to lead to release, will be supported under a Release Transition Plan (RTP). Like RTD, they should be employed within the limitations of their MELs until such time as they are released. Support provided to members on RTP is the same to that provided to members on RTD. However, the goal and outcome of an RTP is different from RTD. Members on RTP are expected to establish, while still employed in the CAF, goals in their employment that support a transition to civilian life and work. The member's chain of command is expected to support those goals through a gradual but timely shift away from a reintegration plan that focusses on unit operational needs towards a transition plan that focusses on the member's future civilian employment needs.

### *CAF RTD Program Funding*

1.24 The CAF RTD Program is not a funded program, and as such, the ill or injured member's unit continues to be responsible for that member's administrative or support costs associated with their placement on RTD. With respect to civilian RTD placements; associated administrative, training, and resource requirements should be covered by the civilian employer.

### *CAF RTD and CAF Regulations, Policies and Procedures*

1.25 CAF ill and injured on RTD are subject to the same administrative and disciplinary regulations, policies and procedures as all members of the CAF. DAOD 5018-RTD (TBI) establishes the policy related to CAF members on RTD with respect to the operating principles, conditions and administration of RTD.

## SECTION 2 – THE CAF RTD FRAMEWORK

### *The RTD Plan*

2.1 The RTD Plan is the summary of the collaborative effort of all Stakeholders in the RTD process, and is the road map for the CAF member to follow in their return to duty. The RTD Plan establishes a duty placement for the member, specific to their rank, occupation and skills, that reflects the work the member can perform within their functional capabilities while respecting their MELs. It should have realistic and achievable goals that are integrated with, and that cumulatively build on, the member's recovery, rehabilitation and capacity for reintegration. It should have benchmarks established that are measureable and reviewable, both in terms of time and ability to progressively assume more duties.

2.2 Every RTD case is different and each member referred to the RTD program has his/her own unique set of circumstances. Thus, each RTD plan is designed to meet those unique circumstances for the individual while still supporting the operational needs of the CAF. Furthermore, RTD plans are reviewed and adapted as the CAF member's and organization's needs and interests change.

2.3 The RTD Plan is not simply a new work location during the normal work week or a flexible duty schedule. The RTD plan should facilitate the member:

a. Returning to his/her unit with the same duties;
b. Returning to his/her unit with the same duties with limitations (physical/time/task);
c. Returning to his/her unit with different duties;
d. Returning to his/her unit with/different duties with limitations (physical/time/task);
e. Working at a different unit with the same duties (same rank and skill set);
f. Working at a different unit with different duties with limitations (physical/time/task); or
g. Working within a civilian or private sector environment to facilitate readiness for re-integration into a military environment (unit/duties).

2.4 The RTD plan should be developed with the following intent:

a. maintain member's ties to unit/CAF;
b. encourage the member to overcome adversity through a supportive social network;
c. respect the MELs recommended by the medical professional;
d. support and encourage participation, building on the member's functional abilities;
e. minimize disruption;
f. respect confidentiality;
g. minimize the impact on the member and the those who work with the member;
h. minimize negative impact on career and personal/family life; and
i. minimize stressors.

2.5 When developing an RTD plan, the full spectrum of military duty-related activities should be considered:

a. primary duties;
b. secondary duties;
c. special projects;
d. education upgrading;

e. professional development;
f. physical fitness; and
g. military community services.

2.6 There may be instances where the RTD Plan cannot be built around the most available or most suitable duty locations for the member. These cases should be treated as temporary measures until such time as a more suitable placement can be obtained.

2.7 Depending on the complexity of the member's RTD requirements, the RTD Plan can be developed by the Unit RTD Representative, the TC RTD Coordinator, or jointly between the two. Specialist engagement (such as Occupational Therapists) will be essential in these cases to ensure the proper identification of potential barriers (personal, environmental and activity/occupational) and contribute to and organize a goal directed and structured accountability RTD plan.

***The RTD Process***

2.8 The RTD process is represented by a series of steps that ensure an effective RTD Plan is developed and implemented that satisfies the individual goals as well as the organizations' goals. The steps in the RTD process are general in application to allow for flexibility in the development of a tailored RTD Plan for the member. The often unique needs and circumstances of the ill and injured CAF member, coupled with the local stakeholder relationships, expectations and unit SOPs, require an RTD process that is tailored to reflect those requirements. A detailed description of the RTD Process is provided at Annex A.

***RTD Plan Administration***

2.9 The RTD Plan should be inserted in a Personnel Development Review (PDR) as per CFPAS. Sections 1 and 2 will be used for the actual Plan and Sections 3-5 can be used for progress and meeting the objectives set-out in the plan. This will provide a familiar tool for both the members and the supervisors and integrate the MELs into well-established Chain of Command tools. It will also foster a stronger sense of self-accomplishment for the member. The member's RTD plan and the RTD SOU are to be stored in a member's personnel file until the expiry date of the plan. Administrative and operating procedures associated with RTD plans should be established locally through the TC RTD Coordinator and tailored to satisfy local stakeholder preferences or practices. Only the RTD SOU and RTD Compliance and Consent forms are standardized to be used in conjunction with all RTD Plans, whether the member is posted to the CAF TG or remains with their Parent Unit.

## SECTION 3 – CAF RTD PROGRAM MANAGEMENT

### *The Director Casualty Support Management (DCSM)*

3.1 The Director Casualty Support Management (DCSM) provides policy oversight and manages programs for the ill and injured members, casualty support. As well, the National CAF RTD Program direction and oversight is the responsibility DCSM. Transition programs and services for all Canadian Armed Forces (CAF) members are managed by the Director Transition Services and Policy (DTSP).

### *The Canadian Armed Forces Transition Group*

3.2 The Canadian Armed Forces Transition Group (CAF TG) is under the responsibility of the Commander Military Personnel Command. Nine CAF Transition Units (CAF TU) provide command and control within a designated area of responsibility. The provision of support services for currently serving CAF ill and injured personnel, their families, and the families of the fallen, is done through Transition Centres (TCs) and Satellites providing service delivery at over 31 different locations across Canada.

### *The Transition Centre (TC)*

3.3 Coordination and oversight of the CAF RTD Program is done locally on Bases/Wings through the affiliated TC. TCs are a network of “one-stop” support centres that provide ill, injured or fallen CAF personnel and their families access to comprehensive, standardized and coordinated support services, regardless of location. A TC has three main components - a Services Section, a Support Platoon, and partner organizations. The strength of service delivery is achieved by all stakeholders working collaboratively as a team.

3.4 The core services of the TC include:

a. Return to Duty coordination;
b. Transition Planning Assistance;
c. Casualty Tracking;
d. Outreach;
e. Leadership and supervision;
**f.** Advocacy Services; and
**g.** Designated Assistant disengagement and support to families.

3.5 Ill and injured members may be posted to CAF TG based on the recommendation of the unit CO, medical authority, and the local CAF TU HQ. Those posted to CAF TG are under command of the nearest TCC Support Platoon. While some members posted to CAF TG may eventually be released due to their medical condition, one of the primary objectives of CAF TG is to provide support to the member throughout his or her recovery and enhance their return to duty in the CAF.

### *The TC Service Partners:*

3.6 Because some of the partner organizations are co-located in an TC, currently serving and former CAF members, and family are provided with a one-stop service for a majority of their requirements. Key partners associated with a TC include:

a. Veterans Affairs Canada;
b. Director Military Family Services - Family Liaison Officer;
c. SISIP Vocational Rehabilitation;
d. Personnel Support Programs;
e. CF Health Services;
f. Base and Wing partners (Personnel Selection Officers, Chaplains, etc.); and
g. Soldier On Representative

***The TC RTD Coordinator***

3.7 Each TC has a Services Section which coordinates the provision of support services to ill and injured members. One of the core services of the TC Services Section is RTD coordination. This service is provided for members recommended RTD who are posted to the CAF TG as well as those members recommended RTD who remain with their Parent Unit.

3.8 The TC RTD Coordinator is responsible to the TC Services Manager for assuring the coordination, planning and development of the individualized RTD plans for the ill and injured CAF members are consistent with DAOD 5018 CAF Return To Duty Program (TBI) and this Guide.

3.9 The TC RTD Coordinator works collaboratively with the member's Unit RTD Representative, their PHCP, and the member's Chain of Command to ensure their members on RTD are fully supported. While the successful reintegration of the member back to duty is the primary objective, the TC RTD Coordinator is not an advocate for the ill and injured member. The TC RTD Coordinator is an advocate for the RTD Program. The Unit RTD Representative functions as an advocate for the member.

3.10 The TC RTD Coordinator facilitates how the ill and injured member accesses and utilizes services associated with the RTD program. TC RTD Coordinators can assist ill and injured members in communicating their interests and needs to their Chain of Command, their HCPs, their duty placement employer or supervisor, and the TC Platoon staff (when they are posted to the CAF TG). The TC RTD Coordinator works with the vision of a multidisciplinary team, in close collaboration with the Chain of Command, their HCP Team and services partners.

## SECTION 4 - THE CAF MEMBER ON RTD

### *Duty, Obligations, Responsibilities*

4.1 CAF RTD is not a prescribed absence or leave from weekly scheduled work or duties as a member of the CAF. RTD is a CO approved modification to the member's normal duty week that permits them to engage the recovery and rehabilitation services they require and reintegration support necessary to return to full duty. While participating in the RTD program, the member's places of duty are those places and the corresponding times/days of the scheduled duty week that are part of the RTD recommendation and have been agreed to in their RTD plan.

4.2 In order to have a successful RTD plan, members should work collaboratively with their HCP team, their Unit RTD Representative, duty placement supervisor, and the TC Services Team/designated RTD Coordinator.

4.3 While on RTD, members are still in the CAF and as such, have the same responsibilities, duties and obligations as all CAF members. While on RTD, members must:

a. Respect all military rules and regulations;
b. Follow their established RTD Plan as agreed and meet with their supervisor and their Unit RTD Representative/designated TC RTD Coordinator as requested for progress updates;
c. Respect and abide by the MELs assigned by their PHCP without alteration;
d. Participate within, and up to their functional capabilities;
e. Inform their supervisor and Unit RTD Representative/designated TC RTD Coordinator of changes/modifications to their MELs or RTD recommendation as soon as possible;
f. Report for all scheduled medical appointments, treatments or therapy sessions and, when possible, schedule these outside those days they are to be at their 'place of duty;

g. Inform their supervisor in advance of any changes to their scheduled medical appointments, treatments or therapy sessions as soon as possible;

h. Remain in the established geographic area of their employing Unit and be reachable by their supervisor and the Unit RTD Representative/designated TC RTD Coordinator when they are not at their place of duty;

i. Receive approval from their Supervisor in advance if they are required to leave the geographic area of their duty placement for a medical appointment;

j. Receive prior written consent from their PHCP for all military and civilian employment as well as recreational activities beyond assigned MELs;

k. Receive prior written approval from their CO and recommendation from their PHCP for part-time employment and/or voluntary work that does not occur during scheduled duty placement hours;

l. Not accept compensation of any kind including pay, gifts, benefits, gratuities, etc., for full or part-time civilian employment that is part of an approved RTD Plan;

m. Not engage in self-employment and/or revenue producing employment by or for immediate family members.

***Medical Appointments and Sick Leave while on RTD***

4.4 CAF RTD is based on a medical recommendation that establishes the amount of work a member can do during a regular 5-day work week (or 7-day shift work week) as part of a recommended plan for recovery and rehabilitation from an illness or injury. The days the member are not to be at work are also considered to be part of that plan as that time away from work is an equally necessary component of their recovery and rehabilitation. This includes attending regular general and specialist medical appointments, physiotherapy treatments and physical fitness sessions. These are to be scheduled outside of the duty work periods. Members on RTD are not on Sick Leave unless they are in possession of a Sick Leave pass.

***Travel Entitlements and Benefits***

4.5 While on RTD, members are entitled to actual and reasonable expenses associated with transportation from the place of duty established in their RTD plan (home, duty placement location, fitness facility) to a medical appointment, treatment or therapy session (in accordance with Compensation Benefits Instruction (CBI) 209 and Chapter 5, Canadian Forces Temporary Duty Travel Instruction (CFTDTI). This applies to the days members are at their place of duty and the days they are not at their place of duty. The member's unit Chain of Command are the approving authority for "actual and reasonable expenses".

***Refusal to Abide by RTD Plan***

4.6 Refusal to abide by the terms of an agreed upon RTD Plan following a trial period could be deemed to be a refusal to perform duty. The legitimacy of an RTD Plan is determined through consultation with the member's chain of command, a PHCP, and the Unit RTD Representative/designated TC RTD Coordinator. A member who refuses to participate in an approved RTD plan will be referred to his/her unit chain of command by the IPSC RTD Coordinator (or Unit RTD Representative), with a recommendation that the member be employed by the unit in accordance with the member's approved MELs. Administrative and/or disciplinary action, including a recommendation for compulsory release may be considered by the member's chain of command in respect to the member's refusal to abide by the RTD Plan.

***Removal from the RTD program***

4.7 A member may be removed from the RTD Plan when:

a) the Base/Wing Surgeon/Medical Officer determines that they are fit to return to full duties;
b) the member refuses to participate in the RTD plan;
c) the member receives notification that they will be released;
d) the member has been assigned permanent medical employment limitations that will most likely result in release from CAF for medical reasons; or
e) the member begins an approved Serving Member Vocational Rehabilitation program;

***Expenditure and Management of Annual Leave***

4.8 The days that a member is not at their duty placement agreed to in their RTD Plan are considered part of their recovery, rehabilitation and reintegration and therefore are accounted for in the expenditure and management of annual leave. The member may not be at their duty placement, but they are still in service and should expend annual leave in accordance with their terms of service. Furthermore, those same days do not constitute unaccounted for time off and, as such, cannot be reclaimed by the unit. The policy regarding the expenditure and management of annual leave while on RTD is to be applied as it is for members not on RTD. As an example, if a member on RTD was to take a vacation for a week, the "duty days" (Mon, Wed, Fri) and the 'non-duty placement' days (Tue and Thu) would require a leave pass for 5 days annual leave like any other member of the CAF. If one of those days is a statutory holiday, then the member would be required to expend only 4 days of annual leave. Furthermore, if a member wants to return from a period of annual leave and the last day falls on a 'non-duty placement day', that last day is still accounted for as a day of annual leave. Also, if a member's 'duty placement day' falls on a statutory holiday, the member is not required to make up a 'duty placement day' or expend a day of annual leave for it.

4.9 Every RTD Plan, and specifically the SOU, must include the member's formal annual leave plan for the remaining leave entitlement at the time they enter the RTD program. Stakeholders, specifically, the member's chain of command and their PHCP, must work collaboratively to minimize the potential for last minute conflicts with respect to the expenditure of leave, the cashing out of remaining leave or the ordering of personnel on leave to meet with fiscal year obligations. Only in the most exceptional circumstances will an RTD Plan support accumulation and/or cashing out of leave. Such circumstances will normally be based on the advice of the PHCP and be supported by the chain of command. When considering cash-out of annual leave, it is important to note that under current regulations pertaining to annual leave, a CO has the authority to allow the accumulation of 5 days of annual leave each year, up to a maximum of 25 days for the duration of a member's career.

***Recovery and Rehabilitation Prior to Commencing Reintegration***

4.10 For some ill and injured members, a duty placement, even for short periods of time, may not be part of their RTD Plan and the focus will be primarily on their recovery and rehabilitation. In these instances, Ill and injured members should have an RTD Plan in place that anticipates an eventual duty placement and structure their recovery and rehabilitation activities towards preparing them for reintegration. Recovery and rehabilitation activities may include such alternatives as:

a. secondary duties;
b. special projects;
c. sport, physical activities and re-conditioning; and
d. community services.

***Civilian Placement***

4.11 If the member is capable of work, the first choice ought to be at the member's unit rather than a civilian job. However, there may be exceptional cases when an RTD plan outside of the unit and base/wing environment is recommended. Some circumstances where there are physical/psychological issues may preclude a member from military work but allow them to start being active in a civilian job. When this is the case, alternative RTD placement may still exist in DND/CAF or other public sector (federal, provincial or local municipal) government organizations and should be considered first. As part of an RTD plan, a civilian placement should include goals that build the ill and injured member's readiness to return to a military environment. Civilian placement for members recommended to be placed on RTD should not be with the intent to position the member for transition to a new career or employment outside the CAF. Any placement that involves vocational rehabilitation should be part of a member's transition plan.

4.12 Part-time employment and/or voluntary work that does not occur during scheduled duty placement hours is possible only with the approval of the CO and the recommendation of the member's PHCP, who will certify that the employment and/or voluntary work will not interfere with the member's treatment; or cause harm to the member.

***Benefits, Responsibilities, and Liability on Civilian Placement***

4.13 The benefits of civilian placement should be carefully weighed against the potential risks and consequences to the member and the CAF. A member employed outside of the CAF would be subject to federal and provincial labour laws as well as other pertinent laws and regulations. In accordance with the Treasury Board Policy on Legal Assistance and Indemnification, members in civilian work placement will be indemnified for any personal civil liability incurred by reason of any act or omission within the scope of their duties or employment only if they acted honestly and without malice.

4.14 A member may have responsibilities and liability toward an employer and/or the public of which he/she is unaware and for which he/she may not be properly covered. Members should be counselled to request a written agreement with the employer and to carefully review their responsibilities and liability toward their employer and/or the public.

4.15 As per QR&O 208.45, no participating member is authorized to receive compensation, financial or otherwise, for the duties he/she carries out outside the CAF in the context of his/her CAF RTD plan. Under no circumstances can a member on RTD in a civilian placement accept compensation of any kind, including pay, gifts, benefits and gratuities, for full or part-time civilian employment that is part of a RTD program approved by the CO.

4.16 In accordance with the Treasury Board Policy on the Indemnification of and Legal Assistance for Crown Servants, CAF members as Crown Servants shall be indemnified for personal civil liability incurred by reason of any act or omission within the scope of their approved duties or employment and only if they acted honestly and without malice.

***Injury on Civilian Placement***

4.17 Members on RTD in a civilian placement are still considered on duty when they are at their civilian workplace. However, if a member sustains an injury or aggravates an existing injury while on civilian placement, that is not a guarantee that the injury will be deemed "attributable to service". While most injuries that occur while on duty are attributable to military service, the one does not necessarily follow the other. Any injury sustained will be subject to an evaluation by the member's chain of command either through examination of the Report of Injuries, CF 98, or from the results of a formal investigation into the injury convened by the member's chain of command.

***Private Sector Placement***

4.18 There may be very rare cases when a RTD placement within the private sector is deemed appropriate. Such cases require close and regular liaison between the member's PHCP, the Unit RTD Representative, the TC RTD Coordinator, and the member. Members on RTD in a private sector placement are still considered on duty when they are at their workplace and are subject to all obligations and provisions as for a civilian placement. Remunerated self-employment (and/or revenue producing employment by the immediate family members of the CAF member) shall not be acceptable as an RTD plan.

***Travel Expenses in a Location Other than the Normal Workplace***

4.19 When an RTD placement is located other than the member's normal workplace, it shall be within the geographical boundaries of the member's normal workplace. RTD is not designated as or considered to be a temporary duty. As such, reimbursement of the transportation costs as per CAFTDI 5.13 (Temporary Workplace Change) is not authorized. If the member requests an RTD placement outside of the geographical boundaries of their normal workplace, and it is supported by both the member's chain of command and the PHCP, any additional travel expenses incurred become the member's responsibility.

***Tools, Equipment, Protective Clothing for Civilian or Private Sector Placements***

4.20 It is understood that when a member is placed on a RTD outside of the military environment there are possible costs associated with the provision of protective clothing, tools and equipment to enable the member to carry out the duty placement. The CAF is not responsible to provide these items to members who are employed in other units and/or agencies outside of the military environment. The company and/or location where the member is being accommodated or carrying out the RTD is responsible for the provision of any special equipment or tools for these types of duty placements.

## SECTION 5 - CAF RTD AND THE RESERVE FORCE

### *Support to the Primary Reserve Force (P Res)*

5.1 Ill or injured CAF Members of the Reserve Force are eligible for RTD.

5.2 For members of the P Res, the RTD is considered complete when the member is medically determined to be capable of:

a. resuming active participation in the P Res – "active participation" means that the member can or has returned to paid Reserve service, inclusive of vocational rehabilitation, that is outside the scope of the medical treatment plan for the period of injury, disease or illness;

b. resuming the occupation the member last held before becoming injured;

c. seeking gainful civilian employment; or

d. resuming or beginning full-time attendance as a student.

### *Cadet Organizations Administration and Training Service (COATS)*

5.3 COATS members who become ill or are injured, may be eligible for enrollment in the RTD program provided funding is available. Funding is at the discretion of the COATS member's unit (or possibly higher level of command within VCDS);

5.4 Each of five Regional Cadet Support Units (RCSUs) (Pacific, North West Territories, Central, Eastern and Atlantic) have appointed RTD Representatives who liaise directly with their local TC RTD Coordinator for guidance and advice regarding COATS members on RTD; and

5.5 The RTD Representatives perform the same function as the TC RTD Coordinators with respect to COATS members only. They are responsible to their respective RCSU Chain of Command.

### *Canadian Rangers*

5.6 The Canadian Rangers (CR) role is "to provide a military presence in those sparsely settled northern coastal and isolated areas of Canada which cannot conveniently or economically be covered by other elements of the Canadian Armed Forces".

5.7 The content of this Guide should be applied with an appropriate appreciation of the needs and expectations of the CR community. In general terms, the RTD program for CR members for service-related illness/injuries is no different than it is for Regular Force or other Reserve Force members in larger, less remote communities. However, due to the geographic and cultural uniqueness of the CR community, administrative and logistical challenges can be presented that require creative solutions. The CO of the applicable Canadian Ranger Patrol Group (CRPG) should be engaged in any collaborative effort when developing an RTD plan for a CR and throughout the application of the RTD process.

5.8 Where feasible, every effort should be made to provide an RTD Plan for ill and injured CR members to begin their reintegration within their local communities. Cultural and linguistic considerations make employment placements in other communities difficult, particularly at the Regional level.

5.9 In some instances, due to the remote locations of the CR Patrols, it will not always be feasible to apply the RTD program. Many communities do not have available services (medical/social experts) and the only employment available to the CR is seasonal work. In these instances, there are no alternate trades available within the community. Training CR on RTD to "do a different task or to change the means of their livelihood" is not feasible. As such, and in these situations, application of the RTD program may be limited to assisting the CR in rehabilitation. In those larger communities that can provide a diverse work environment application of the RTD is more feasible.

***Reserve Force Compensation (RFC) and RTD***

5.10 Should a member of the Reserve Force, while on Class "A", "B" or "C" service, suffer an injury, disease or illness which is attributable to military service, and should this injury, disease or illness continue beyond the period of service during which it occurred, the member is entitled to compensation equivalent to the rate of pay established for the member's rank for the class of reserve service the member was serving at the time of the injury, disease or illness.

5.11 A member of the Reserve Force on Class A, B or C service who has applied for RFC may be enrolled in the RTD Program pending the disposition of their application. If the member's application for RFC is approved, the member can continue with their RTD plan as recommended by their PHCP and approved by their CO in accordance with CBI 210.72. Reserve Force members who suffer an injury or illness attributable to their military service may also be eligible for compensation under the Government Employees Compensation Act (GECA) for a period of incapacitation. Such compensation may be received from GECA or from RFC, but not both.

5.12 For Reserve Force members on Class A service, the member's P Res unit must agree to fund Class A pay during the period of injury, disease or illness until such time as an application for RFC has been approved. Any Class A pay authorized by the unit for the purpose of RTD will not be considered as employment during the adjudication of the RFC application. However, if the RFC application is not approved, the unit will remain responsible for any past or future Class A pay associated with the member's RTD plan.

5.13 For a member of the Reserve Force in receipt of RFC, refusal to participate in a legitimate RTD plan is deemed as a refusal for treatment, and may therefore result in the termination of the RFC benefit.

## SECTION 6 - THE CHAIN OF COMMAND AND RTD

### *CAF RTD and Duty*

6.1 An RTD recommendation is an assignment of MELs that define the parameters of the regular work week for the CAF member. CFAO 24-6 states that “a member is on duty when he is at a specific place, or doing a specific act, because of a military order”. For a CAF member on RTD, the medical authority has recommended the member to be in a place in addition to their normal place of duty; i.e., at home recovering, at the gym rehabilitating, or attending a medical appointment, at certain periods during the regular work week.

### *Base/Wing RTD Committee*

6.2 Base/Wing Commanders are encouraged to create an RTD Committee to collaborate in the effective and efficient management, support and promotion of the CAF RTD program on their Base/Wing. The Base/Wing RTD Committee should be chaired by a representative from the Base/Wing Administration Officer. The RTD Committee should include the following:

a. TC RTD Coordinator;
b. Base/Wing Unit RTD Representatives;
c. CAF Health Services Representative;
d. Physiotherapy, Regional Adaptive Fitness, and Physical Education Professionals; and
e. Partner organizations (as required).

6.3 The terms of reference and composition of the Base/Wing RTD Committee should be tailored to reflect local resources, requirements and stakeholder relationships. Sample Terms of Reference for the Base/Wing RTD Committee are provided at Annex D. The Committee should meet when necessary to:

a. provide oversight, advice, guidance and support for the RTD Program on the Base/Wing;
b. facilitate RTD promotion and training on the Base/Wing;
c. establish and maintain RTD placement opportunity database; and
d. provide administrative intervention for specific cases requiring non-clinical resolution when requested by the TC RTD Coordinator.

### *Unit RTD Representative*

6.4 Units have a moral and ethical obligation to ensure their members who become ill and injured are fully supported in their recovery, rehabilitation and reintegration. This support fosters loyalty, unit cohesion and maintains a shared identity for the ill and injured member. In turn, maintenance of this connection and purpose for the member further promotes their recovery, enhances their rehabilitation and speeds their reintegration with the unit, and contributes to unit operational effectiveness.

6.5 Unit COs should appoint a Unit RTD Representative to assist in the coordination of support for their members on RTD. The Unit RTD Representative has the responsibility to support their members on RTD. Unit RTD Representatives should work collaboratively with the local TC RTD Coordinator in ensuring this support is provided in a timely and effective manner. The level of engagement of the Unit RTD Representative in RTD Plan development and RTD Process management for their members should be tailored to reflect the local requirements and capacities while respecting the principles and objectives of the RTD program.

6.6 Unit RTD Representatives should receive the Unit RTD Representative course delivered locally by the TC. This 3-day course provides the information, knowledge and practical skills the Unit RTD Representative requires for assisting their members on RTD in developing and implementing their RTD Plan.

## SECTION 7 – THE CAF HEALTH SERVICES AND RTD

7.1 RTD is integrated with a member's recovery and rehabilitation plans. Early intervention provides the greatest chance of a successful RTD for members. A structured recovery, rehabilitation, and reintegration plan should be initiated through close communication among the Chain of Command, CFHS, Unit RTD Representative, the IPSC RTD Coordinator, and the ill/injured CAF member. This interdisciplinary framework demands collaboration, professionalism, the highest level of respect for confidentiality and accountability for all stakeholders.

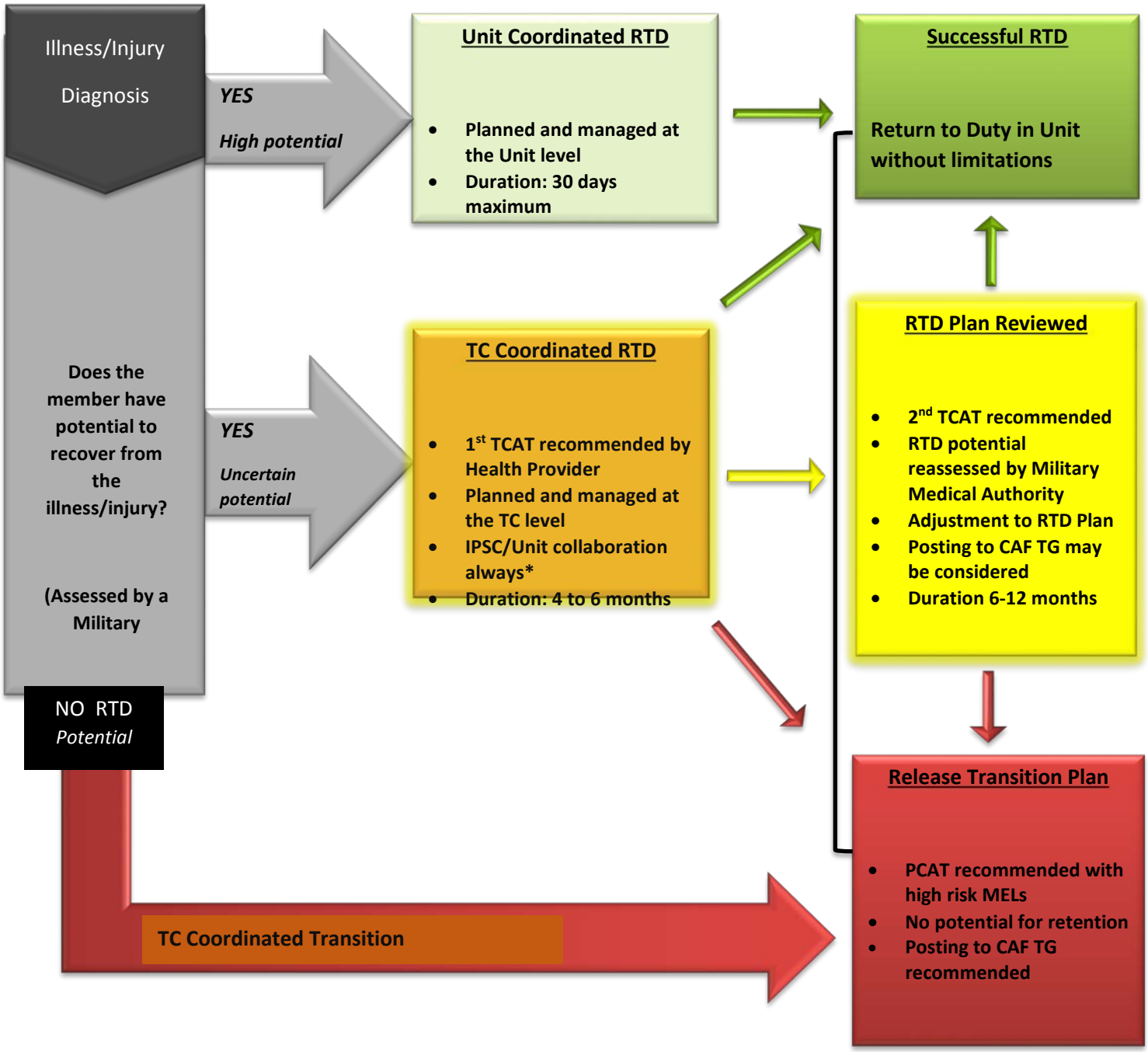
7.2 While the PHCP recommends RTD for the member, the RTD plan is developed collaboratively with the member, the medical team, the chain of command (Unit RDT Representative), and the Transition Centre (TC) RTD Coordinator. While the RTD recommendation should be guided by what the patient is restricted from doing, it should be further designed with the intent of establishing what duties the member can do and is motivated to do. This promotes hope, confidence, motivation and responsible action on the part of the member.

7.3 In developing the RTD recommendation, PHCPs should consult with Unit RTD Representatives and the TC RTD Coordinator to understand the character of their duty placement location (operational tempo and 'workplace dynamics') as well as the unit's goals, expectations and intentions with respect to employing the member.

7.4 The RTD recommendation should be goal oriented. Accordingly, PHCPs should, in considering their RTD plan, assist the member in identifying and establishing goals based on the following criteria:

a. Specific to their rank, occupation, skills;
b. Respectful of their MELs but also provide opportunities within, and up to, their functional capabilities;
c. Realistic and achievable;
d. Progressive, action-oriented;
e. Integrated with recovery and rehabilitation plans;
f. Inclusive of a re-conditioning program;
g. Measureable;
h. Time-Framed; and
i. Reviewable.

7.6 It is both understood and appreciated that a PHCP's efforts and expertise are best utilized in the diagnosis and treatment of their patients. It is also recognized that the above guidelines imply additional responsibilities for the PHCP when recommending RTD to members. However, successful reintegration to full duty is best achieved through a robust, comprehensive and collaborative RTD plan. An RTD Plan that enhances and accelerates patient recovery and rehabilitation from the outset presents the best chance for success.




- TC/Unit Collaboration – The Unit RTD Representative has the responsibility to support their members on RTD. Unit RTD Representatives should work collaboratively with the local TC RTD Coordinator in ensuring this support is provided in a timely and effective manner. The level of engagement of the Unit RTD Representative in RTD Plan development and RTD Process management for their members should be tailored to reflect the local requirements and capacities while respecting the principles and objectives of the RTD program.

RTD Process step by step

Recommendation. The member's PHCP assigns MELs and recommends member be placed on RTD. The member's CHIT should include the RTD recommendation, duration of the CHIT, what the member can't do, what the member can do, and the modified work week. The PHCP may consult other PHCPs for additional medical information to assist in formulating the RTD recommendation. For more medically complex cases, the PHCP may require recommendations from Physiotherapists and Occupational Therapists (OT);

Referral. The member will be referred to the local TC RTD Coordinator or directly to their Unit RTD Representative to receive an information briefing on the RTD Program and familiarization with the support services available to them. The member's PHCP can make this referral. The PHCP may also refer the member to the PSP Regional Adapted Fitness (RAF) Professional and Physical Education (PE) Professional for a complete assessment with further recommendations. This provides for the rehabilitation and reconditioning component of the member's RTD Plan. This may also include a referral to the local Soldier On representative if available;

Intake. The TC RTD Coordinator or Unit RTD Representative explains the RTD Process and the purpose of the RTD Plan to the member, including the member's roles and responsibilities, as well as the services provided by the TC. Member meets with Unit RTD Rep or TC RTD Coord to obtain copy of RTD CHIT, discuss RTD Program including CoC authority, member responsibilities, services available, and begin considering options for placement. Member sings Annex C – RTD Consent form.

Consult. The TC RTD Coordinator, the member and the member's Unit RTD Representative discuss the member's RTD recommendation with a view to creating an RTD Plan that respects MELs but focuses on building capacity to eventually remove those limitations. The Unit RTD Representative or the TC RTD Coordinator will consult with PHCP (as applicable) to clarify, elaborate MELs and RTD recommendations. They also discuss those stakeholders who should be engaged in the development of the member's RTD Plan. A decision is made between the TC RTD Coordinator and the Unit RTD Representative as to who will facilitate the development and implementation of the RTD Plan. Depending on the complexity of the RTD recommendation, the Unit RTD Representative, or the TC RTD Coordinator, or both may facilitate the development of the RTD Plan;

Plan. The plan is developed collaboratively with the member, the professional clinical team, the chain of command, and the TC RTD Coordinator and/or the Unit RTD Representative. The plan incorporates the recommendations, goals and objectives of the identified stakeholders. The more engaged all stakeholders are, the better the plan can achieve the goals for both member and organization. The RTD Plan should provide a duty placement that is:

a. Specific to the member's rank, occupation, skills;
b. Realistic and achievable;
c. Progressive and action-oriented;
d. Integrated with recovery and rehabilitation plans
e. Measureable;
f. Time-Framed; and
g. Reviewable.

The RTD Plan is submitted to the member's CO (or delegated authority) for approval. Once approved, the member, member's CO (or delegated authority), duty placement employer or supervisor, and the Unit RTD Representative or the TC RTD Coordinator sign a Statement of Understanding (SOU), Annex D, that establishes the parameters of the member's RTD and the commitment of all the signatories to that plan. This form details the modified work week, duty schedule, responsibilities of member, contact numbers for CoC and employing unit supervisor, annual leave plan, and commitment of member;

Placement. Most members are normally placed within a few weeks of receiving RTD recommendation. The above steps take time and must be done with the principles of RTD in mind. Placements can be in unit, out

of unit, or within a civilian work environment. Placements should be understood as progressively working towards the duties they performed before their illness or injury. They can include:

unit/same job;
unit/same job with accommodations (physical/time/task);
unit/different job;
unit/different job with accommodations (physical/time/task);
different unit/same job (same rank and skill set);
different unit/different job with accommodations (physical/time/task);
within a civilian environment to facilitate readiness for re-integration into a military environment (unit/job); and
within a military environment pending medical/career decision;

Monitor. The TC RTD Coordinator or the Unit RTD Representative will conduct regular follow-up with the member and his/her duty placement employer or supervisor to assess the member's progress. Progress is assessed at established intervals based on the duration of the RTD Plan. Progress can be reported on standard PDR (Tasks, Expected Results, Action Plan, Accomplishments and Goals, Areas for Development and Action Plan);

Adjust. The PHCP is expected to assess the member after beginning the RTD, with the frequency of assessments determined by the PHCP on a case-by-case basis. The RTD plan will be reviewed and adjusted accordingly, especially with any changes in the member's MELs or the RTD recommendation from the PHCP. There will always be a requirement to adjust the plan, either from improvements or challenges. Changes to the RTD Plan must be approved by CO;

Monitor. Follow-up continues and progress is evaluated for potential to be returned fit full duties. The TC RTD coordinator or the Unit RTD Representative also assists the member in preparing for the member's actual reintegration into the unit; and,

Return or Transition. Member is to be considered on RTD until such time as they are declared fit full duties. Reintegration of the member to former position and responsibilities or new position should be gradual and monitoring should continue. The member requires supportive environment and colleagues concerns should be understood and managed.

If the member's recovery and rehabilitation lead to the assignment of permanent MELs that will most likely lead to the member's release, the PHCP should inform the TC. In the latter case they should be referred to the TC Transition Advisor to begin transition planning. The TC RTD Coordinator (or the Unit RTD Representative) will then schedule a meeting with the signatories to the SOU to discuss the end of the member's participation in the RTD program and the beginning of the member's participation in a Release Transition Plan. RTP can look very much like RTD with the exception that the goals begin to increasingly support the Member's transition requirements and decreasingly support the organization's operational requirements. There is no defined shift and it is up to the CO to determine (with consultation, guidance and advice) how and when that shift begins. It is in the CO's interests to focus on prioritizing the member's interests as soon as possible to ensure member feels supported through transition and release.

PROTECTED A (when completed)

| **RETURN TO DUTY (RTD) PLAN - STATEMENT OF UNDERSTANDING (SOU)** | | | | |
|---|---|---|---|---|
| Service Number C12345678 | Rank: Sgt | Name: Smith | MOSID**:** 12345 | Date: day/month/year |

| Parent Unit/Supervisor: | TC RTD Coordinator: | Case Manager (as applicable): |
|---|---|---|
| 3rd Bn, MWO Jones, 613-222-5555 | Mr. R. Black 613-222-4444 | N/A |
| Employing Unit/Supervisor (as applicable): Base CE, WO White 613-444-1234 | Parent Unit RTD Representative: 3rd Bn, WO Green 613-222-6666 | Primary Health Care Provider (PHCP): Base Hospital, Capt Brown 613-321-5432 |
| TC Section Commander (as applicable): | N/A – Member not posted to TC | |

The aim of this statement of understanding is to establish an agreement between you and your chain of command to assist you with implementation and completion of an RTD Plan. RTD is a medical recommendation that assists your recovery and rehabilitation from an injury or illness through a gradual and structured reintegration to full duty. As you have been briefed by your Primary Health Care Provider (PHCP) on the medical aspects, you will take part in this mandatory RTD Program with duties commensurate with your RTD recommendation, specifically your assigned Medical Employment Limitations (MELS) and functional capabilities, as approved by your CO.

**MELs:**

**RTD Duty Placement and Location:**

**RTD PLAN/SCHEDULE**

| **Duty Activity** ***(Examples)*** | | **Duty Hours (**Examples**)** |
|---|---|---|
| **Monday** | *Duty Placement* | *4 hrs, 1000-1400 hrs* |
| **Tuesday** | *At Home, Physio appt, Medical appt, PT* | *2 hrs PT, Med/Physio appts on own tim* |
| **Wednesday** | *Duty Placement* | *4 hrs, 1000-1400 hrs* |
| **Thursday** | *At Home, Physio appt, Medical appt, PT* | *2 hrs PT, Med/Physio appts on own tim* |
| **Friday** | *Duty Placement* | *4 hrs, 1000-1400 hrs* |
| **Saturday** | *Weekend (unless shift worker)* | *On own time* |
| **Sunday** | *Weekend (unless shift worker)* | *On own time* |

**LEAVE PLAN**

Annual Leave Remaining: ***14*** days (from commencement of RTD Plan)

| Type of Absence *(I.e. Hospitalization, sick leave or planned annual leave)* | Dates | Remarks |
|---|---|---|

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|---|---|---|---|---|
| | *Family Vacation* | *02-14 March* | 10 days Annual Leave required. Subject to approval of member's PHCP and CoC. Note: member had already booked vacation prior to injury. | |
| | *Hospitalization* | *26-27 April* | *Member likely on sick leave for 30 days.* | |
| | *Post-Op Recovery* | *1 month, 28 April-30 May* | *Only limited, supervised PT after two weeks.* | |

| This SOU will be in effect: | from : | to : |
|---|---|---|
| **This SOU will be reviewed on:** | | |
| **Your follow-up appointment with the PHCP is scheduled for:** | | |

**STATEMENT OF UNDERSTANDING (SOU)**

By signing this SOU, the MEMBER agrees to the following:

1. Participate up to and within your MELs and functional abilities;
2. If requested by your Chain of Command to alter or disregard your MELs, advise them of your MELs and refer them to your Unit RTD Representative or TC RTD Coordinator as applicable;
3. Report changes to your MELs to your supervisor and Unit RTD Representative or TC RTD Coordinator (as applicable) as soon as possible;
4. To meet with your supervisor and Unit RTD Representative or TC RTD Coordinator (as applicable) for a scheduled progress review;
5. If your scheduled appointments are modified you must inform your supervisor in advance;
6. If you are unable to attend to your military duties because of a medical issue call your supervisor immediately and proceed to the MIR;
7. While on the RTD Program you are considered on duty. You must respect all military rules and regulations;
8. You will not accept compensation of any kind including pay, gifts, benefits, gratuities, etc., for full or part-time civilian employment that is part of an approved RTD modified work plan; and
9. You will not engage in self-employment and/or revenue producing employment by or for immediate family members.

By signing this SOU, the PARENT UNIT CO (or delegated authority) agrees to the following:

1. To respect the Member's MELs assigned by their PHCP and not alter or disregard them;
2. To respect that the Member is considered on duty during all aspects of their RTD Plan;
3. To support the Member in their recovery, rehabilitation and reintegration and ensure that regular progress reviews are conducted to confirm consistent and appropriate level of support is being provided;

By signing this SOU, the EMPLOYING UNIT CO (or delegated authority)/CIVILIAN EMPLOYER agrees to the following:

1. To respect the Member's MELs assigned by their PHCP and not alter or disregard them; and
2. To respect that the Member is considered on duty during all aspects of their RTD Plan;

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|---|
| 3. To support the Member in their recovery, rehabilitation and reintegration and ensure that regular progress reviews are conducted to confirm consistent and appropriate level of support is being provided; |

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| | |
| **Member** | **Date** |

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| **TC RTD Coordinator or Unit RTD Representative** | **Date** |

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| **Parent Unit CO (or delegated authority)** | **Date** |

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|---|---|
| | |
| **Employing Unit CO (or delegated authority)/Civilian Employer** | **Date** |

DISTRIBUTION LIST

Member
Parent Unit CO
TC RTD Coordinator
Unit RTD Representative
Employing Unit CO/Civilian Employer

Note:
A shadow file of all RTD participants will be maintained by the Unit RTD Representative or TC RTD Coordinator (as applicable).
(Copies of this SOU **shall not** be placed on the member's personnel file)

PROTECTED A (when completed)

**RTD COMPLIANCE AND CONSENT FORM**

**Service Number**_____**Rank**_____**Name**_____

**MOSID**_____ **Parent Unit**_____ **PHCP**_____

**Work Phone #**_____ **Home Phone #**_____

**I hereby agree to comply with the conditions specified below as part of my Return to Duty (RTD) Plan in order to promote my recovery, rehabilitation and reintegration as soon as possible:**

- ☐ I will keep my Chain of Command informed of my progress and notify them of any changes to my Medical Employment Limitations (MEL);
- ☐ I will respect my RTD plan and be reachable during those periods during the week when I am not at my duty placement location.
- ☐ I will report for my medical and physiotherapy appointments and fitness training as required and schedule them, to the best of my ability, on those days when I am not at my duty placement location.
- ☐ I will participate in a rehabilitation program which includes regular physical fitness training as discussed with my Regional Adapted Fitness (RAF) Professional and/or Physical Exercise (PE) Professional, as per the recommendation by my Primary Health Care Provider (PHCP).
- ☐ I will develop a leave plan with the aim of ensuring I will expend all my annual leave before 31 March of the current leave year. Where possible, I will inform my chain of command immediately.
- ☐ I will consent to the sharing of confidential information regarding my MELs between my Unit RTD Representative, the TC RTD Coordinator and my PHCP, RAFS or PES.
- ☐ I understand that this sharing of confidential information is limited to my MELs and does not include discussion on my medical diagnosis.
- ☐ I understand that for any question related to my RTD plan, I am authorized to contact my Unit RTD Representative or TC RTD Coordinator.
- ☐ I will seek approval from my PHCP and Chain of Command prior to engaging in external employment during those periods that are not established as part of my RTD Plan (i.e.; typically this refers to evenings and weekends) .

**Member's signature:**_____**Date:**_____

**Unit RTD Representative/TC RTD Coordinator (as applicable)**

**Signature:**_____ **Date:**_____

*One copy for the member and keep the original in the member's file in the RTD Coordinator's Office. A copy of this consent form is not to be kept in the member's personnel file.*

**Base/Wing RTD Committee Terms of Reference**

References: DAOD 5018- RTD

## Aim

1. The aim of this Terms of Reference is to define the responsibilities and duties of the Base/Wing RTD Committee.

## Purpose

2. The purpose of the Base/Wing RTD Committee is to collaborate in the effective and efficient management, support and promotion of the CAF RTD program on the Base/Wing. The Committee represents a community of practice for Unit RTD Representatives to network, exchange ideas and best practices, and talk about issues or challenges related to the RTD Program. The Committee also provides an opportunity for local RTD Program partners to provide advice and guidance to Base/Wing leadership and Unit RTD Representatives.

3. The Committee is affiliated with the local Transition Centre for RTD Program policy guidance and direction, data consolidation, exchange of information, resources and support. However, the Committee is responsible to the Base/Wing Comd.

## Scope

4. The Committee performs the following functions:

a. provide oversight, advice, guidance and support for the RTD Program on the Base/Wing;
b. support RTD promotion and training on the Base/Wing;
c. establish and maintain an RTD placement opportunity database;
d. collect Unit RTD data and provide collated data to designated TC RTD Coordinator;
e. provide administrative intervention for specific cases requiring non-clinical resolution when requested by Unit RTD Representatives;
f. facilitate the resolution of administrative, non-clinical issues which cannot be resolved by Unit RTD Representatives, and
g. collaborate with TC and RTD Partners to improve and promote the RTD Program.

## Organization

5. The Base/Wing RTD Committee shall be organized as follows:

a. Primary Chairperson – Base/Wing Admin O (or delegate);
b. Alternate Chairperson – Base/Wing CWO/CPO1;
c. Members – Unit RTD Representatives;
d. RTD Program Partners as required; and
e. Secretary – as delegated by Chairperson.

Meetings

6. Meetings will be held as required at the call of chair, but no less than quarterly. Unit RTD Representatives will be solicited for agenda items no less than two weeks prior to each meeting, with the agenda promulgated approximately one week prior to the meeting.

Minutes

7. Committee meeting minutes will be maintained by the Secretary who distribute to all members.

Unit RTD Committees

8. Units may establish respective RTD committees should the requirement exist in order to address local issues and bring forward any unresolved issues or concerns to the Base/Wing RTD Committee.

## Unit RTD Representative Terms of Reference

References: DAOD 5018- RTD

Aim

1. The aim of this Terms of Reference is to define the responsibilities and duties of the Unit RTD Representative.

Role

2. The role of the Unit RTD Representative is to serve as the Subject Matter Expert (SME) within the unit regarding the effective and efficient management of ill and injured members on RTD. This represents the unit's link to the RTD Program partners on their base/wing.
3. The Unit RTD Representative develops collaborative relationships and SOPs with their TC Team and RTD Program partners in order to facilitate the development and implementation of RTD plans for ill and injured members in their units.
4. The Unit RTD Representative is a secondary duty. The Unit RTD Representative does not replace the role of the member's Chain of Command in facilitating and supporting their members on RTD.

Responsibilities

5. Advise the unit Commanding Officer on the development and coordination of RTD plans for the ill and injured members within that unit.
6. Provide effective and efficient support to assist unit members on RTD in developing and implementing their RTD plan and monitoring their progress.

Requirements

7. Compassion, empathy, and commitment to the well-being of the ill and injured members in their unit who are on RTD.
8. Advocacy for the ill and injured members in their unit who are on RTD but responsible to represent the interests of the CO.
9. Collaboration with the member's Chain of Command in the development, implementation and monitoring of their member's RTD plan.

Scope of Duties

10. Provide oversight, advice, guidance and support for the RTD Program to the CO;
11. Assist members in developing their RTD Plan with support of their Chain of Command;
12. Provide RTD promotion and training in the unit
13. Establish and maintain an RTD placement opportunity database within their unit;
14. Collect Unit RTD data and provide collated data to designated TC RTD Coordinator;
15. Represent the CO as a member of the Base/Wing RTD Committee;

16. Provide administrative intervention for specific cases requiring non-clinical resolution;
17. Facilitate the resolution of administrative, non-clinical issues; and,
18. Collaborate with TC and RTD Partners to improve and promote the RTD Program on their base/wing.

Qualifications

19. Rank: Typically a Sr NCO or Jr Offir. Sr NCO's and Offrs responsible for unit level discipline and administration should not be assigned this role. However, this is the CO's call and will reflect local realities and requirements.
20. Competencies: Unit RTD Representatives must be compassionate, empathetic advocates for the ill and injured, yet still be able to balance the operational needs of the unit with those of the members on RTD.
21. Employment: The CO should employ the Unit RTD Representative to the fullest extent of their capacity and competency with respect to supporting their members on RTD. They should not be employed as general 'casualty support and management specialists'.
22. Training: All designated Representatives must complete a 1-3 Day Unit RTD Representative course delivered locally by the TC. This training provides the information, knowledge and practical skills the Unit RTD Representative requires for assisting their members on RTD in developing and implementing their RTD Plan.