

2026

Report to the Minister of National Defence  
from the National Defence and  
Canadian Armed Forces Ombudsman

REPORT TO  
THE MINISTER OF NATIONAL DEFENCE  
FEBRUARY 2016

REPORT TO THE MINISTER  
OF NATIONAL DEFENCE

May 2016

National Defence / Défense nationale

PROTECTED A (When completed) — PROTÉGÉ A (Une fois rempli)

Report on Injuries or Exposure to Toxic Material or Substances  
Rapport en cas de blessures ou d'exposition à du matériel ou substances toxiques

(All sections must be completed and forwarded within 14 days of injury or exposure)  
(Toutes les sections doivent être remplies et expédiées dans les 14 jours de l'accident ou de l'exposition)

The CF 98 must be TYPEWRITTEN — Le CF 98 doit être DACTYLOGRAPHIÉ

1. Injured person's identification — Identification de la personne blessée

DN - NM Surname - Nom de famille

Rank / Grade Regular Regular  Part-time Part-time   
Reserve Reserve

Date and time of injury — Date et heure de l'événement

2. Injured person's statement — Déclaration de la personne blessée

Have you been treated by a health professional? Yes  No  If yes, please list the date, location, name of the health professional who treated you. If not, indicate the date, location and name of the person who referred you to a health professional.

I hereby declare that the foregoing is a true statement.  
J'atteste par la présente que l'exposé ci-dessus est vrai.

Signature of the injured person — Signature de la personne blessée

3. Reporting officer's statement — Déclaration de l'officier

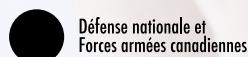
Please give a brief explanation which will enable Veterans Affairs Canada to evaluate your answer and provide any appropriate documentation.  
Donnez une brève explication qui permettra à Anciens Combattants Canada d'évaluer votre réponse et d'offrir toute documentation appropriée.

# Marking Time: A decade of stalled progress for the Primary Reserve



Ombudsman

National Defence and  
Canadian Armed Forces



Défense nationale et  
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# Land acknowledgement

The Office of the Department of National Defence and the Canadian Armed Forces Ombudsman acknowledges that this report was prepared on the traditional, unceded territory of the Algonquin Anishinaabeg Nation, in what is now called Ottawa. We also recognize the First Nations, Inuit, and Métis Peoples across Turtle Island whose lived experiences and knowledges inform the work of this Office. This acknowledgement reflects our commitment to trust, equity, and accountability as part of a broader effort to dismantle colonial legacies.

We encourage all Canadians and visitors to these lands to learn about and regularly acknowledge the historic and ongoing significance of these lands for the First Nations, Inuit, and Métis peoples. We also encourage all Canadians to consider how they can personally contribute to Canada's reconciliation with Indigenous Peoples.

# Mandate

The Office of the Department of National Defence and Canadian Armed Forces Ombudsman was created in 1998 by Order in Council to improve transparency in the Department of National Defence and the Canadian Armed Forces, as well as to ensure the fair treatment of concerns raised by the Defence community and their families.

The Office is a direct source of information, referral, and education for the members of the Defence community. Its role is to help individuals access existing channels of assistance or redress when they have a complaint or concern. The Office is also responsible for reviewing and investigating complaints from constituents who believe they have been treated unfairly by the Department of National Defence or the Canadian Armed Forces. In addition, the Ombudsman may investigate and report publicly on matters affecting the welfare of Canadian Armed Forces members, Department of National Defence employees, and others falling within their jurisdiction. The ultimate goal is to contribute to substantial and long-lasting improvements to the Defence community.

Any of the following people may bring a complaint to the Ombudsman when the matter is directly related to the Department of National Defence or the Canadian Armed Forces:

- A current or former member of the Canadian Armed Forces
- A current or former member of the Cadets
- A current or former employee of the Department of National Defence<sup>1</sup>
- A current or former employee of the Staff of Non-Public Funds, CF
- A person applying to become a member of the Canadian Armed Forces
- A member of the immediate family of any of the above-mentioned
- An individual attached or seconded to the Canadian Armed Forces

The Ombudsman is independent of the military Chain of Command and senior civilian management and reports directly to the Minister of National Defence.

# Abbreviation guide

<b>AFC</b>	Armed Forces Council
<b>ARC</b>	Administrative Response Centre
<b>Asst CMP/Deputy MILPERSCOM</b>	Assistant Chief of Military Personnel/Deputy Commander of Military Personnel Command
<b>CAF</b>	Canadian Armed Forces
<b>CAFMPI</b>	Canadian Armed Forces Military Personnel Instructions
<b>CAF TG</b>	Canadian Armed Forces Transition Group
<b>CBI</b>	Compensation and Benefits Instructions
<b>CDS</b>	Chief of the Defence Staff
<b>CFHS</b>	Canadian Forces Health Services
<b>CMP/Comd MILPERSCOM</b>	Chief of Military Personnel/Commander Military Personnel Command
<b>C Res</b>	Chief of Reserves
<b>DAGS</b>	Defence Advisory Group and Organizations
<b>DAOD</b>	Defence Administrative Orders and Directives
<b>DCSM</b>	Director Casualty Support Management
<b>DMCPG</b>	Director Military Careers Policy and Grievances
<b>DMPPI</b>	Director Military Personnel Policy Instruction
<b>DND</b>	Department of National Defence
<b>FAMLT</b>	Field Ambulance Medical Link Team
<b>GBA Plus</b>	Gender-based Analysis Plus
<b>GECA</b>	<i>Government Employees Compensation Act</i>
<b>L1</b>	Level 1

<b>L2</b>	Level 2
<b>ONSAF</b>	Our North, Strong and Free
<b>OSI</b>	Operational Stress Injury
<b>P Res</b>	Primary Reserve
<b>PSHCP</b>	Public Service Health Care Plan
<b>QR&amp;O</b>	Queen's Regulations & Orders
<b>RDCP</b>	Reserve Dental Care Plan
<b>RFC</b>	Reserve Force Compensation
<b>RTS</b>	Reserve Transition Support
<b>SSE</b>	Strong, Secure, Engaged

# Executive summary

Since 2017, the Office of the Ombudsman has issued progress reports to monitor the implementation of recommendations from our systemic investigations. Two reports published in 2016—*Compensation Options for Ill and Injured Reservists* (RFC) and *Part-time Soldiers with Full-time Injuries* (OSI)—continue to show limited progress.

Nearly a decade later, many of the inequities identified in these reports persist. This stalled progress is especially troubling as the Canadian Armed Forces (CAF) increasingly depend on Primary Reserve members for domestic emergencies, international operations, and training. These challenges come amid plans to substantially increase Reserve Force recruitment. These members continue to face inconsistent access to compensation, health care, and administrative support when they become ill or injured during military service.

In December 2024, we launched a systemic review to determine why these recommendations remain unimplemented. This review included interviews with senior CAF leaders to identify barriers to progress, assess the continued relevance of our recommendations, and highlight emerging issues. As part of this review, we also issued a *letter to the Chief of the Defence Staff (CDS) in June 2025* outlining additional concerns affecting the Reserve Force. This review was completed prior to the Government of Canada's announcement of increased defence funding and the launch of the Reserve Transition Support (RTS) policy.

Our review confirmed that all issues identified in 2016 remain relevant. However, systemic barriers to their implementation persist. These challenges originate at the strategic governance level, particularly in the absence of a coherent employment model for Reservists, and cascade downward to administrative processes. Interviewed CAF leaders also emphasized the need for better coordination among senior leadership to fully understand how Reservists are employed and to account for their unique circumstances in policy development.

The four key barriers are:

- **Governance:** Fragmented authority and unclear roles continue to delay policy alignment.
- **Cultural Divide:** Enduring bias against Reservists affects equity in benefits and recognition.
- **Resourcing Constraints:** Staffing shortages and financial pressures hinder implementation.
- **Administrative Complexity and Digitization:** Outdated directives and administrative procedures, and slow modernization impedes timely change.

The Canadian Armed Forces is addressing the employment model of the Reserve Force. Our recommendations focus on ensuring Primary Reserve members have fair access to benefits and services following an illness or injury due to military service. With this review, we will archive the 2016 RFC and OSI reports and issue the following updated recommendations to address these persistent barriers:

- **Recommendation 1: Reserve Force Compensation Governance**

By January 2027, the Canadian Armed Forces strengthen the governance framework for Reserve Force Compensation by finalizing the delegation of authority. This should include clearly defining roles, responsibilities, and accountabilities at all levels to ensure that compensation requests are reviewed and approved by the sole decision-making authority.

- **Recommendation 2: Digitization of the Reserve Force Compensation application process and access to tools**

By January 2027, the Canadian Armed Forces modernizes the Reserve Force Compensation application process by:

- Completing the digitization of the Reserve Force Compensation form (from electronically submitting requests to adjudication decision),

- Ensuring that adjudication decisions are made within 30 days of the member's application for compensation; and,
- Ensuring the Reserve Force Compensation application process and related tools are accessible to all members, administrators, and leadership.

- **Recommendation 3: Information about compensation options**

By January 2027, the Canadian Armed Forces ensures that leadership and ill and injured Primary Reserve members have access to information about compensation options following an injury, illness or disease. This includes:

- Centralizing existing information on compensation options, entitlements and steps for submitting requests into one online product to help members make informed decisions.
- Ensuring that any relevant documents, policies, procedures and forms are available on externally accessible platforms, and a cyclical update process is established.

- **Recommendation 4: Resources**

By January 2027, the Canadian Armed Forces complete updates of the Primary Reserve members health care entitlement and eligibility policies by allocating additional resources to expand capacity and strengthen expertise in drafting policies and directives, including the Reserve Force perspective.

- **Recommendation 5: Communication**

By January 2027, the Canadian Armed Forces include health resources for Reservists in the letter issued to members deemed Non-Effective Strength, to provide information should an operational stress injury manifest after their release.

While the CAF has taken steps such as improving access to resources for Reservists through the *MyCAF* application, centralizing policy expertise to improve coordination, and aligning Reserve policies within the broader CAF, these efforts have not yet addressed the core inequities identified nearly a decade ago.

With renewed investments in defence and a focus on *CAF Reconstitution*, this is an ideal opportunity to ensure fair support for every CAF member who suffers from an illness or injury due to their military service. Implementing these recommendations will not only advance fairness for ill and injured Reservists but also strengthen the CAF's overall readiness and resilience.

# Section I: Introduction

In 2008, we published our first report on Reserve Force health care. The report highlighted longstanding issues with Canadian Armed Forces (CAF) support for Reserve Force members who sustain an illness, injury, or disease while on a period of Reserve Service.

Reserve Force members face persistent challenges due to their part-time status, including inconsistent access to health care, delayed compensation and benefits, and systemic administrative barriers. Outdated policies, limited awareness or access to policies and processes, and fragmented governance worsen these issues. The result is injured or ill Primary Reserve (P Res) members experiencing financial and emotional stress, which can negatively impact their recovery, morale, and the Reserve Force's readiness. In the past, we have recommended improvements for these issues; however, we have noted little progress on Reserve-related matters. Important to note, P Res members belong to the largest of four sub-components of the Reserve Force. They typically, but not exclusively, serve in the CAF on a part-time basis. Often, P Res members can serve full-time duties with the CAF, either on operations, training or fulfilling institutional shortfalls. P Res members are more generically referred to as 'reservists', although not all reservists are members of the P Res.

Two of our 2016 reports, and their recommendations, stand out: *Compensation Options for Reservists*<sup>2</sup> (*Reserve Force Compensation (RFC) report*) and the *Part-Time Soldiers with Full-Time Injuries*<sup>3</sup> (*Operational Stress Injury (OSI) report*).<sup>4</sup>

Since the publication of the *RFC* and *OSI* reports, we have continued to receive complaints related to P Res health care entitlements, compensation options, and the lack of awareness about such benefits. Consequently, the Interim Ombud launched this review in December 2024 to focus on the following:

1. Examining the outstanding recommendations in these reports to determine if they are still relevant.
2. Discovering the barriers causing delays in the implementation of our P Res recommendations, specifically in the 2016 *RFC* and *OSI* reports.

As with the *RFC* and *OSI* report, this review focuses on Primary Reserve members. However, throughout this report, when there are references (ex: policies and regulations) that apply to the Reserve Force as a whole, we will use the term "Reservist" or "Reserve Force."

For this review, we asked CAF leadership – including those with the authority to implement the 2016 recommendations – about the barriers they face when it comes to Reserve-related matters.

Interviews took place in January and February 2025. Information gathering continued until June 2025. For more information, refer to **Appendix I: Methodology**.

At the start of this review, we committed to informing the Chief of the Defence Staff (CDS) of any emerging issues affecting the Reserve Force that were outside the scope of this review. The *Letter to CDS: Reserve Force emerging issues*<sup>5</sup> was published on 26 June 2025.

In June 2025, we completed our review. This took place before the Government of Canada announced Defence budget increases,<sup>6</sup> as well as the launch of the Reserve Transition Support (RTS) policy.<sup>7</sup>

We remain concerned about fair treatment for Primary Reserve members who are relied upon for domestic emergencies, international operations and training. But when these members are injured or become ill, they continue to face inequities in support. As a result, we have continued to raise concerns with the CAF.

# Section II: Context

In 2008, we completed our systemic investigation, *Reserved Care: An Investigation into the Treatment of Injured Reservists*,<sup>8</sup> related to the health care of Reserve Force members.

In 2016, we completed and published two investigations: *A Systemic Review of Compensation Options of Ill and Injured Reserve Force* and *Part-time Soldiers with Full-time Injuries*. These reports highlighted issues with governance on matters related to the Reserve Force, inconsistent or poor communication practices, gaps in knowledge and awareness of Reserve entitlements, and complex policies.

Note: When we published these two reports in 2016, we made recommendations that were based on the issues raised since 2008. In 2017, we began following up on the implementation of these report recommendations.

## A Systemic Review of Compensation Options for Ill and Injured Reserve Force (RFC) investigation (February 2016)

This report outlined the complex and often burdensome processes that ill and injured Reserve Force members had to navigate to access compensation and administrative support. We found the following:

1. No clear governance or functional authority for administering the compensation process for the ill and injured.
2. No clear guidelines for how to administer reservists whose illness or injury prevents them from continuing to perform their duties.
3. No clear guidelines for how to apply for new periods of employment while on Medical Employment Limitation (MEL).
4. The RFC administration process was difficult to navigate, causing delays in processing claim applications.
5. Members, leadership, and administrators lacked knowledge and awareness of the compensation options available to ill and injured Reservists.
6. There was no formal tracking of these processes to determine their efficiency and effectiveness.

We made two recommendations in the areas of governance, policy, resources, and communication to help address these issues:

1. [...] that the Department of National Defence (DND) and the CAF improve the **governance and administration** of the Reserve Force Compensation process.
2. [...] that the DND and the CAF take concrete steps to improve the **knowledge and awareness** of the compensation options available to ill and injured Reservists.

## Part-time Soldiers with Full-time Injuries (OSI) investigation (May 2016)

This report highlighted that ill and injured Reserve Force members often faced unclear and inconsistently applied policies regarding their entitlement to health care and medical assessments. It also highlighted administrative delays and a lack of awareness among both Reservists and administrators about Reserve Force care, which hindered timely access to support and future employment opportunities. Lastly, there were gaps in the Reservist post-deployment follow-up processes.

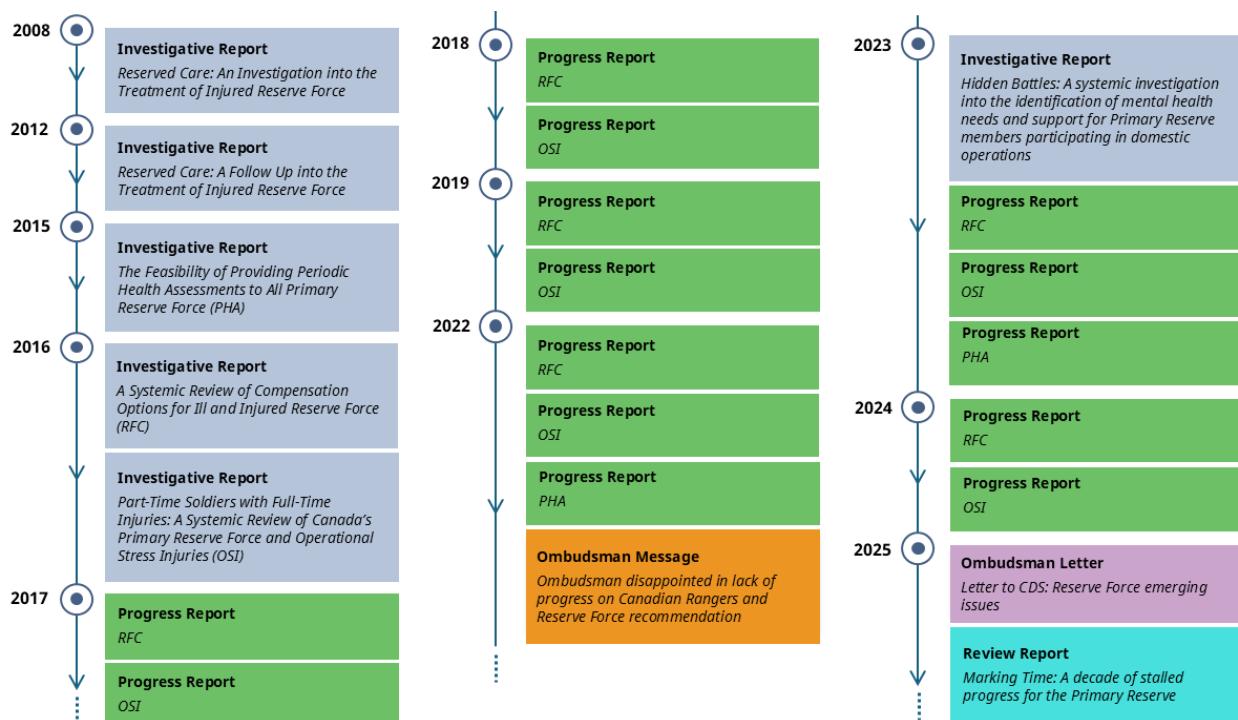
We made three recommendations in the areas of governance, policy, resources, and communication to help address these issues:

1. [...] that the DND and the CAF **improve the clarity and administration of Reservists' entitlement and eligibility** for health care, periodic health assessments and future Reserve employment.
2. [...] that the DND and the CAF take measurable steps to improve the **knowledge and awareness** of the entitlements available to all Reservists, especially those who may be ill or injured.
3. [...] that the DND and the CAF **strengthen the responsibility and capacity to follow-up** with Reservists.

## Since 2016

The CAF's initial lack of progress in implementing our 2008 recommendations led to our subsequent investigations in 2016. The CAF accepted all the recommendations made in the *RFC* and *OSI* reports. As such, we tracked the progress of these recommendations and found that minimal progress had been made in implementing our recommendations, and most of that effort was stalled.

**Graphic 1: Timeline of Ombudsman reports and published content on Reserve-related topics.**



For more information on recommendation statuses tracked by us, refer to the *RFC* and *OSI* progress reports on our website.<sup>9</sup>

In tracking the CAF's progress on the *RFC* and *OSI* reports recommendations, there were:

- Excessive delays in starting or completing tasks.
- Unclear or unknown delegations of authority and a lack of accountability.
- CAF coordination challenges in reporting progress.
- Lingering impacts of the global pandemic, such as shortage of personnel resources.

These challenges indicated to us that bigger underlying systemic issues existed or were present. The lack of progress, combined with continued negative impacts and inequalities for

P Res members prompted us to undertake this review. For additional details on the implementation status of each recommendation, refer to **Appendix II: 2016 RFC and OSI Recommendations**.

## Are our 2016 recommendations still relevant?

As an initial phase of this report, we set out to confirm whether all the recommendations made in the 2016 reports were, in fact, still relevant given almost a decade has passed. The continued relevance of all recommendations was confirmed by CAF leaders interviewed. They acknowledged the limited progress, confirmed that the issues raised in 2016 still exist and that our recommendations remained relevant. They highlighted the persistent barriers that have prevented the CAF from implementing changes. This is addressed in **Section IV: Barriers**.

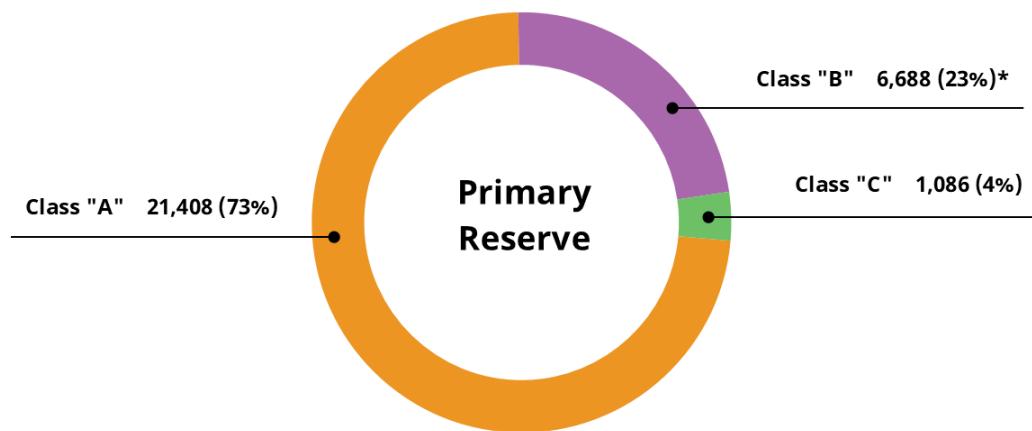
## Current state of the Primary Reserve

From 2016 to 2024, the number of P Res members grew from 26,254 to 28,985.<sup>10</sup> By 2032,<sup>11</sup> the CAF intends to grow the Primary Reserve to 30,000 average paid strength.<sup>12</sup> Most members serve in the Army (77 percent), while the rest serve in the Navy (15 percent), and Air Force (8 percent).<sup>13</sup>

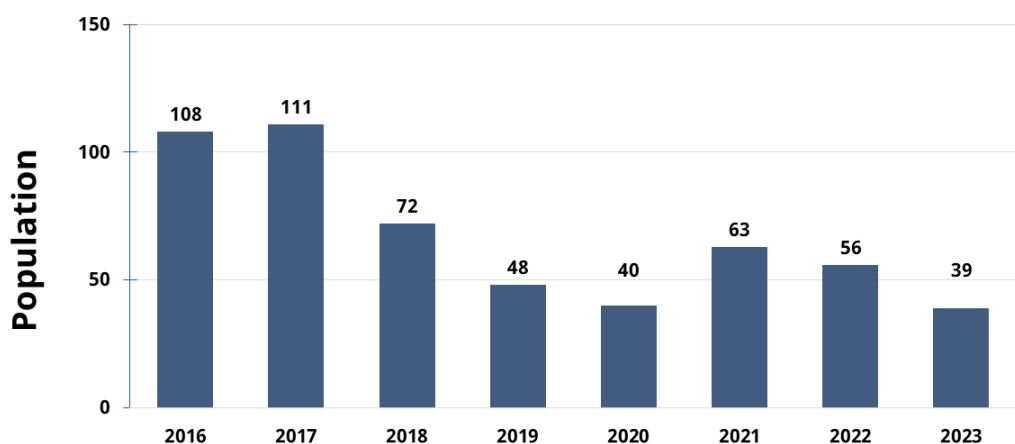
P Res members serve under one of three classes of Reserve Service at any one time. Entitlement to CAF provided medical and dental services is based on the class of reserve service at the time of an injury, illness or other medical requirement.

1. **Class "A" Reserve Service** – The part-time employment most often associated with the Reserve Force. Members serve short periods of service (to a maximum of 12 consecutive calendar days and a maximum of 16 cumulative calendar days per month).
2. **Class "B" Reserve Service** – This full-time Reserve Service is for 13 or more consecutive days. Service can include employment as staff at training establishments, attendance at training courses, or duties of a temporary nature when it is not practical to employ Regular Force members. This class of Reserve Service has two groups: those employed for short-term (180 days or less) and those employed for longer term (more than 180 days).
3. **Class "C" Reserve Service** – This is full-time Reserve Service. There is no minimum period applicable to this class of Reserve Service. Class "C" Reserve Service may be operational (related to a specific military tasking in or outside of Canada) or non-operational.

The class and period of Reserve Service will vary throughout a member's career, even within the same year (Graphic 2).<sup>14</sup> For more information on the classes of Reserve Service, refer to **Appendix VI: Glossary**.

**Graphic 2: Population snapshot of P Res members by class of Reserve Service as of March 2024.<sup>15</sup>**

Reserve Force members who become ill or injured as a result of duty may be eligible for compensation through the RFC process or through *Government Employees Compensation Act (GECA)*.<sup>16</sup> The number of P Res members that start to receive RFC varies from year to year (Graphic 3). However, considering their overall population, most P Res members do not become ill or injured resulting from their service, nor do they become unable to work.

**Graphic 3: Number of Primary Reserve members who started to receive Reserve Force Compensation, 2016 to 2023.<sup>17</sup>**

However, for those who do become ill or injured and are unable to work, compensation and support are essential during their recovery.

From 2017 to 2025, we continue to hear complaints from P Res members about difficulties accessing health care and related compensation entitlements from individual cases and outreach.

For some of these P Res members the delays in processing RFC applications caused financial hardship. Most of these delays happened at the Reserve unit level. Insufficient staffing to process applications and a lack of awareness of the RFC administrative process resulted in these delays.<sup>18</sup> The level of impact on

the member is significant, and it indicates that there is a larger systemic issue potentially impacting more members who did not engage with our office. Additionally, this issue could impact future members as their population increases.

The following two examples provide context.

## Case 1 Scenario

A Reserve Force member serving on a Class "C" period of Reserve Service sustained a severe injury while training. They were entitled to CAF health services and began receiving treatment.

However, more than five months into their recovery, their request to extend their Class "C" Reserve Service was denied, and they reverted to Class "A" status, where health care was no longer provided by the CAF and should fall under the provincial/territorial health insurance coverage. Following this change, a medical officer informed the member that they were not eligible for CAF health treatments and that the member may be required to repay the CAF for the treatments already received.

Concerned, the member contacted us for help as the treatments were not covered by their provincial health insurance plan. Without continued care, their condition was expected to worsen, affecting both their quality of life and future employment prospects. Having to repay more than 5 months' worth of treatment and unable to get continuity of care, the member was under significant financial and personal stress impacting their recovery.

We escalated the case to the Base Surgeon for their review. It was determined that the medical officer had acted based on a misunderstanding of the eligibility criteria and had incorrectly advised the member they were not eligible. The Base Surgeon confirmed that the member was entitled to CAF health care.

For more information on the different classes of Reserve Service, refer to the section on the **Current state of the Primary Reserve**, and **Appendix VI: Glossary**

## Case 2 Scenario

A Reserve Force member serving on Class "A" reserve service was injured during basic training and submitted a request for RFC through their chain of command, as this was determined to be the most appropriate form of compensation option for the member. Unable to work as a Reserve Force member or in a civilian job, they faced serious financial hardship. Despite following up with their chain of command for over a year, they received no updates on their application.

By the time the member contacted us, they were thousands of dollars in debt and at risk of homelessness. We reached out to the Commanding Officer and discovered the RFC application was never completed or sent to (Director Casualty Support Management) DCSM who had functional authority at the time. Due to inexperience with the RFC process, the Chain of Command had wrongly assumed that they were the decision maker and deemed the member was not eligible. After we connected the chain of command with the proper authority, DCSM, the RFC application was approved and the member received retroactive coverage upwards of \$80,000 for treatment and care.

## Why now?

Since 2016, the Government of Canada has announced new strategic direction for Canada's military. The Chief of Defence Staff (CDS) and the Deputy Minister (DM) have also issued new directives and policy updates, as well as a *New Vision for the Reserve Force*.<sup>19</sup> For more specific information on this strategic direction see **Appendix III: Defence Policy and CDS/DM Directives**.

In October 2024, the CDS and DM released *Directive 002 CAF Reconstitution* that outlined more measurable targets to reconstitute the CAF in two phases by 2030.<sup>20</sup> The first phase aims to grow the P Res Force to 30,000 members (reinforced by the Government of Canada's significant financial commitments to accelerate recruitment and strengthen retention in the CAF).<sup>21</sup>

Based on these factors, addressing the longstanding issues raised in our Reserve-related reports and those identified in **Section IV: Barriers** will support more effective and sustainable efforts towards creating a future-ready Reserve Force.

# Section III: Impacts

For 17 years, we have noted continued challenges facing P Res members, including inconsistent access to health care, compensation and benefits related to illness and injury. The issues we identified in 2008 remain unresolved, and continue to adversely affect members' financial stability, career progression, and well-being. With growing recruitment and retention pressures, the barriers outlined in this report negatively impact the recovery process of ill or injured Reservists and can result in unfair financial pressures on them and their families.

## Health and wellbeing impacts

P Res members face significant barriers to accessing CAF healthcare due to departmental financial constraints and limited resources. These challenges are especially pronounced in remote areas, where the demand for services continues to grow, compounding both mental and physical stress.<sup>22</sup> Travelling long distances to access CAF health care can increase costs and diminish members' quality of life.<sup>23</sup>

Knowledge gaps among frontline clinical staff—due to inconsistent staffing and high turnover at the clerk level within Care Delivery Units—have resulted in confusion about Reserve healthcare entitlements. In turn, P Res members may be wrongly turned away from CAF clinics, despite being eligible for care. This can cause delays in treatment for service-related injuries, jeopardizing their ability to recover and to serve, impacting their long-term well-being.<sup>24</sup>

Poor administrative guidance and unclear policies mean P Res members miss out on benefits or opportunities for assistance to which they are entitled.<sup>25</sup> As a result, P Res members feel unsupported and frustrated, especially if they later learn about benefits informally rather than through official channels.<sup>26</sup>

Inconsistent healthcare access and compensation for service-related injuries contribute to what some leaders describe as systemic neglect within the CAF.<sup>27</sup> Research published in the *Journal of Military, Veteran and Family Health* highlights that feeling supported were among the strongest drivers of positive work experiences for P Res members. Environments marked by conflicting roles, masculinity contest culture, or high job stress were additionally associated with increased experiences of burnout. These findings suggest that uneven support systems (ex: access to health care) directly undermine morale and job satisfaction.<sup>28</sup>

## Career impacts

Staffing shortages have led to increased workloads and responsibilities for P Res members, and rushed training.<sup>29</sup>

Currently, interim policies allow CAF health care services for P Res members in certain circumstances. For example, all members of the P Res Force that present to a clinic should, as a minimum, be evaluated to ensure their immediate health care needs are met.<sup>30</sup> However, most P Res members depend on provincial and territorial health care systems that also face significant challenges including staff turnover.

P Res members also face barriers to preventive care, such as vaccinations. Although informal agreements allow the CAF to vaccinate Reservists on domestic operations, some leaders believe this is not clearly communicated, leading to last-minute approvals.<sup>31</sup> These can cause employment risks.<sup>32</sup>

Lack of access to health evaluations could also mean that P Res members are unable to get the timely care they need for a service-related illness or injury, impeding their readiness or ability to serve, with negative career ramifications.<sup>33</sup>

## Financial impacts

P Res members and their families face financial implications resulting from a lack of awareness of processes, poor communication and outdated or inequitable policies within the CAF.

Lack of awareness of Reserve-related administrative processes creates gaps in understanding, which leads to poor and inconsistent communication, such as members facing difficulties receiving accurate information from their Chains of Command about entitlements. Those gaps and unclear guidance can lead to poor decisions on benefit claims, causing financial strain for members and their families, often leaving them without the critical support to which they are entitled.<sup>34</sup>

Compensation processes for ill or injured P Res members that are ineffective or poorly implemented can have significant financial results if the CAF denies their claims later on.<sup>35</sup>

Additionally, existing policies that do not consider the unique needs of Reservists allows inequities between Regular Force and Reserve Force members to exist.<sup>36</sup> For example, a P Res member performing the same duties as a Regular Force member may face interrupted pay during illness or injury and reduced death gratuity<sup>37</sup> or survivor benefit entitlements.<sup>38</sup> These types of disparities place unnecessary financial and emotional burdens on affected families.<sup>39</sup>

*"The irony is this, if a Regular Force person is injured off duty, they are entitled to uninterrupted, automatic, full pay and benefits until they recover. No fault. No one does an investigation. At the same time, when a Reservist suffers a service-related injury, the CAF makes Reservist families beg for money to pay the mortgage or credit card. The insulting thing that [some CAF leaders say] they just need financial counselling. Reservists go into financial problems because they are injured. It's not because they are financially illiterate, they have no money coming in."*

– Former Director General Reserves and Cadets

## Organizational impacts

Interviewed CAF leaders identified the barriers that led to organizational inefficiencies, which compromise the CAF's reconstitution efforts.

In 2008 we found that unclear and fragmented governance negatively impacted supports for ill or injured Reserve Force members.<sup>40</sup> The CDS at the time said they want to integrate the Regular and Reserve Forces.<sup>41</sup> However, from 2008 until two years ago, there had not been a concerted or coherent effort to integrate the Reserves into broader policy updates. **To date, this has not materialized, and governance over Reserve-related matters is still ambiguous.**<sup>42</sup>

Drafting or updating policy instruments is complex and lengthy. As a result, CAF leaders have used CANFORGENs<sup>43</sup> for updates, increasing the number of related policy instruments. When the CAF does review a topic, they must consider and update an increasing number of instruments, aggravating the administrative burden and inefficiencies.<sup>44</sup> The interconnection of various policy instruments complicates updates.<sup>45</sup> Inefficiencies and unclear policy frameworks result in inequitable treatment, which compromises the organization's ability to maintain consistent standards for all CAF members suffering from service-related illnesses or injuries. Outdated technology and slow digitization add to administrative burdens and delays,<sup>46</sup> and affect the awareness of Reserve-related entitlements at all levels.

Systemic communication gaps and cultural divides within the organization, further complicate access to care and support.<sup>47</sup> In particular, the cultural divide between Reserve Force and Regular Force members also contributes to low morale, especially when Reserve Force members perceive inequitable treatment

and delayed care as signs of being undervalued.<sup>48</sup> For more information on this cultural divide, see section **Barrier 2: Cultural divide**. According to a Canadian Military Journal article on *Challenges for Canada's Reserve Force*, "there are systemic challenges that impact reserve force retention" and "the perceived lack of respect within the CAF/DND for reservists" is one of them.<sup>49</sup> This sentiment is reinforced by policies historically designed with Regular Force members in mind, making them difficult to apply equitably to P Res members.<sup>50</sup>

In addition, policy developers spend much of their time interpreting existing directives, they have little time left to consider forward-facing initiatives.<sup>51</sup> CAF leaders reported that unresolved ambiguity in outdated policies has led to confusing and complicated process administration, inconsistent interpretation and application of medical entitlements.<sup>52</sup> For example, a lack of available information exists to help decide whether compensation under RFC or GECA or if the RTS is best for a member's situation. This creates situations where the member does not receive the appropriate support following an injury or illness due to service.<sup>53</sup> **As a result of inadequate directives and procedures, injured members and leadership often spend considerable time looking for information to fill awareness gaps, diverting valuable resources away from other critical tasks and creating inefficiencies within the CAF.**<sup>54</sup>

Lastly, resourcing constraints limit the organization's ability to hire, recruit, and retain essential personnel such as Canadian Forces Health Services (CFHS) staff, clerks, and human resource advisors. This leads to heavier workloads, lower productivity, and reduced service delivery.<sup>55</sup> The CAF struggles to recruit and retain personnel, especially in the Reserve Force, which often gets less attention compared to the Regular Force.<sup>56</sup> Perceptions of unequal importance and value between the Reserve and Regular Forces create internal disagreements, undermining collaboration and delaying action on critical issues. The cultural divide within the CAF between the Regular and Reserve forces not only lowers morale among P Res members but worsens the CAF's ability to attract and retain trained personnel. In turn, this depletes personnel resources and talent,<sup>57</sup> and affects the CAF's operational effectiveness.

# Section IV: Barriers

## Barrier 1: Governance

**The challenges that P Res members face with administrative governance<sup>58</sup> are a downstream effect of more complex issues with strategic governance.<sup>59</sup>**

The CAF has a complex governance structure. There are seven force generators<sup>60</sup> who manage P Res members: the Canadian Army, the Royal Canadian Navy, the Royal Canadian Air Force, and other specialized branches. Each organization manages, hires, and creates processes for their respective P Res members differently.<sup>61</sup>

The CAF Corporate Secretary's report *Accountabilities, Responsibilities, and Authorities (ARA)* aims to provide an overview of the lines of accountability that flow through the Defence Team.<sup>62</sup> Its June 2024 report outlines that the Vice Chief of the Defense Staff (VCDS) is responsible for the Reserve Force and managing the Chief of Reserves (C Res).<sup>63</sup> The Commander of the Canadian Army is responsible for overseeing the Army P Res, and the Commander of the Royal Canadian Air Force is responsible for the command, control, and administration of the Air Reserve Force.

However, there is no formal indication within the *ARA* of the level of responsibility that the Royal Canadian Navy has in relation the Naval Reserve.<sup>64</sup> Additionally, when it comes to Reserve Force policies, the Chief of Military Personnel (CMP) is one of the L1s responsible for employing P Res members and holds the ARAs<sup>65</sup> on military personnel management matters.<sup>66</sup> However this is not defined in the Corporate Secretary's 2024 report.<sup>67</sup>

One CAF leader noted that the lack of centralized authority over the Reserve Force results in change management issues and negatively affects efforts to implement efficient, clear, and cohesive policies.<sup>68</sup> Interviewed CAF leaders also pointed out the challenges they have observed in the past with multiple players involved with unclear roles. **The result is confusion over who will address Reserve-related matters such as policy or process issues<sup>69</sup>, overlapping responsibilities, encroachment on each other's roles, and hesitation to provide direction. They noted that policies were disjointed, and no one took ownership of policy alignment.**

A CAF leader explained that L1s employing P Res members sometimes encountered issues that they could not resolve themselves.<sup>70</sup> The L1s turned to authorities, like C Res or Chief of Military Personnel/Command Military Personnel Command (CMP/Comd MILPERSCOM) for guidance and advice. If these L1s resisted the resulting guidance, significant governance challenges could arise.<sup>71</sup>

The C Res is the senior advisor on Reserve Force matters and assists in ensuring that CAF policies, procedures, programs, and force development align with the needs of the Reserve Force. However, this is only an advisory position;<sup>72</sup> C Res is limited in their ability to ensure alignment. This lack of clear roles and responsibilities meant that advisors found it difficult to advocate for changes to benefit all P Res members.<sup>73</sup>

Interviewed CAF leaders also indicated a need for better coordination amongst senior leadership to fully understand how Reservists are employed, and how to consider Reservists' unique circumstances while developing policy.<sup>74</sup> Interviewed CAF leaders added that different authorities had different visions for the Reserve Force. This made it difficult for the CAF to track what it should implement, hampering the CAF's progress on Reserve-related matters, including governance at the administrative level. **A divide exists amongst CAF leaders on how to employ the Reserve Force.<sup>75</sup>**

*"A lot of disagreement on what a Reserve Force is supposed to be doing, and the services have a different model of employment for Reservists and different ways of doing things. So ...this new strategy/vision did not meet the target for everyone but it's at least a beginning where we give ourselves the [tools] to have a common view of Reservists. So, lots of disagreement, and somehow, we will need to settle this before we can actually implement the vision. It's hard to implement a vision when you disagree at the base as to what this thing should be doing."*

– CDS

Misalignment of the Class "B" and Class "C" Reserve Service definitions in policy has created historical and ongoing issues in pay, benefits, and administrative processes.<sup>76</sup> This also causes difficulty when determining the Reserve Force vision and hinders progress on making positive, Reserve-related policy changes.<sup>77</sup>

Systemic flaws in RFC administrative oversight, such as multiple recommendation stages and no centralized tracking, have resulted in confusion and reduced efficiency of the program.<sup>78</sup> For example, as of June 2025, there is still no oversight of the RFC process from the moment a member submits their application at the unit level until the application reaches the functional authority, DCSM. This is an issue we raised in our 2016 RFC report. While DCSM has taken some measures to implement continuity tools, staff rotations remain a risk. Refer to **Section V: CAF initiatives** for more information.

Compounding these struggles is poor communication at all levels, resulting in policies not reaching their intended audience in a timely and coherent manner. **While the CAF accepted numerous recommendations to ensure knowledge and awareness of policies and entitlements, this has not been done.**<sup>79</sup>

*"...internal to the CAF we have a poor information system... it's reactive as opposed to proactive in a lot of instances. I can speak specifically to the... [Reserve Transition Support policy]. I asked a question months ago "Hey what's your comms plan?" and they didn't have one. So, you got to get a comms plan, [and] you got to get this out because how are people going to know? ... They thought they were just going to drop...the policy [to print]. And then it would just be absorbed by the admin clerks or the [implementors]. That doesn't work."*

– CAF Environmental Command Representative

The CAF implements these changes sometimes without notifying Commanding Officers and administrative staff. **This leaves administrative personnel struggling to absorb, interpret and implement new directives correctly.** Additionally, frequent staff rotations within the CAF—particularly senior leadership responsible for the functional direction and guidance on the management of military personnel—have delayed progress towards long-term organization goals.<sup>80</sup>

This systemic barrier facing the CAF's Reserve Force begins at the strategic governance level and spreads downward to the administration level. However, other aspects of this challenge stem from deeply ingrained cultural biases and institutional inequities.<sup>81</sup> These issues not only affect the operational effectiveness of the Reserve Force but act as a barrier that highlights broader concerns about fairness and inclusivity within the CAF. We discuss further these cultural barriers in **Section IV, Barrier 4: Culture**.

To remedy this governance issue, CAF leaders interviewed are hopeful that bringing this discussion to the Armed Forces Council (AFC)<sup>82</sup> will result in clear direction on this matter. Two CAF leaders raised that

having discussions at the AFC or its executive branch (AFC-X) will create a strong foundation and allow changes to spread effectively throughout the organization.<sup>83</sup> Similarly, the Director of Reserve Force Integration and Modernization noted that their collaboration with DGMP Strat revealed a misalignment between legislation, regulations, and subordinate directives, which created a barrier to progress. Both groups will present this issue to the AFC; however, they did not expect a decision until after fall 2025.

## Barrier 2: Cultural divide

### **The CAF faces significant challenges rooted in a cultural divide between the Regular Force and the Reserve Force.**

Interviewed CAF leaders identified a cultural divide between the Regular Force and Reserve Force that perpetuates systemic challenges and inequities and reflects broader issues of institutionalized bias.<sup>84</sup> Institutional bias contributes to fragmented governance and a lack of consensus among leaders on roles, responsibilities, and strategic vision for the Reserve Force. According to interviewed CAF leaders, these challenges manifest themselves in multiple areas—including policy priorities, perceptions of the Reserve Force, leadership turnover and resistance to meaningful change by various leaders—and impede their efforts to implement our 2016 recommendations.<sup>85</sup> These issues not only affect the operational effectiveness of the Reserve Force but also highlight broader concerns about fairness and inclusivity within the CAF. Persistent disparities in compensation, benefits, and policy prioritization emphasize the urgent need for reform.

While both the Regular Force and the Reserve Force are essential components of the CAF, an environment exists where P Res members are often overlooked and under-supported. Our review found that the CAF did not treat issues affecting P Res members with the same importance and urgency as those affecting Regular Force members, potentially furthering their inequitable treatment.

According to a 2024 Director General Military Personnel Research and Analysis (DGMPRA) report,<sup>86</sup> most CAF members reported positive working relations between Regular Force and Reserve Force members. Further, 88 percent of Regular Force members reported positive views of the management of Reserve Force members by Regular Force supervisors, while only 70 percent of P Res members felt the same way. However, the report also found significant differences about how Regular Force members perceived the treatment and recognition of P Res members (Graphic 4).

#### Graphic 4: DGMPRA results on the differences in perception of Reserve Force treatment (by component).<sup>87</sup>



For example, some interviewed CAF leaders associated the practice of marking medical files with distinctive labels as a reflection of cultural bias<sup>88</sup> and discriminatory practices against P Res members.<sup>89</sup> This can be perceived as biased or exclusionary across the institution. **Differences in a P Res member's class of service and the complexity of their associated entitlements causes confusion for administrators trying to help them.** When P Res members suffer an illness or injury while on duty, and it is not documented at the right time and place, it can have a negative impact on current benefits and applications for Veterans Affairs Canada services.

*“... there’s a perception amongst health service providers in the CAF that they’re only to see people who have [Class] B and C [periods of employment] ... And health services had to actually publish guidance saying ‘No you will see them, but then if it’s not attributable...because we have to keep track of it – we’ll refer them back to the civilian health care. If it is attributable, we’ll take care of them.’ But that’s not what happens in practice because of the cultural divide and the lack of understanding.”*

– CAF Environmental Command Representative

In our discussion with the Defence Advisory Groups (DAGs) Secretariat, it was brought to our attention that 'doublespeak'<sup>90</sup> is occurring where support for P Res members is announced, while at the same time the opposite is happening.<sup>91</sup> In fact, from the DAGs Secretariat's perspective, there are many Regular Force members who discriminate and talk down to P Res members. This is a major concern especially when Regular Force members are those primarily responsible for writing and making decisions on Reserve Force policies<sup>92</sup> which can miss the unique qualities, motivations, and strengths of the Reserve Force and its members.<sup>93</sup>

*"There is a rather large opinion that resides within the Regular Force that reservists are... under a different terms of service for the most part... [that] the institution has a different social contract with [Reserve Force members] and therefore, the level of support, services, resourcing – does not have to be as robust as it does for the Regular Force. It's a more qualifiable context in which the Reserve Force exists, as opposed to a quantifiable."*

– CAF Environmental Command Representative

The CAF Transition Group (CAF TG) highlighted that certain compensation and benefit policies offer limited compensation for service-related injuries without benefits like pensions or family health insurance plans, creating disparities between Reserve Force and the Regular Force members despite certain P Res members employed full-time and doing very similar, if not the same tasks.

The death benefit was identified by CAF leaders interviewed as one of those disparities.<sup>94</sup> Regular Force members contribute to a plan throughout their career (Supplementary Death Benefit) and Reserve Force members do not contribute to a plan but are eligible to a death gratuity.<sup>95</sup> These different plans result in an unfairness. A Reserve Force member survivor would receive a lesser amount than the survivor of a Regular Force member, even if both members lost their lives due to military service.<sup>96</sup>

For example, two members—one Regular Force and one Reservist—were killed in similar circumstances while on duty within days of each other. When comparing the death benefits,

“... [the CAF was] appalled at the difference.”<sup>97</sup> The Reservist’s survivors were not entitled to the same benefits as the Regular Force member. “There was such a difference in conversations for the families.”<sup>98</sup>

*“If you are killed wearing a uniform, what difference is there, if you are a Reservist or a Regular Force [member]? If [a member is killed] on a weekend exercise, is it any different to [their] family and community as if [they] died in...a battlefield [abroad]? The answer is no.”*

– CAF Environmental Command Representative

Embedded cultural bias has created the conditions for systemic inequities to persist, particularly in the area of compensation and benefits when comparing the Reserve Force with the Regular Force.<sup>99</sup> As such, there is a perceived neglect for the welfare of P Res members under current policies.<sup>100</sup>

*“There is a cultural issue that these [Reserve] Force concerns are not important enough right now. [The Reserve] Force is often put on the back burner [as a] ‘to do later’. It’s a cultural barrier that I am constantly pushing against.”*

– C Res

The CDS acknowledged that there are P Res members who feel they are not recognized as persons in service. **Nearly half of P Res members felt like Regular Force members did not value or recognize their contributions, skills, and expertise. Furthermore, over 75 percent of P Res members felt Regular Force members treat them as “second class citizens.”**<sup>101</sup>

An article published in the *Journal of Military, Veteran and Family Health* found that P Res members’ “sense of belonging, and associated implications regarding identity, need to be considered in the broader context of reserve recruitment, readiness, and retention.”<sup>102</sup>

*"It's even more urgent now to create some change... We will get there."*

– CDS

## Observation: External challenges

**External factors have an impact on the CAF's ability to implement change. Such factors include external influences, requirements for Treasury Board (TB) approvals, and the implications of nationwide health care challenges.**

The CAF is an institution deeply rooted in a long history of traditions. Interviewees noted that the process of change within the CAF is shaped by both internal and external influences.

CAF leaders interviewed observed that public commentary of external influences—whether through media, public forums, or social platforms—may also shape perceptions.<sup>103</sup> These perspectives may support or resist the CAF's efforts to modernize.

While external engagement is a natural part of democratic governance, the cumulative effect of multiple voices—especially when they converge on symbolic or legacy issues—can complicate decision-making. The same CAF's traditions that foster cohesion, pride and continuity can also present barriers to change.

Implementing certain CAF compensation, benefits and initiatives may depend significantly on external approvals, such as TB submissions or ministerial authorizations.<sup>104</sup> This can lead to prolonged delays, particularly when the federal government constrains funding or reallocates it to other government priorities and operational projects. For instance, budget cuts and redirected funds have previously impacted CAF program delivery, such as Reserve healthcare and related benefits.<sup>105</sup> These financial limitations left the CAF no option but to prioritize core operations over benefits, leaving personnel underserved. Even when solutions are found, external approval processes can slow progress, underscoring the urgent need for a more stable funding structure.<sup>106</sup> The Defence community welcomed the boost in military pay and benefits announced in summer 2025. However, we remain concerned that the added pressures of rapidly implementing these announcements will place further strain on support staff, already stretched thin, to administer benefits.

Lastly, the systemic shortages of health professionals have challenged the health sector on a nationwide scale.<sup>107</sup> CAF leaders indicated that due to this shortage, the CFHS has faced significant strain which has disrupted basic medical access for CAF personnel.<sup>108</sup> Notably, these echo our findings from the 2023 *Hidden Battles* report.<sup>109</sup> Addressing this issue requires both targeted initiatives within the CAF and comprehensive national strategies to mitigate healthcare professional shortages across Canada. For example, the CAF medical occupation offers a signing bonus to applicants joining the Regular Force (who meet certain criteria).<sup>110</sup> However, there is no comparable incentive extended to join the Reserve Force.

## Barrier 3: Resourcing constraints

**The CAF faced financial constraints and personnel shortages which have negatively affected the administration of Reserve Force healthcare, policy reviews, and other essential support systems.**

### Budget pressures

Based on the information shared by CAF leaders, years of limited budgets have strained critical areas such as healthcare services, staffing, and essential operational resources (including equipment, Reserve employment, and compensation). Budgetary pressures occur when departments seek additional funding, exceeding approved limits, or request exceptions to existing policies.<sup>111</sup> In these cases, a formal submission to TB is required to obtain approval and access funding.<sup>112</sup> This process introduces more financial oversight and may result in delays or denials, which can affect departmental planning and resource allocation. In these cases, CAF leadership are forced to make tough decisions.<sup>113</sup>

*"If I only have a certain amount of dollars in reserve funding, then that's all I have... I am a bit stuck with what I have... resources have been very very limited and therefore difficult decisions have been made, and progress has not been as extensive as we would have liked it to be."*

– Chief of the Defence Staff

While fiscal constraints have historically affected resourcing, targeted reinvestments in fiscal year 2025 are aiming to address these gaps.

### Personnel shortages

An example of budgetary pressures is the challenge noted by the CDS regarding the CAF's health care system. The current system is only staffed and mandated to fully support Regular Force members and Class "B" (180 days or more) and Class "C" Reserve members.<sup>114</sup> As a result, there is not enough health care personnel to effectively include all Reserve Force members.<sup>115</sup> When P Res members on Class "A" or Class "B" (less than 180 days) periods of employment need health care services such as physical health assessments, it can strain CFHS resources and contribute to longer delays in service.

The CAF continues to face significant challenges in managing foundational policies and administrative functions due to persistent staffing shortages and competing operational priorities.<sup>116</sup> Limited capacity has hindered long-term policy planning and equitable resource allocation for Reserve-specific needs, including efforts to update or replace key frameworks.<sup>117</sup> **For example, the CAF has been reviewing the policy that governs Reservists access to medical and dental services for over 16 years.**<sup>118</sup>

Administrative inefficiencies are further compounded by a lack of trained personnel, particularly policy analysts – essential for reviewing policies - and clerks who process benefit claims and maintaining accurate records.<sup>119</sup> Manual procedures, such as inputting Class "A" Reserve Service Attendance data (linked to members' pay), and handling compensation claims, are often delayed due to part-time staff and the complex nature of the CAF structure and accountability policies.<sup>120</sup> As a result, Reserve unit Commanding Officers and Regimental Sergeant Majors are frequently overwhelmed with administrative tasks, such as processing pay, RFC requests, training on health care entitlements, and following up with P Res members, detracting from their leadership responsibilities.<sup>121</sup>

We first identified these issues in our 2008 investigation, where we found that Reserve units, especially Army Reserve units, were under-resourced and inadequately trained to fulfill their mandates.<sup>122</sup>

*"Well, the Regular Force... it is the people who are in high availability, that we will facilitate... [for example] in Phase 1 we will talk about them, [and] in Phase 2 we [talk about] how the Reserve Force is integrated into this. Every time we get to the end of Phase 1, people are transferred... [or] there are other priorities, so we never [get] there... There may be things that have moved super and things that have not moved at all, because when we talk about a period of 5 [to] 7 years, within 2 years, you've had three or four rotations of personnel, and three or four different Commanders who set those priorities."*

– CAF Environmental Command Representative

## Barrier 4: Administrative complexity and slow digitization

Complex administrative procedures and delayed digitization have contributed to policy gaps that disproportionately impact P Res members, impeding modernization efforts and prolonging systemic inefficiencies.

### Complex nature of updating regulation and policies

Current regulation and policies that apply to P Res members are outdated. This requires CAF leadership and administrative staff to interpret and apply outdated guidelines to modern situations.<sup>123</sup> The interconnectedness of policies in general has also contributed to delays in these updates. One example is Defence Administrative Orders and Directives (DAOD) – 5023, Universality of Service. The CAF first issued this policy in 2006 and in 2017 announced a review to update it.<sup>124</sup> To modernize it, the policy framework required a review to objectively define a set of minimum operational standards for all CAF members reflecting modern military service realities. Because this policy influences numerous other CAF policies and initiatives, updates were put on hold pending the completion of this review.<sup>125</sup> To date, the CAF has not successfully updated interconnected policies in a coordinated manner, which has further delayed in the implementation of our 2016 recommendations.

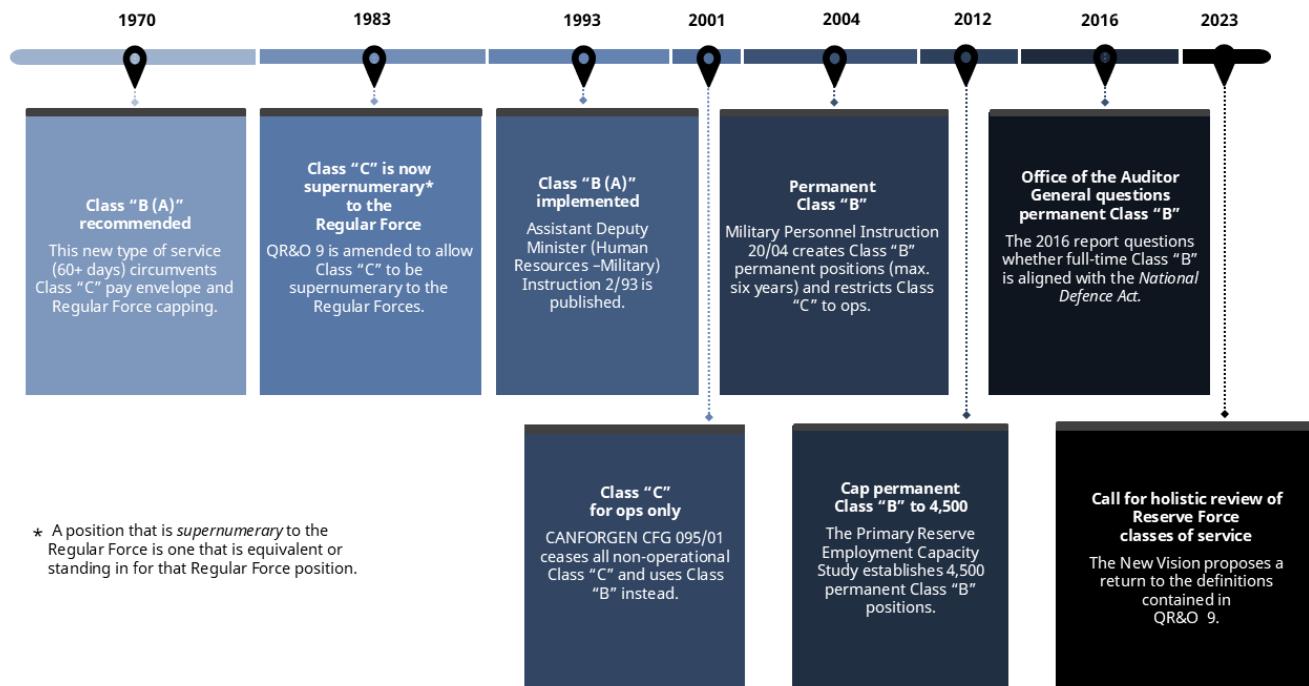
"Although L1 advisors and other senior officials are encouraged to proceed in a collaborative and consultative manner to ensure policy coherence,"<sup>126</sup> maintaining and updating the Policy Framework for Military Personnel Management is complex. Key players' buy-in and continuous learning is also critical to effectively implement and align policy objectives.<sup>127</sup> However, challenges can occur: difficulty navigating organizational silos, poor information sharing, insufficient engagement, and limited personnel resources to do the work.<sup>128</sup> For more information on the requirements of this process, refer to **Appendix IV: Policy framework and improvements**.

The *External Monitor Report – Fifth Status Report* also found that CAF members—though trained for military duties—are frequently tasked with writing policy. While their operational experience is essential for shaping military-related policies, policy development itself is a specialized skill requiring distinct expertise, along with legal resources to support. The rotational nature of member assignments further complicates consistency and quality, often resulting in policies that are overly lengthy and complex.<sup>129</sup> To mitigate this, with the establishment of the Director Military Personnel Policy, and Integration (DMPP) in December 2023, some L1s have incorporated centralized expertise.

### Unclear policies and policy gaps

In January 2025, Assistant Deputy Minister (Review Services) (ADM(RS)) published a report, *Evaluation of the Canadian Armed Forces Strategy to Achieve Fundamental Change for the Reserve Force*. This report outlined how inconsistencies in Reserve Force policies have led to inequities since 1970 (Graphic 4).<sup>130</sup>

**Graphic 5: ADM(RS) Report's Figure 7 - Reserve Force policy inconsistencies led to inequities requiring ongoing policy work.<sup>131</sup>**



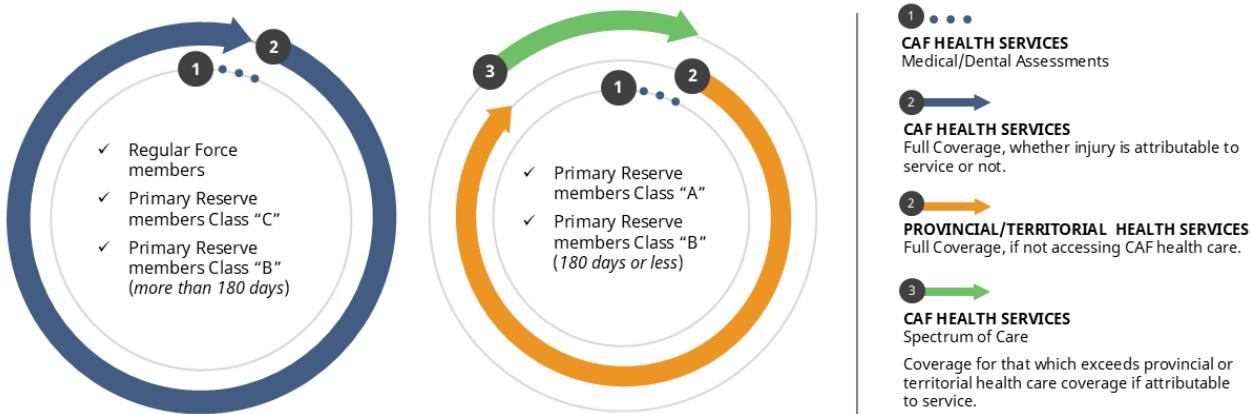
This report stated that the "...Reserve Force policy environment is complex, and difficult to navigate/manage. Adding to the complexity has been the amendment to regulations and the development of new policies inconsistent with existing policies across the CAF policy suite..."

**These changes created inequities in pay and benefits within the Reserve Force classes, and between the Reserve and Regular Force, which needed more policy updates.** Such policy updates continue today, requiring extensive DND resource commitments.<sup>132</sup>

Interviewed CAF leaders noted other gaps such as those leading to denied medical care access, inadequate benefits following a service injury or illness, and compensation issues.

P Res members who must move between classes of Reserve Service can experience further complications related to healthcare continuity.<sup>133</sup>

## **Graphic 6: CAF Eligibility for health care services for Regular Force and Reserve Force members.**



Most P Res members serve part-time on Class "A" or Class "B" (180 days or less), and as such, are not entitled to full-time health support from the CAF. Their general health care needs are met through provincial and territorial health care systems. However, for health issues related to military service, access to CAF Health Services is required.

Many P Res units and personnel are not co-located within a reasonable commuting distance to a CAF Health Services clinics, which are only situated at CAF Bases and Wings. The geographic separation creates significant challenges for both members and staff. In regions without a local CAF Base or Wing, civilian health care facilities often bear additional burdens, complicating access to appropriate care for military-related health concerns.

The existing policy gap in health care coverage eligibility (Graphic 5) means that the CAF does not have continuous oversight over a P Res member's health history.<sup>134</sup> These issues can affect Reservist's treatment for past illnesses or injuries and can negatively impact their physical and mental well-being.<sup>135</sup> P Res members can also face difficulties if injuries are discovered post-service, especially with respect to a lack of health care continuity,<sup>136</sup> compensation, and potential Veterans Affairs Canada benefits.<sup>137</sup>

Communicating with P Res members is a recurring challenge for the CAF, especially given the dispersed and part-time roles of those members. In specific instances, guidance was missing entirely.

According to the Surgeon General, they increased communication and awareness of health entitlements for P Res members through mechanisms such as the FAMLT. However, these efforts were complicated by the dispersion of members across Canada, the various roles they play, their status in full-time or part-time position, and the remoteness of certain positions.

These members are disproportionately affected by unclear, outdated policies and policy gaps, which leads to confusion, poor guidance from trusted sources, and inconsistent access to healthcare entitlements and benefits.

For example, the CAF's RFC Frequently Asked Questions webpage<sup>138</sup> states that "members will not have access to the [PSHCP] or the Reserve Dental Care Plan (RDCP) while in receipt of RFC," while the 2022 RFC Aide Memoire<sup>139</sup> suggests otherwise. In another example, some clinical staff and health practitioners were unaware of the Interim Guidance for the Delivery of Health Care to Reserve Force Personnel (issued by the Surgeon General in 2010).<sup>140</sup> We heard that CAF clinics still turn away P Res members on Class "A" periods of employment, despite the interim guidance stating that clinicians should assess these members.<sup>141</sup>

Interviewed CAF leaders noted that decentralized and unstructured processes— often the result of poor

communication and policy ambiguity—mean that inequities persist and impede effective support for P Res members.<sup>142</sup> To resolve these barriers, leadership needs clearer guidelines and tools to ensure correct and consistent, centralized, and reliable information sharing. Building upon our report from 2008, we raised this issue in both our 2016 *RFC* and *OSI* reports, as well as our 2023 *Hidden Battles* report. Yet the problem persists.<sup>143</sup>

## **Digitization delays lead to delays in modernization**

Another overarching challenge noted by CAF leadership is the digital transformation process, essential for modern systems and enhanced transparency and efficiency.

The CAF publishes and shares most organizational information, forms, and tools on the Defence Information Network.<sup>144</sup> Many Reservists have only limited access to this information. This prevents Reservists from accessing some critical resources directly, forcing them to rely on colleagues for guidance. This has resulted in inconsistent sharing of information.<sup>145</sup> While the CAF recognizes that limitation,<sup>146</sup> efforts to resolve this issue have fallen short since 2016, primarily due to the repeated delays in digitizing systems.

Outdated technology, manual workflows,<sup>147</sup> paper forms and ongoing delays in digitization hinder organizational efficiency. These barriers result in resource-intensive “workarounds,” and processes that disrupt administration, stall modernization, and perpetuate systemic inefficiencies and inequities.

# Section V: CAF initiatives

Since 2016, the CAF has announced several initiatives both at the strategic level and administrative levels. For more information on the strategic level initiatives relevant to this review, refer to **Appendix III: Defence Policy and CDS/DM Directives**.

**Defence Policy and CDS/DM Directives.** The following are efforts that have been highlighted throughout our review.

## Reserve employment

Conflicting views on operationalizing the *New Vision for the Reserve Force*<sup>148</sup> forward is a significant barrier. CAF leaders highlighted that multiple ways to employ the Reserve Force in the organization currently exist because their function has not been clearly established.<sup>149</sup> Ongoing discussions at the Armed Forces Council (AFC)<sup>150</sup> aim to address these barriers and drive organizational change in the service employment model for the Reserve Force. There is no expectation that a decision will be made before fall 2025.

## Policy

Historical lack of governance structure and subject matter expertise have led to delays in policy updates, although recent developments like standing up the DMPPI and the CHARGE! committee have improved coordination efforts.<sup>151</sup>

Through ongoing efforts to streamline processes, foster collaboration, and engage key authorities, the CAF is working to overcome barriers, enhance access to updated policy and improve transparency.

The CAF also stood up the Administrative Response Centre (ARC) to assist with policy inquiries for those lacking frontline or unit support.<sup>152</sup>

In 2019, the CAF began modernizing the CAF Military Personnel Instructions (CAFMPI) 20/04, to simplify language, improve support, and promote diversity.<sup>153</sup> The CAF is addressing this in a phased approach. Phase one was completed and fulfilled one of our OSI report sub-recommendations. The December 2024 update clarified Medical Employment Limitations (MEL)<sup>154</sup> and enable P Res members to extend their period of employment during recovery and permitted them to apply to new Reserve employment opportunities despite having certain MELs.<sup>155</sup>

After we concluded this review in June 2025, the CMP published four key instructions: One is related to the posting of ill or injured Reserve Force members to the CAF TG,<sup>156</sup> the second and third are related to Transition to Post Military Life<sup>157</sup> and the last one is related to resolving some of the shortcomings of the RFC policy, called the Reserve Transition Support (RTS) policy.<sup>158</sup>

The RTS policy allows eligible members<sup>159</sup>—regardless if the injury or illness was due to service—to be offered a period of Reserve Service with related benefits and pensionable contributions, until they have been declared fit for duty or released from the CAF. The RTS program allows members to be paid while taking part in programs helping recovery and return to duty or transition out of the military.<sup>160</sup> This program, alongside compensation under RFC or GECA will be a third option for eligible P Res members. CAF TG expects that this new policy will minimize or resolve certain issues raised in our RFC and OSI reports as allowing support during recovery is a notable change towards improving fairness.<sup>161</sup> Important to note, members serving on a Class "A" Reserve Service are not eligible for the RTS policy.

There were no formal plans for regulatory priorities and forward-facing policies communicated before 2024. These CAF planning documents now include set priorities and resulted in progress on policy development and updates. However, it was not until towards the end of Fiscal Year 2024-25 that the CAF identified a key process challenge regarding TB submissions—specifically regulatory files. This challenge has since been rectified, improving the frequency of CAF regulatory instruments being reviewed by TB (this is with the stand up of Corporate Regulatory Affairs).<sup>162</sup>

## Communication

CAF leaders interviewed noted that certain areas of communication, in general, have improved. For example, most directives are now available through the MyCAF application, CAF Offer Internet site and the updated Military Benefits Browser, increasing access for Reserve Force members and their families. This meets the intent of the CAF's *Enabling Full-time Capacity through Part-time Service: A New Vision for the Reserve Force*'s goal of improving access to correct and updated Reserve force data<sup>163</sup>, and it meets the intent of some of our 2016 report recommendations.

The CAF Surgeon General shared that they have increased communication and awareness of health entitlements for P Res members through mechanisms such as the Field Ambulance Medical Link Teams (FAMLT). Since 2024, CFHS Public Affairs produced instructions outlining the role and mission of the FAMLT to provide annual briefings to Reservists. They will develop more briefing materials, such as bilingual videos, with CFHS's Public Affairs team.<sup>164</sup> However, initiatives like FAMLT rely on sustained medical and personnel resources; insufficient resourcing could compromise outreach and communication effectiveness.<sup>165</sup> Additionally, CFHS's Public Affairs team has created a draft communications plan with phased targets for better dissemination of information to P Res members by 31 October 2025. As of June 2025, the CAF had not identified how they intend to do this.<sup>166</sup>

Interviewed CAF leaders expressed an interest in making information easier to find and clear enough to apply, especially for administrators. Our office works to promote the MyCAF application (under Resources/ Reservists), and has worked with CMP/MILPERSCOM to update the CAF Offer Internet site and Military Benefits Browser (MBB) to include benefits and services available throughout a member's career, from recruitment to release, and their transition, thereby improving access to Reserve specific information.<sup>167</sup>

## Digitization for modernization

Addressing systemic issues related to digitization requires a significant commitment to modernization and integration. CAF leaders have identified hurdles into achieving this.<sup>168</sup> For example, DCSM—as the authority responsible for overseeing the RFC administration process—has worked on adding service delivery metrics to the application form to help them determine why and where delays are occurring. They intend to use this information to adapt their processes and alleviate delays occurring at the unit level.<sup>169</sup> Additionally, DCSM has implemented continuity tools (for example, DCSM RFC SOP, electronic knowledge base, and being proactive, offering RFC briefings to all environments across all levels to mitigate turnover.<sup>170</sup> However, this effort depends on the digitization process which DCSM reported in 2024 was delayed with an unknown timeline for completion.<sup>171</sup>

## Transformation of the Reserve Force

The CAF's *Enabling Full-time Capacity through Part-time Service: A New Vision for the Reserve Force*,<sup>172</sup> is the foundation for implementing "fundamental change" for Canada's Reserve Force, to best support the ability for the CAF to deliver on future capability needs. Interviewed CAF leaders indicated that the *CAF Retention Strategy* and *CAF Reconstitution* also aim to achieve this transformation, but there are concerns about whether the Reserve Force would be given the attention it needs to grow and support a stable and trained workforce.<sup>173</sup> Cultural bias is still a barrier that is working against some of these efforts. For more information on these strategies, refer to **Appendix III: Defence Policy and CDS/DM directives**.

# Section VI: Renewed recommendations

The Canadian Armed Forces is addressing the employment model of the Reserve Force. Therefore, we make the following recommendations that focus on ensuring Primary Reserve members have fair access to benefits and services following an illness or injury due to military service.

## **Recommendation 1: Reserve Force Compensation Governance**

By January 2027, the Canadian Armed Forces strengthen the governance framework for Reserve Force Compensation by finalizing the delegation of authority. This should include clearly defining roles, responsibilities, and accountabilities at all levels to ensure that compensation requests are reviewed and approved by the sole decision-making authority.

## **Recommendation 2: Digitization of the Reserve Force Compensation application process and access to tools**

By January 2027, the Canadian Armed Forces modernizes the Reserve Force Compensation application process by:

- Completing the digitization of the Reserve Force Compensation form (from electronically submitting requests to adjudication decision),
- Ensuring that adjudication decisions are made within 30 days of the member's application for compensation; and,
- Ensuring the Reserve Force Compensation application process and related tools are accessible to all members, administrators, and leadership.

## **Recommendation 3: Information about compensation options**

By January 2027, the Canadian Armed Forces ensures that leadership and ill and injured Primary Reserve members have access to information about compensation options following an injury, illness or disease. This includes:

- Centralizing existing information on compensation options, entitlements and steps for submitting requests into one online product to help members make informed decisions; and,
- Ensuring that any relevant documents, policies, procedures and forms are available on externally accessible platforms and a cyclical update process is established.

## **Recommendation 4: Resources**

By January 2027, the Canadian Armed Forces complete updates of the Primary Reserve members health care entitlement and eligibility policies by allocating additional resources to expand capacity and strengthen expertise in drafting policies and directives, including the Reserve Force perspective.

## **Recommendation 5: Communication**

By January 2027, the Canadian Armed Forces include health resources for Reservists in the letter issued to members deemed Non-Effective Strength, to provide information should an operational stress injury manifest after their release.

# Section VII: Conclusion

In 2016, we flagged issues with accessing care for ill and injured Reservists. Since the *RFC* and *OSI* reports were published, we continued to receive complaints regarding P Res members' health care entitlements, compensation options, and limited awareness of available benefits.

Completing this review has given us a better understanding of the barriers that have stalled progress in the implementation of our recommendations and prevented the resolving of long-standing issues that P Res members face. We identified four major barriers and outlined how they impact the career, financial security, and overall wellbeing of P Res members.

1. **Governance:** The CAF's biggest challenge is a strategic one: the lack of consensus by CAF senior leaders on how Reservists are employed, and what a Reservist is supposed to do. Unclear governance, poor coordination amongst CAF leaders, and ineffective communication were the primary factors delaying progress for the Reserve Force. CAF leaders acknowledge that addressing these issues require a unified leadership approach with deliberate effort to understand and support the unique needs of the Reserve Force.
2. **Cultural divide:** Bias against the Reserve Force contributes to ongoing challenges and inequities, particularly in areas such as policy direction, leadership dynamics, and compensation practices. These issues undermine the morale of P Res members and raise concerns about fairness and inclusivity across the organization. While there are variables that can affect the CAF's ability to implement change, effective governance can help overcome deeper internal barriers as well as barriers caused by external factors.
3. **Resourcing constraints:** Limited budgets and personnel shortages over the years have impacted the administration of Reserve Force healthcare, policy development, and administrative support at many levels, including Reserve Units support. Financial constraints with high demands have pushed essential resources past its limits, while complex funding approval processes delay planning and service delivery. A shortage of trained personnel along with frequent leadership turnover, have caused inefficiencies in claims processing, policy reviews, and record-keeping.
4. **Administrative complexity and slow digitization:** Outdated policies, complex administrative processes, and slow digitization hinder modernization and perpetuate systemic inefficiencies. These issues are compounded by poor communication and inconsistent policy updates. Organizational silos and a lack of coordinated oversight further impede effective support, especially in areas like healthcare access, benefits, and compensation.

These barriers can cause excessive workloads for support personnel, limit recruitment and retention efforts and deplete the operational effectiveness of the Reserve Force.

Our renewed recommendations, if implemented, will help the CAF align with *Our North Strong and Free*, and the *New Vision for the Reserve Force*, and drive more sustainable and lasting improvements in the wellness of P Res members.

Since 2016, P Res members are increasingly called upon to respond to domestic emergencies and natural disasters across Canada,<sup>174</sup> but they continue to face inequities in support when ill or injured. In 2025, the Government of Canada pledged to support the CAF in strengthening its recruitment and retention efforts, including the Reserve Force. Therefore, **meaningful change is necessary and the time to act is now.**

# Appendix I: Methodology

This review had two main goals. The first was to determine which of our outstanding recommendations from our *RFC* and *OSI* reports are still relevant. Second, for those still relevant to identify the barriers to their implementation. We also engaged with the CAF to better understand the barriers to implementing our recommendations, while considering and evaluating emerging issues outside the scope of this review. We reported on these issues in the *Letter to the CDS: Reserve Force emerging issues*.

## Investigative plan

We used a mixed-method approach, including qualitative and quantitative data, as well as analysis by multiple investigators.

## Documentation research and literature review

- ADM(RS) reports
- CAF App/MyCAF App
- CAF Canada.ca websites
- CAF directives and presentations
- CAF Retention Strategy
- Canada's Defence Policy—*Strong, Secure, Engaged; Our North Strong and Free*
- Canadian Forces Administrative Officers (CFAOs)
- Canadian Forces General Messages (CANFORGENS)
- Canadian Forces Health Services (CFHS) Instructions
- Canadian Forces Health Services (CFHS) website
- Compensation and Benefits Instructions (CBIs)
- CDS/DM Directive 002 CAF Reconstitution
- Defence Administrative Orders and Directives (DAOD)
- E-mails, presentations, transcripts, data, and other formal/informal and internal written directives provided by DND/CAF authorities
- *Enabling Full-Time Capability Through Part-Time Service: A New Vision for the Reserve Force*
- Journal of Military, Veteran and Family Health
- Military Grievance External Review Committee website
- *National Defence Act*
- *Our North, Strong and Free*
- Queen's Regulations and Orders (QR&Os)
- Reports, guides, and policy manuals
- Standard Operating Procedures
- Standing Committee of National Defence reports

## Office of the DND/CAF Ombudsman

- Complaint files from internal database (CCM)
- Educational Information pages
- Ombudsman letters
- Past studies and reports

## Interviews and consultations

Note, unlike other systemic investigations where we have conducted constituent interviews, this review addressed concerns raised by constituents in our 2016 reports, and information received from formal complaints and constituent engagements from September 2017 to May 2025 to provide information on the issues and their impacts reported in this review.

Email consultations with CAF senior authorities took place between January 2025 and June 2025.

We also invited CAF senior authorities to participate in our interviews. Most took part in interviews, with

the exception of NAVRES HQ representative and Director of Reserve Force Knowledge Management, who did not provide input specific to the scope of this review. We recognize that the experiences and opinions expressed may not necessarily represent the views of all CAF leadership. We conducted 23 interviews and two focus groups between January and February 2025, and we spoke with 30 individuals occupying CAF leadership roles including:

- Chief of the Defence Staff (CDS)
- Director General Military Personnel Strategic (DGMP Strat)
- Assistant Chief of Military Personnel/Deputy Commander of Military Personnel Command (Asst CMP/Deputy MILPERSCOM)
- Vice Chief of Defence Staff (VCDS)
- Chief of Reserves (C Res)
- Canadian Armed Forces Transition Group (CAF TG)
- Director Casualty Support Management (DCSM)
- Surgeon General
- Director Health Services Reserves
- Director Reserve Support Management (DRSM)
- Director Military Personnel Planning and Programme Coordination (DMPPC)
- Director Military Personnel Policy, and Integration (DMPII)
- A sample of Division Commanders and Environmental Commands representatives

### **Potential bias**

We recognize that biases may exist when conducting this review into health care and related compensation and benefits for P Res members. Some of those biases may include selection/sampling bias, cognitive bias, information bias, and interviewer bias. Our investigative team used mitigation strategies to ensure that the information presented is evidence-based.

This includes:

- Using a mixed-method approach systematically in the collection and analysis of qualitative and quantitative data.
- Gathering quantitative data from various sources, using multiple investigators to collect and analyze qualitative data, and conduct interviews.
- Expanding selection and sampling sources to get information from various perspectives on the subject, including various CAF Authority groups and leadership.
- Employing multiple multi-level revisions and validation measures to evaluate for evidentiary rigour in the collection, analysis, and reporting of information.
- Securing bias awareness training for the investigative team.

# Appendix II: 2016 RFC and OSI recommendations

For more information on the 2024 Progress Report for the *RFC* report, refer to: <https://www.canada.ca/en/ombudsman-national-defence-forces/reports-news-statistics/investigative-reports/compensation-options-ill-injured-reservists.html>

<b>RFC: A Systemic Review of Compensation Options for Ill and Injured Reservists (2016)</b>
1. It is recommended that the Department of National Defence and the Canadian Armed Forces improve the governance and administration of the Reserve Force Compensation process by:
1.1 Creating a functional authority who is accountable for the Reserve Force Compensation process, and who can reinforce the applicable policies and directives in place
1.2 Amending Canadian Forces Military Personnel Instructions 20/04 to provide clarity and consistency in the cessation of service due to service-related injuries and illnesses
1.3 Streamlining the Reserve Force Compensation process by:
1.3.1 Standardizing and simplifying forms; and
1.3.2 Ensuring that units forward claims directly to the Director Casualty Support Management for adjudication, within 30 days of the time the application was commenced
1.4 Creating a Defence Administrative Order and Directive to codify the Reserve Force Compensation process, including service standards or a performance measurement strategy to validate the effectiveness of the entire process
2. It is recommended that the Department of National Defence and the Canadian Armed Forces take concrete steps to improve the knowledge and awareness of the compensation options available to ill and injured Reservists by:
2.1 Making any relevant documents, policies, procedures and forms easily accessible on the internet and on the Defence Information Network
2.2 Committing the resources required for the development and implementation of a communications plan. This would include activities, products, timelines and metrics to reach and inform Reservists about available compensation options
2.3 Formalizing training on Reserve Force Compensation and the Government Employees Compensation Act, and defining the roles and responsibilities for all Reservists and their leadership within these processes

**OSI: Part-Time Soldiers with Full-Time Injuries – A Systemic Review of Canada’s Primary Reserve Force and Operational Stress Injuries (2016)**

1. It is recommended that the Department of National Defence and the Canadian Armed Forces improve the clarity and administration of Reservists’ entitlement and eligibility for health care, periodic health assessments and future Reserve employment by:

1.1 Completing the revision of Queen’s Regulations and Orders, Chapter 34 – “Medical Services,” that has been under review since 2009, to clearly identify all entitlements to care for all Reservists

1.2 Incorporating the requirement for Reservists to undergo routine periodic health assessments (or to have their medical readiness determined) into the revised Queen’s Regulations and Orders Chapter 34 – “Medical Services” (along with associated policies and directives). Once this requirement is codified, ensure that the appropriate resources are in place to guarantee Reserve medical readiness

1.3 Confirming in Canadian Forces Military Personnel Instruction 20/04 that Reservists whose Medical Employment Limitations so allow may be eligible to obtain new employment despite the existence of a temporary medical category

2. It is recommended that the Department of National Defence and the Canadian Armed Forces take measurable steps to improve the knowledge and awareness of the entitlements available to all Reservists, especially those who may be ill and injured, by:

2.1 Making any relevant documents, policies, procedures and forms easily accessible on the internet and on the Defence Information Network, and ensuring this information remains current

2.2 Committing the resources required for the development and implementation of a communications plan. This would include activities, products, timelines and metrics to reach and inform Reservists

2.3 Ensuring that training on entitlement to health care (currently provided by the Field Ambulance Medical Link Teams) is effective and mandatorily provided to Reserve units

2.4 Ensuring that Reserve units have the appropriate number of training days to provide mandatory training to their members, and that such training is completed

3. It is recommended that the Department of National Defence and the Canadian Armed Forces strengthen the responsibility and capacity to follow-up with Reservists by:

3.1 Establishing a consistent and meaningful approach to contacting Reservists who are on non-effective strength; especially those with a deployment history, and document the efforts made to reach them, even if unsuccessful

3.2 Establishing an oversight mechanism to ensure the consistent completion of post-deployment follow-up activities at the unit level, and reiterating the responsibilities of the chain of command in this regard

3.3 Flagging to the chain of command when a Reservist is non-effective strength and cannot be reached

3.4 Ensuring that the Field Ambulance Medical Link Teams are properly resourced to effectively deliver their mandate

3.5 Taking the necessary steps to fill all established mental health positions, and reviewing the mental health staffing requirements for the 2016 paradigm

# Appendix III: Defence Policy and CDS/DM Directives

During this review, we examined four Defence Policy and CDS/DM Directives to better understand how their implementation may or may not impact the relevance of our 2016 *RFC* and *OSI* reports' recommendations.

## **CAF Retention Strategy (2022)<sup>175</sup>**

This strategy aimed to create the best possible career experience for members while fostering a long-term commitment to, and sustained satisfaction within, the CAF. This strategy directed L1 and L2 organizations to develop and implement measures to improve member retention, using evidence-based insights into attrition and existing retention efforts. The strategy also encouraged leadership to enhance human resources practices and to apply a strategic approach to human resources data and member feedback, both of which could help address current and emerging concerns.

## **Enabling Full-time Capacity through Part-time Service: A New Vision for the Reserve Force (2023)<sup>176</sup>**

This strategy sets a long-term framework to transform the Reserve Force's contribution to national defence by focusing on capabilities, stewardship, recruitment, and retention. The vision outlined four key objectives: engaging and retaining skilled Reservists, redefining roles and structures, aligning career and socio-economic policies with the broader CAF, and integrating Reserve capabilities into operational readiness. This initiative also highlighted the need for a comprehensive action plan to ensure consistent implementation across the CAF.

## **Our North, Strong and Free (ONSAF) (2024)<sup>177</sup>**

This strategy built on principles of the 2017 *Strong, Secure, Engaged (SSE)*<sup>178</sup> framework by renewing commitments to address critical capability gaps and investing in personnel and families. SSE aimed to grow the CAF by to 71,500 personnel total, enhancing support for military families, and promoting diversity and gender balance. It introduced initiatives to expand and modernize the P Res Force and align Reserve benefits with those of the Regular Force. ONSAF continues this vision with long-term investments to strengthen the CAF's readiness and operational capacity.

## **CDS/DM Directive 002 CAF Reconstitution (2024)<sup>179</sup>**

This directive responded to critical deficiencies in the CAF's composition and readiness. The directive mandated a comprehensive, sustained effort across the Defence Team to prioritize recruitment, retention, modernization, and cultural transformation. Key goals included modernizing the Reserve Force, enhancing policy coherence and capability integration, and evolving personnel management to prepare the CAF for current and emerging threats. The overall operational goal is to enable the CAF to fulfill its domestic and international missions now and, in the future.

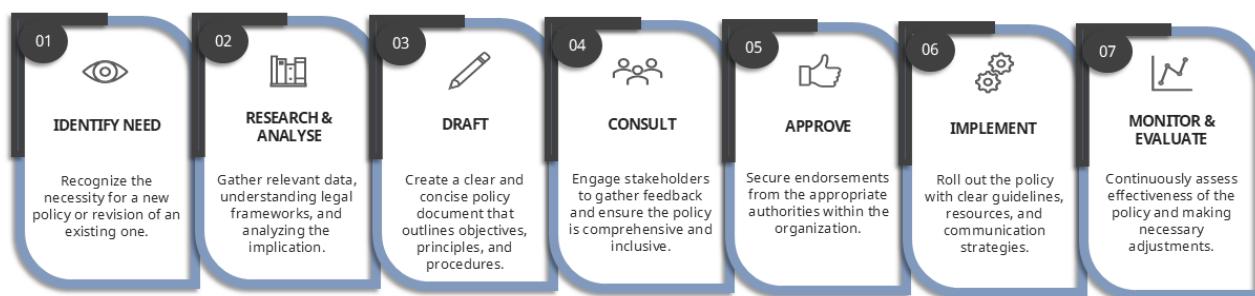
# Appendix IV: Policy framework and improvements

According to the *External Monitor Report – Fifth Status Report*,<sup>180</sup> “DND/CAF policy documents stipulate in detail what it expects from its members. Therefore, changes to one DAOD creates a substantial domino effect. The wording and intent must then be replicated in a series of other related policy and guidance documents. This is a massive undertaking considering the density of policies and guidelines that has been created over time dealing with a wide range of activities from permissible hair length to removing someone from command.” The timeline to complete a policy update depends on a range of factors:<sup>181</sup>

- When an update is needed because of legislative requirements.
- The amount of control that the CAF has in the approval process.
- Political will.
- The number of interactions with other instructions, policies, or regulations.
- The type of update (CAFMPIs are approved with CMP/Comd MILPERSCOM and can be quick, while regulations approved by TB and Governor in Council for example, QR&Os take the longest).

According to the CAFMPI 05/22 – CMP Policy Management Framework,<sup>182</sup> the key steps in developing or amending a policy are:

**Graphic 7: CAFMPI 05/22 – CMP Policy Management Framework.**



Based on our discussion with the DMPPI, policy work is inherently complex, and requires coordination, clear communication, and understanding of the process. This ensures that new policies are well-informed, practical, and aligned with organizational goals. CMP indicated that the following efforts are underway to align Reserve Force policies with Regular Force policies:

1. Establishing a center of expertise to ensure robust policy development, while involving diverse representatives at all levels for inclusiveness and easier participation.
2. Addressing gaps in higher-level policy alignment through the Military Personnel Strategy and Policy Committee (MPSPC) and leveraging insights from experienced individuals to enhance collaboration, understanding, knowledge, and information sharing.
3. Demystifying Treasury Board processes related to regulation to effectively navigate systems and open new pathways for policy advocacy to help clarify regulatory processes.

4. Streamlining communication on policy, making policies easier to access, understand, and implement, addressing transparency and usability challenges.
5. Aligning leadership practices through executive briefings and addressing delays in compensation and benefits policies with a focus on long-term improvements.

DMPPI promotes policy development for military personnel and supports CMP/Comd MILPERSCOM 2s (L2s) in adhering to the policy framework. This ensures better aligned policy life cycles. Appropriate L2s within DMPPI coordinate tasks with policy or regulatory implications (QR&Os, DAODs, CFMPIs and others)<sup>183</sup>

# Appendix V: Considerations related to Gender-Based Analysis Plus

Awareness of Gender-Based Analysis Plus (GBA Plus) and diversity consideration has become more integrated in CAF culture since 2015. At the time when our 2016 reports were published, GBA Plus and diversity considerations were not included in our analysis and as a result we ensured to keep this in mind for the current review.

In 2015, the CAF incorporated the Gender Advisor (GENAD) function within the CAF to ensure insight into institutional and operational gender issues.<sup>184</sup>

*"Reserve members are also not always included or mentioned in high level strategic policies and directives when they should be specifically mentioned to ensure that their experiences and needs are accounted for. Applying an intersectional lens to ensure that Reserve members are specifically represented in Strategies, Defence Policies, etc., is important to ensure that we understand their barriers and that they are included in overall Defence efforts and visions, such as Reconstitution and CAF Retention."*

– GENAD

Another avenue for the CAF to ensure they have insight on diverse issues is to consult with the CAF's Defence Advisory Groups (DAGs). DAG members are dedicated and enthusiastic volunteers who set aside time from their regular duties to represent their communities and be a strong voice for historically marginalized groups within the Defence Team.

Based on our interview with the DAG Secretariat, one particular concern raised was the paradox of reliance where an institution is reliant on the advice of experts to help reach a goal, yet simultaneously undermining or limiting the ability of those experts, whether intentionally or not.

Two examples raised by CAF leaders and members include:

1. The CAF's increased reliance on P Res members to assist in domestic operations yet allowing delays to persist with providing these members with equitable support;<sup>185</sup> and,
2. The CAF's reliance on the knowledge and experience of designated Reserve Force experts to ensure that policies and programs reflect the needs of all P Res members, while at the same time limiting those experts to an advisory role only.<sup>186</sup>

Since 2018, systems have been strengthened to integrate diversity considerations (for example, GBA Plus documents) into governance with leadership engagement, aiming for visible progress over the years. The CAF has committed to applying GBA Plus principles early in the policy creation process to address diversity and bias effectively.<sup>187</sup> Applying GBA Plus early in the policy development process ensures that policy authors integrate diversity considerations into the decision-making process from the outset, allowing for responsive and inclusive initiatives that meet the needs of diverse groups of people.<sup>188</sup>

Other GBA Plus initiatives being undertaken by the CAF are outlined throughout the Departmental Plan

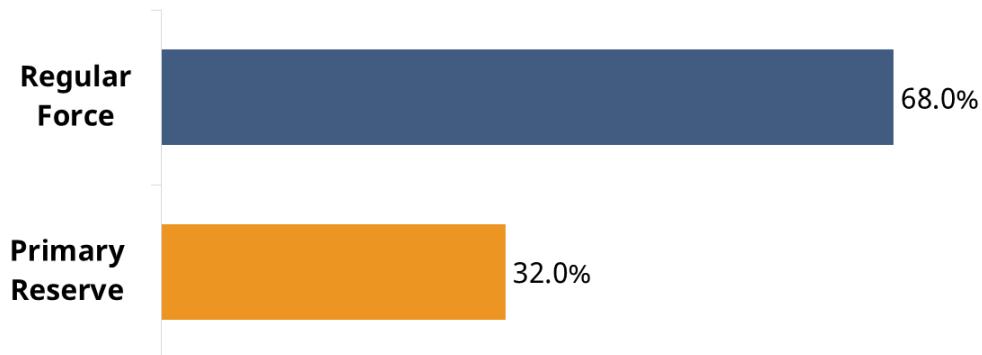
2025-26.<sup>189</sup> Two other examples of initiatives that fall under CMP/Comd MILPERSCOM's targeted efforts include providing presentations and professional development training on applying and integrating GBA Plus,<sup>190</sup> and ensuring that GBA Plus data is available to CAF leadership for the purposes of decision-making and sound policy development.<sup>191</sup>

The new CMP/Comd MILPERSCOM Due Diligence Tool which supports the application of GBA Plus promotes looking at impacted groups, specifically with military specific intersectional factors, including P Res members.<sup>192</sup>

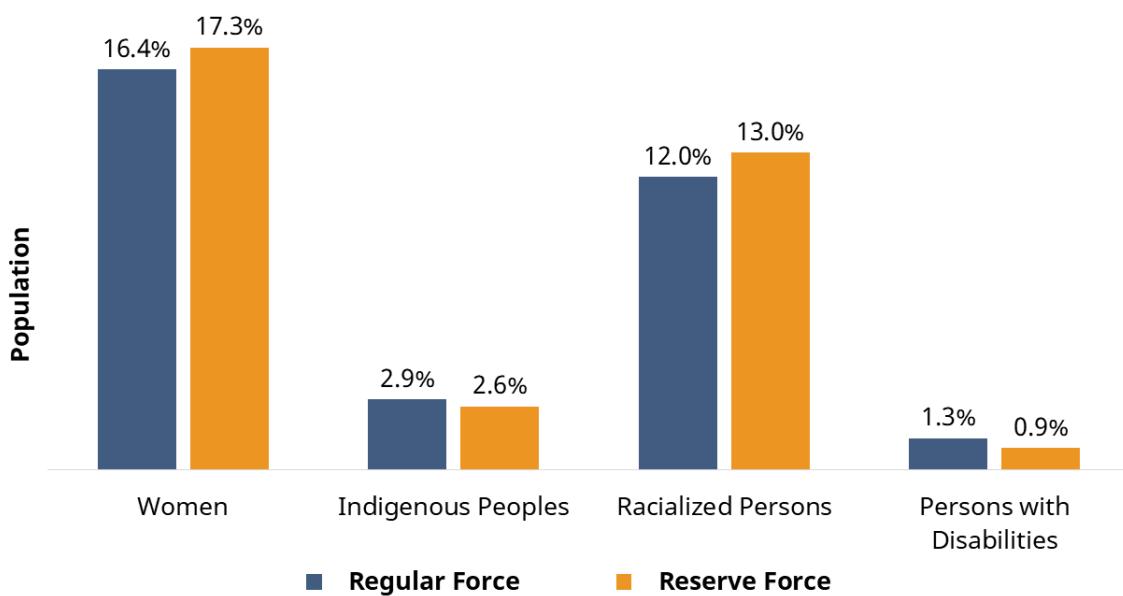
CAF leaders interviewed recognized that majority groups shape policies, which may inadvertently create barriers from a minority perspective, including the Reserve Force

(Graphic 8).<sup>193</sup> While some CAF leaders acknowledged the possibility of challenges, others struggle to confirm whether these barriers specifically pertain to diverse populations within the Reserve Force.<sup>194</sup>

**Graphic 8: CAF population of the Primary Reserve vs. the Regular Force (March 2024).<sup>195</sup>**



**Graphic 9: CAF population of designated Employment Equity groups – Self-declarations (March 2024).<sup>196</sup>**



Some interviewed CAF leaders expressed doubt, citing an absence of supporting data or firsthand

experience, and emphasize their inability to give a definitive answer which provides for a recurring theme of insufficient visibility, quantifiable evidence, or reports to address the issue comprehensively.

However, compelling evidence to suggest otherwise exists. For instance, until recently the requirement for medical documentation to address temporary medical limitations could disadvantage ill and injured Reservists who are unable to prove fitness for duty in their occupation. CAFMPI 20/04 clarified this situation, stating that Reservists with a medical employment limitation—which does not breach the conditions of Universality of Service—can start new period of employment.<sup>197</sup> Meanwhile, the updated DAOD 5009-1, Personnel Readiness Verification Screening policy states that P Res members on Class “A” Reserve service may be required to complete Basic Readiness Verification only “if the opportunity exists and resources are available”.<sup>198</sup>

Some of the key concerns identified in this review include inconsistent acknowledgment of diversity-specific challenges, systemic biases in policy development, and inconsistencies in consultation processes with marginalized groups.

Equity-deserving members already face systemic barriers to mental health care and workplace challenges, including bias, discrimination, and micro-aggressions. Addressing these issues is essential for the well-being of Reserve Force members and fostering a diverse, inclusive CAF.<sup>199</sup>

# Appendix VI: Glossary

## **Bias**

Bias refers to a subjective inclination or prejudice—often formed without reasonable justification—that affects an individual's or group's ability to evaluate situations objectively.<sup>200</sup> **Cultural bias** occurs when people judge others based on the standards of their own culture, favouring familiar customs and perspectives while excluding others.<sup>201</sup> **Institutional bias** describes how established procedures and norms within organizations can unintentionally advantage certain social groups while disadvantaging others, even without conscious discrimination.<sup>202</sup>

## **CAF Leadership**

CAF leadership refers to CAF officials who took part in interviews with our investigators in support of this review.

## **Commanding Officers**

Members responsible for leadership, employment, management, and readiness of their unit.

## **CAF Environmental Commands**

In the context of the Canadian military, environmental commands are the three functional commands of the CAF (Navy, Army, and Air Force), each with its own specialized role, operations, and training.

## **Gender Based Analysis Plus (GBA Plus)**

GBA Plus is an analytical tool that supports developing responsive and inclusive initiatives, including policies, programs, and other initiatives. It is a process for:

- Understanding who is affected by the issue being addressed by the initiative,
- Identifying how the initiative could be tailored to meet diverse needs of the people most impacted, and
- Anticipating and mitigating any barriers to accessing or benefitting from the initiative.

It is also an intersectional analysis that goes beyond biological (sex) and socio-cultural (gender) differences to consider other factors such as age, disability, education, ethnicity, economic status, geography (including rurality), language, race, religion, and sexual orientation.<sup>203</sup>

## **Government Employees Compensation Act (GECA)**

A federal law that provides workers' compensation benefits to federal government employees who are injured or become ill due to their work.

## **Impact**

The effect of Reserve-related issues on a member's quality of life, the wellness of their families, operational readiness, and retention. The most severe of these can negatively affect the quality of assistance that the CAF provides which can compromise the Canadian public's confidence in the CAF.

## **Level 1s/ Level 2s**

L1 is a term used by DND/CAF to describe organizations reporting directly to the CDS or DM. L2 is a term used by DND/CAF to describe organizations reporting directly to L1 organizations.

## **Non-Effective Strength**

Except for a member of the Primary Reserve List, a Res F member must be declared Non-effective Strength (NES) when their unauthorized absence from duty has exceeded 30 days, during which time no fewer than three duty periods were conducted by the unit.<sup>204</sup>

## Operational Stress Injury (OSI)

Is a non-medical term used to describe a psychological injury that may include anxiety, depression, PTSD, substance abuse and more. An OSI can develop following a traumatic event, combat, grief or loss, high stress situations or from operational fatigue.

### Primary Reserve

According to the *National Defence Act*, "There shall be a component of the Canadian Forces, called the reserve force, that consists of officers and non-commissioned members who are enrolled for other than continuing, full-time military service when not on active service."<sup>205</sup>

1. **Class "A" Reserve Service**<sup>206</sup> – Class "A" Reserve Service, as defined in *QR&O article 9.06*, must be used for short periods of service to a maximum of 12 consecutive calendar days and a maximum of 16 cumulative calendar days per month.
2. **Class "B" Reserve Service**<sup>207</sup> – Class "B" Reserve Service, as defined in *QR&O article 9.07*, is full-time service and must not be authorized unless the period of service is 13 or more consecutive days.
3. **Class "C" Reserve Service**<sup>208</sup> – Class "C" Reserve Service, as described in *QR&O article 9.08*, is full-time service or is "deemed full-time" service as described in *QR&O article 9.075, Deemed Full-time Service*. There is no minimum period applicable to Class "C" Reserve Service. A member of the Res F is on Class "C" Reserve Service when the member is employed on operational duties which have been approved by or on the behalf of the Chief of the Defence Staff (CDS).

## Public Service Dental Care Plan (PSDCP)

Is an employer-paid dental plan for eligible employees of the federal public service, including the eligible dependant(s) of the CAF, including the Reserve Force under the Reserve Dental Care Plan (RDCP) which is a component of the PSDCP. The PSHDP provides reimbursement for certain dental services necessary to prevent or correct dental disease or defect if the services are consistent with accepted dental practices.<sup>209</sup>

## Public Service Health Care Plan (PSHCP)

Is an optional health care plan for federal public service employees and their dependants designed to supplement provincial/territorial health insurance plans. It reimburses members for eligible costs not covered by their provincial or territorial health plan. CAF members may join the Plan so that their eligible dependents can get coverage.<sup>210</sup>

## Regular Force

According to the *National Defence Act*, "There shall be a component of the Canadian Forces, called the regular force, that consists of officers and non-commissioned members who are enrolled for continuing, full-time military service."<sup>211</sup>

## Reserve Force Compensation (RFC)

Provides financial support to members of the Reserve Force who experience injuries, illnesses, or diseases attributable to military service, and when these conditions extend beyond the period of service during which they occurred. This compensation can include a daily amount equivalent to their rank's pay rate at the time of injury or illness, and potentially separation expenses, while they are receiving treatment.<sup>212</sup>

## Unit

A self-contained military organization with its own administrative and command functions. Units form part of the larger CAF structure such as regiments, squadrons, bases/wings or formations.<sup>213</sup>

# Appendix VII: Letter to the Minister of National Defence

7 November 2025

The Honourable David J. McGuinty, PC, COM, MP  
Minister of National Defence  
Department of National Defence and the Canadian Armed Forces

National Defence Headquarters  
101 Colonel By Drive,  
13th Floor, North Tower  
Ottawa, Ontario K1A 0K2

Dear Minister McGuinty:

Please find enclosed the systemic review, *Marking Time: A decade of stalled progress for the Primary Reserve*.

This report makes five evidence-based recommendations. If accepted and implemented, these recommendations will bring long-lasting, positive change to CAF members. Additionally, I believe prompt implementation will help the CAF's broader efforts toward the reconstitution of the Canadian Armed Forces by addressing systemic challenges within the Reserve Force.

This report is submitted to you pursuant to paragraph 38(1)(b) of the Ministerial Directives respecting the Office of the Department of National Defence and the Canadian Armed Forces Ombudsman. As is standard practice, we will be publishing the report no sooner than 28 days from the date of this letter. We would appreciate your response prior to publication so that it may be included in the final report. As in the past, we offered your staff a briefing on the report prior to its publication.

I look forward to your response to our recommendations.

Sincerely,

Mario Baril

Ombudsman



# Endnotes

- 1 This includes the Canadian Coast Guard, and some former Department of Fisheries and Oceans employees, effective 1 September 2025.
- 2 Office of the DND/CAF Ombudsman, "A Systemic Review of Compensation Options for Ill and Injured Reservists," 2016, pages 7-11. <https://www.canada.ca/en/ombudsman-national-defence-forces/reports-news-statistics/investigative-reports/compensation-options-ill-injured-reservists/report.html#findings>.
- 3 Office of the DND/CAF Ombudsman, "Part-Time Soldiers with Full-Time Injuries," 2016. <https://www.canada.ca/en/ombudsman-national-defence-forces/reports-news-statistics/investigative-reports/part-time-soldiers-full-time-injuries/home.html>.
- 4 Although the longstanding issues were first outlined in our 2008 report, the 2016 reports expanded on those recommendations. Therefore, our review focuses on the recommendations made in 2016.
- 5 Interim Ombuds, Robyn Hynes, "Letter to CDS: Reserve Force emerging issues," Office of the DND/CAF Ombudsman, 25 June 2025. <https://www.canada.ca/en/ombudsman-national-defence-forces/reports-news-statistics/ombudsman-letters/2025/letter-cds-reserve-force-20250626.html>
- 6 Department of National Defence, "DM/CDS Message: Government Announces Major Increase in Defence Spending," 9 June 2025. <https://www.canada.ca/en/department-national-defence/maple-leaf/defence/2025/06/dm-cds-message-government-announces-major-increase-defence-spending.html> [accessed October 2025].
- 7 Department of National Defence, Canadian Armed Forces Military Personnel Instruction 06/25 - Reserve Transition Support (RTS) Policy for Reserve Force (Res F) Members who are ill or injured, 11 July 2025. <https://www.canada.ca/en/department-national-defence/corporate/policies-standards/canadian-forces-military-personnel-instructions/reserve-transition-support-policy-for-reserve-force-members-who-are-ill-or-injured.html> [accessed August 2025].
- 8 Office of the DND/CAF Ombudsman, "Reserved Care: An Investigation into the Treatment of Injured Reservists," 2008. <https://www.canada.ca/en/ombudsman-national-defence-forces/reports-news-statistics/investigative-reports/treatment-injured-reservists.html>
- 9 RFC Progress Report: Office of the DND/CAF Ombudsman, "A Systemic Review of Compensation Options for Ill and Injured Reservists - Progress report on the status of recommendations," June 2024. <https://www.canada.ca/en/ombudsman-national-defence-forces/reports-news-statistics/investigative-reports/compensation-options-ill-injured-reservists.html>; OSI Progress Report: Office of the DND/CAF Ombudsman, "Part-Time Soldiers with Full-Time Injuries: A Systemic Review of Canada's Primary Reserve Force and Operational Stress Injuries - Progress report on the status of recommendations," August 2024. <https://www.canada.ca/en/ombudsman-national-defence-forces/reports-news-statistics/investigative-reports/part-time-soldiers-full-time-injuries.html>
- 10 Data available on Military Command Software (MCS), Monitor/Military Administrative Support System (Monitor MASS).
- 11 Department of National Defence, "Our North, Strong and Free: A Renewed Vision for Canada's Defence," Published in April 2024, page 19. <https://www.canada.ca/en/department-national-defence/corporate/reports-publications/north-strong-free-2024.html> [accessed September 2024].
- 12 30,000 average paid strength converts to roughly 37,500 in total strength. Conversion provided by DGMPRA.
- 13 Data available on MCS, Monitor MASS.
- 14 Department of National Defence, Canadian Armed Forces Military Personnel Instruction 20/04 - Administrative Policy of Class "A", Class "B" and Class "C" Reserve Service, issued 1 December 2004, last modified 1 December 2024. <https://www.canada.ca/en/department-national-defence/corporate/policies-standards/canadian-forces-military-personnel-instructions/administrative-policy-of-class-a-class-b-and-class-c-reserve-service.html> [accessed July 2025].
- 15 These statistics were presented at the 2024 Reserve Force Academic Symposium. Department of National Defence, "A Snapshot of the Typical Canadian Armed Forces Reservist – Primary Reserve Demographics," Last modified June 2025. <https://www.canada.ca/content/dam/dnd-mdn/documents/services/canada-reserve-force/2024/06-06-primary-reserve-infographic-en.pdf> [accessed July 2025].
- 16 When this review was conducted, the RTS policy was not yet in effect, therefore this option is not part of this review and data is not yet available.
- 17 Data collected from Canadian Armed Forces Transition Group (CAF TG), email message, 17 February 2025. These numbers only reflect new applications approved for RFC and do not include those who continue to receive RFC beyond a year.
- 18 Office of the DND/CAF Ombudsman complaint files. 2018-2024.
- 19 Department of National Defence, "Enabling Full-Time Capability Through Part-Time Service: A New Vision for the Reserve Force," Published in November 2023. <https://www.canada.ca/en/department-national-defence/corporate/reports-publications/enabling-full-time-capability-through-part-time-service.html> [accessed September 2024].
- 20 Department of National Defence, "CDS/DM Directive 002 CAF Reconstitution," Published in October 2024. <https://www.canada.ca/en/department-national-defence/corporate/policies-standards/dm-cds-directives/directive-002>

*reconstitution.html* [accessed December 2024].

**21** Department of National Defence, "Canada's new government is rebuilding, rearming, and reinvesting in the Canadian Armed Forces," Last modified in June 2025. <https://www.canada.ca/en/department-national-defence/news/2025/06/canadas-new-government-is-rebuilding-rearming-and-reinvesting-in-the-canadian-armed-forces.html> [accessed August 2025].

**22** Interviews with: CAF TG representative, 6 February 2025; Chief of Reserves (C Res), 13 February 2025.

**23** Interview with C Res, 13 February 2025.

**24** Interviews with: CAF Environmental commands representatives, 4 February 2025; and Director General Military Personnel - Strategic (DGMP Strat) 7 February 2025.

**25** Interview with Director Casualty Support Management (DCSM), 11 February 2025.

**26** Interview with DCSM, 30 January 2025.

**27** Interviews with: Director Reserve Support Management (DRSM), Commanding Officer National Defence Head Quarters Primary Reserve List and Military Personnel Command Primary Reserve List (CO NDHQ PRL, MPC PRL), 29 January 2025; CAF TG representative, 6 February 2025; CAF Environmental commands representatives, 13 February 2025; Director General Reserve Force Strategic Initiatives (DG Res F Strat Initiatives), 13 February 2025. Office of the DND/CAF Ombudsman complaint files from 2022. The Canadian Workers' Compensation model is a no-fault system where injured or ill workers receive benefits regardless of fault, and employers contribute into a common fund. Association of Workers' Compensation Boards of Canada, "Workers' Compensation Essentials," Last modified in 2025. <https://awcbc.org/about-us/our-members/workers-compensation-essentials> [accessed April 2025].

**28** Alla Skomorovsky, Justin Chamberland, and Nadine Charanek, "Psychological health and safety in the Canadian Defence Team," Journal of Military, Veteran and Family Health 11, no. 2, page 69. <https://utppublishing.com/doi/pdf/10.3138/jmvfh-2024-0043>

**29** Internal document: Joan Craig et al., "Qualitative Analysis of the 2022 Your Say Matters: Canadian Armed Forces Well-Being Survey for Primary Reserve Force Respondents," Defence Research and Development Canada, March 2024.

**30** Department of National Defence, Surgeon General "Interim Guidance for the Delivery of Health Care to Reserve Force Personnel," effective 16 July 2009, last reviewed 31 May 2010. <https://www.canada.ca/en/department-national-defence/services/benefits-military/health-support/interim-guidance-for-the-delivery-of-health-care-to-reserve-force-personnel.html> [accessed Sept 2025].

**31** Interview with CAF Environmental commands representatives, 14 February 2025.

**32** Ibid.

**33** Interviews with: CAF Environmental commands representatives, 4 February 2025, and DGMP Strat, 7 February 2025.

**34** Interview with DCSM, 11 February 2025.

**35** Interviews with CAF Environmental commands representatives, 13 February 2025 and 14 February 2025.

**36** Meeting with Defence Advisory Group and Organization Secretariat on 28 March 2025.

**37** At the time this report is written, it is not known if the initiatives announced in the *Department of National Defence and Canadian Armed Forces Red Tape Review Progress Report - Canada.ca* will include reviewing Reserve Force pension and entitlements.

**38** Public Services and Procurement Canada, "Supplementary death benefit—Canadian Armed Forces pensions," Last modified in 2025. <https://www.canada.ca/en/public-services-procurement/services/pay-pension/canadian-armed-forces/plan-information/supplementary-death-benefit.html> [accessed September 2025]; Public Services and Procurement Canada, "Survivor benefit entitlements: Canadian Armed Forces pensions," Last modified in 2025. <https://www.canada.ca/en/public-services-procurement/services/pay-pension/canadian-armed-forces/plan-information/survivor-benefit-entitlements.html> [accessed September 2025].

**39** Interviews with: Director Military Careers Policy and Grievances (DMCPG), 30 January 2025 and CAF Chief Warrant Officer (CAF CWO), 18 February 2025.

**40** Interview with CAF Environmental commands representatives, 13 February 2025.

**41** Office of the DND/CAF Ombudsman, "Reserved Care: An Investigation into the Treatment of Injured Reservists," 2008. <https://www.canada.ca/en/ombudsman-national-defence-forces/reports-news-statistics/investigative-reports/treatment-injured-reservists.html>

**42** Interview with Director of Health Services Reserves (Dir HS Res), 7 February 2025.

**43** Canadian Forces General messages, also known as CANFORGENS, are important messages from Canadian Armed Forces leadership and are applicable to all CAF personnel. Department of National Defence, "Canadian Forces General Messages (CANFORGENS)," Last modified September 2025. <https://www.canada.ca/en/department-national-defence/corporate/policies-standards/canforgens.html> [accessed October 2025].

**44** Department of National Defence, Assistant Deputy Minister (Review Services) (ADM(RS)), "Evaluation of the Canadian Armed Forces Strategy to Achieve Fundamental Change for the Reserve Force," January 2025, pages 4-5. <https://www.canada.ca/content/dam/dnd-mdn/documents/reports/2025/reports-pubs-audit-eval/1258-3-066-report-en.pdf> [accessed April 2025].

**45** Director General Compensation and Benefits (DGCB), email message dated 19 February 2025.

**46** Interviews with: DCSM, 30 January 2025; Director Military Personnel Planning and Programme Coordination

(DMPPPC), 10 February 2025; Assistant Chief of Military Personnel (Asst CMP)/Deputy Military Personnel Command (Deputy MILPERSCOM), 17 February 2025.

**47** Interview with DG Res F Strat Initiatives, 13 February 2025.

**48** Office of the DND/CAF Ombudsman, "Part-Time Soldiers with Full-Time Injuries: A Systemic Review of Canada's Primary Reserve Force and Operational Stress Injuries - Findings," 2016. <https://www.canada.ca/en/ombudsman-national-defence-forces/reports-news-statistics/investigative-reports/part-time-soldiers-full-time-injuries/home.html>

**49** Colonel Meaghan Setter and Stéphanie Bélanger, "Challenges for Canada's Reserve Force," Canadian Military Journal, Vol.24, No.4 (2024): page 9. <https://www.journal.forces.gc.ca/PDFs/CMJ244E.pdf>

**50** Interview with Director Military Personnel Policy Integration (DMPPI), 28 February 2025.

**51** Ibid.

**52** Interviews with: Surgeon General (31 January 2025; CAF TG, 6 February 2025.

**53** Interview with former Director General Reserves and Cadets (DG Res and Cdts), 19 February 2025; email from DGCB dated 19 February 2025.

**54** Meeting with former DG Res and Cdts, 5 February 2025.

**55** Interviews with: CAF CWO, 18 February 2025; CAF Environmental commands representatives, 13 February 2025; Office of the DND/CAF Ombudsman, "Reserved Care: An Investigation into the Treatment of Injured Reservists," 2008. <https://www.canada.ca/en/ombudsman-national-defence-forces/reports-news-statistics/investigative-reports/treatment-injured-reservists.html>

**56** Interviews with: former DG Res and Cdts, 5 February 2025; Vice Chief of the Defence Staff (VCDS), 12 February 2025; C Res, 13 February 2025; DG Res F Strat Initiatives, 13 February 2025; Chief of Defence Staff (CDS) and the CAF CWO, 18 February 2025. Data provided by the ADM(RS) on 20 February 2025 and Department of National Defence, "Evaluation of the Canadian Armed Forces Strategy to Achieve Fundamental Change for the Reserve Force," January 2025, pages 2-5. <https://www.canada.ca/content/dam/dnd-mdn/documents/reports/2025/reports-pubs-audit-eval/1258-3-066-report-en.pdf> [accessed April 2025].

**57** Meeting with former DG Res and Cdts (5 February 2025. Interviews with: the VCDS, 12 February 2025; DG ResF Strat Initiatives, 13 February 2025; C Res, 13 February 2025; DGMPT Strat, 7 February 2025.

**58** For this review, Administrative Governance refers to the day-to-day operational management and implementation of the strategies and policies set by strategic governance. This includes implementing policies and procedures, managing resources and personnel, reporting and documentation, and ensuring operational efficiency.

**59** For this review, Strategic Governance refers to high-level decision-making that sets the direction, priorities, and policies for an organization or system. It involves defining strategic objectives, setting governance frameworks, ensuring alignment across departments, and overseeing compliance and accountability.

**60** The CAF is divided into Force Generators and Force Employers. Oversight and command of these elements is provided by the CDS and the VCDS, supported by the Strategic Joint Staff (SJS) and Judge Advocate General (JAG). "Force generators 'own' the soldiers, sailors, airmen and airwomen of the CAF. They are responsible for their training, career progression, welfare and are the subject matter experts within their environments. Force Generators include both Regular Force and Primary Reserve units. Force Employers are assigned personnel from the Force Generators to perform specific missions and operations. They employ the Force Generators' personnel to achieve the mission objectives. Force Employers are responsible for the planning and conduct of operations, as directed by the CDS, in order to meet GoC requirements." Department of National Defence, "Introduction to the Canadian Armed Forces," Last modified Feb 2022. <https://www.canada.ca/en/department-national-defence/corporate/reports-publications/transition-materials/mnd-transition-material-2021-dnd/tab5-intro-to-the-caf.html> [accessed October 2025].

**61** "The Reserve component consists of four sub-components, each with differing roles: (1) the Primary Reserve (managed through seven force generators – Royal Canadian Navy (RCN), Canadian Army (CA), Royal Canadian Air Force (RCAF), Canadian Special Operations Force Command (CANSOFCOM), MILPERSCOM, VCDS, and the JAG. (2) the Canadian Rangers (managed through the Canadian Army), (3) the Cadet Organizations Administration and Training Service (COATS), managed through the VCDS); and (4) the Supplementary Reserve (managed by Military Personnel Command). The VCDS serves a stewardship role for the Reserve Force as a whole. The Chief of Military Personnel establishes personnel policies and programs for the Reserve Force as well as manages the two pan-CAF Primary Reserve Lists." Department of National Defence, "Enabling Full-Time Capability Through Part-Time Service: A New Vision For The Reserve Force," Published in November 2023. Last modified in November 2023. [https://www.canada.ca/en/department-national-defence/corporate/reports-publications/enabling-full-time-capability-through-part-time-service.html#:~:text=The%20Reserve%20component%20consists,the%20Judge%20Advocate%20General\)%2C](https://www.canada.ca/en/department-national-defence/corporate/reports-publications/enabling-full-time-capability-through-part-time-service.html#:~:text=The%20Reserve%20component%20consists,the%20Judge%20Advocate%20General)%2C) [accessed September 2024].

**62** "The Accountability, Responsibility and Authority (ARA) framework outlines the lines of accountability within the DND and the CAF. It details the authorities and responsibilities of key advisor roles, especially senior officials (Level 1 advisors), and explains how these elements are interconnected within the National Defence Headquarters." Department of National Defence, "Accountability, Responsibility and Authority Framework & Defence Administrative Orders and Directives," Last modified August 2025. This information is only accessible on the Defence Information Network. <https://intranet.mil.ca/en/defence-admin-orders-directives/ara-daod-index.page>

[accessed October 2025].

**63** The Corporate Secretary's report on ARAs is only accessible on the Defence Information Network. Information for this review was gathered from the June 13, 2024, report. <https://collaboration-corpsec.forces.mil.ca/sites/gov-hub/FormServerTemplates/ARA%20E-Binder%20English.pdf>

**64** The Corporate Secretary's report on ARAs is only accessible on the Defence Information Network. Information for this review was gathered from the June 13, 2024, report. <https://collaboration-corpsec.forces.mil.ca/sites/gov-hub/FormServerTemplates/ARA%20E-Binder%20English.pdf>

**65** "The Accountability, Responsibility and Authority (ARA) framework outlines the lines of accountability within the DND and the CAF. It details the authorities and responsibilities of key advisor roles, especially senior officials (Level 1 advisors), and explains how these elements are interconnected within the National Defence Headquarters." Department of National Defence, "Accountability, Responsibility and Authority Framework & Defence Administrative Orders and Directives," Last modified August 2025. This information is only accessible on the Defence Information Network. <https://intranet.mil.ca/en/defence-admin-orders-directives/ara-daod-index.page> [accessed October 2025].

**66** Department of National Defence, "Military Personnel Command," Last modified in July 2017. <https://www.canada.ca/en/department-national-defence/corporate/organizational-structure/military-personnel-command.html> [accessed March 2025].

**67** The Corporate Secretary's report on ARAs is only accessible on the Defence Information Network. Information for this review was gathered from the June 13, 2024, report. <https://collaboration-corpsec.forces.mil.ca/sites/gov-hub/FormServerTemplates/ARA%20E-Binder%20English.pdf>

**68** Interview with CAF Environmental commands representatives, 13 February, 11 February and 14 February 2025.

**69** Interviews with: DRSM, C CO NDHQ PRL and MPC PRL, 29 January 2025; DG Res F Strat Initiatives, 13 February 2025; DMPII, 28 February 2025.

**70** Interviews with CAF Environmental commands representatives, 13 February, 11 February and 14 February 2025.

**71** Interview with CAF Environmental commands representative, 13 February 2025.

**72** Department of National Defence, "Chief of Reserves - About," Last modified in March 2025. <https://intranet.mil.ca/en/organizations/vcds/cres.page> [accessed March 2025] (accessible only on the Defence Information Network).

**73** Interview with DMPPC, 10 February 2025.

**74** Interviews with: DGMP Strat, 7 February 2025; CAF Environmental commands representatives, 13 February 2025; DMPII, 28 February 2025; DRSM, CO NDHQ PRL and MPC PRL, 29 January 2025; DG Res F Strat Initiatives, 13 February 2025.

**75** Interviews with: DGMP Strat, 7 February 2025; CAF Environmental commands representatives, 13 February 2025.

**76** Meeting with former DG Res and Cdts, 5 February 2025; interviews with: DGMP Strat, 7 February 2025; CAF Environmental commands representatives, 13 February 2025; Asst CMP/ Dept MILPERSCOM, 17 February 2025; CDS, 18 February 2025.

**77** Interviews with: DGMP Strat, 7 February 2025; CAF Environmental commands representatives, 13 February 2025; Asst CMP/Dept MILPERSCOM, 17 February 2025.

**78** Office of the DND/CAF Ombudsman complaint files.

**79** Interviews with CAF Environmental commands representatives, 5 February 2025 and 13 February 2025.

**80** Interview with Surgeon General, 31 January 2025; Office of the DND/CAF Ombudsman, "Hidden Battles: A Systemic investigation into the identification of mental health needs and support for Primary Reserve Members - Findings," 2023. <https://www.canada.ca/en/ombudsman-national-defence-forces/reports-news-statistics/investigative-reports/mental-health/report.html#toc6:~:text=%20of%20contents-,Section%20IV%3A%20Findings,This%20section%20presents>.

**81** Interview with CAF Environmental commands representatives, 13 February 2025.

**82** "The Canadian Armed Forces Council (AFC) is a decision-making body in an integrated and inclusive forum that examines non-sensitive issues of strategic significance related to the overall administration, management, readiness, employment, and modernization of the CAF". Source: AFC Terms of Reference. Defence Information Network: [https://collaboration-vcds.forces.mil.ca/sites/CDA/GOV/Bibliography/Armed%20Forces%20Council%20-%20AFC%20EN%20\(2024\).pdf#search=armed%20forces%20council](https://collaboration-vcds.forces.mil.ca/sites/CDA/GOV/Bibliography/Armed%20Forces%20Council%20-%20AFC%20EN%20(2024).pdf#search=armed%20forces%20council).

**83** Interviews with: CAF Environmental commands representatives, 13 February 2025; Asst CMP/Dept Asst CMP/ Deputy MILPERSCOM, 17 February 2025.

**84** Ibid.

**85** Meeting with former DG Res and Cdts, 5 February 2025; DGMP Strat, 7 February 2025; CAF Environmental commands representatives, 13 February 2025; Asst CMP/Dept Asst CMP/Deputy MILPERSCOM, 17 February 2025; CDS, 18 February 2025

**86** Director General Military Personnel Research and Analysis (DGMPRA), "Perceptions of Reserve Force-Regular Force integration and its relationship to individual and organizational outcomes," 26 October 2024 (PowerPoint Presentation), slide 8.

**87** The high and low markers for each result reported by DGMPRA were not included this chart. Director General Military Personnel Research and Analysis (DGMPRA), "Perceptions of Reserve Force-Regular Force integration and

its relationship to individual and organizational outcomes," 26 October 2024 (PowerPoint Presentation), slide 8.

**88** For the definition, refer to Appendix VI: Glossary.

**89** Interview with CAF Environmental commands representatives, 13 February.

**90** Doublespeak is the practice of using ambiguous language regarding political, military, or corporate matters in a deliberate attempt to disguise the truth. Definition acquired from the Collins Dictionary: <https://www.collinsdictionary.com/dictionary/english/doublespeak>

**91** Meeting with Defence Advisory Group and Organization Secretariat on 28 March 2025.

**92** Ibid.

**93** Rear-Admiral M.A. Hopper, "Challenges for Canada's Reserve Force," Canadian Military Journal, Vol.24, No.4 (2024): 3. <https://www.journal.forces.gc.ca/PDFs/CMJ244E.pdf>

**94** Interviews with; DRSM, CO NDHQ PRL, MPC PRL, 29 January 2025.

**95** Government of Canada, "Supplementary death benefit—Canadian Armed Forces pensions – How does the plan work?" Last modified in 2025. <https://www.canada.ca/en/public-services-procurement/services/pay-pension/canadian-armed-forces/plan-information/supplementary-death-benefit.html> [accessed September 2025].

**96** Office of the DND/CAF Ombudsman, "Our People, Our Security, Our Future, Ombudsman submission to the Defence Policy Review," 2016, page 11. <https://www.canada.ca/en/ombudsman-national-defence-forces/reports-news-statistics/ombudsman-reports/archives/defence-policy-review.html>.

**97** Meeting with former DG Res and Cdts, 5 February 2025.

**98** Ibid.

**99** Interviews with: CAF Environmental commands representatives, 13 February, 5 February 2025.

**100** Ibid.

**101** Meeting with Senior Evaluator, ADM(RS), 12 February 2025. Interview with CAF Environmental commands representatives, 13 February 2025 and DGMPRA, "Perceptions of Reserve Force-Regular Force integration and its relationship to individual and organizational outcomes," 26 October 2024 (PowerPoint Presentation), slide 8.

**102** Donna Pickering and Timothy Lam, "Exploring the relationship between sense of belonging and perceived well-being in Canadian Army reservists", Journal of Military, Veteran and Family Health 6, no. S3: 18. <https://utppublishing.com/doi/pdf/10.3138/jmvfh-2019-0048>

**103** Throughout our review we found these examples in the media. Some interviewees also made these observations.

**104** DGMP Strat, Interview with Systemic Investigations Team, 7 February 2025.

**105** CAF Environmental commands representative, Interview with Systemic Investigations Team, 5 February 2025.

**106** Ibid.

**107** Interviews with CAF Environmental commands representatives, 5 February 2025 and 6 February 2025.

**108** Interview with DMPPC, 10 February 2025.

**109** Office of the DND/CAF Ombudsman, "Hidden Battles: A Systemic investigation into the identification of mental health needs and support for Primary Reserve Members - Observation," 2023. <https://www.canada.ca/en/ombudsman-national-defence-forces/reports-news-statistics/investigative-reports/mental-health/report.html#toc5:~:text=table%20of%20contents-,Section%20III%3A%20Observation,-Observation%201%3A%20The>

**110** Government of Canada, Canadian Armed Forces, "Medical Officer," n.d. <https://forces.ca/en/career/medical-officer/> [accessed August 2025].

**111** Treasury Board Secretariat, "Treasury Board Submissions Overview," Last modified in January 2017. <https://www.canada.ca/en/treasury-board-secretariat/services/treasury-board-submissions/treasury-board-submissions-overview.html> [accessed September 2025].

**112** Treasury Board Secretariat, "Treasury Board Submissions Overview," Last modified in January 2017. <https://www.canada.ca/en/treasury-board-secretariat/services/treasury-board-submissions/treasury-board-submissions-overview.html> [accessed September 2025].

**113** Interview with CAF Environmental commands representatives, 13 February 2025; ADM(RS), "Developmental Evaluation of the CAF Strategy to Achieve Fundamental Change for the Reserve Force," 2024, 3. <https://www.canada.ca/en/department-national-defence/corporate/reports-publications/audit-evaluation/eval-caf-strategy-change-reserve.html> [accessed March 2025].

**114** Interview with the CDS, 18 February 2025.

**115** Ibid.

**116** Interviews with: DMPPC, 10 February 2025; Asst CMP/Dept MILPERSCOM, 17 February 2025.

**117** Interviews with: DMPPC, 10 February 2025; CAF Environmental commands representatives, 10 February 2025 and 11 February 2025; Department of National Defence, ADM(RS), "Developmental Evaluation of the CAF Strategy to Achieve Fundamental Change for the Reserve Force," 2024, page 3. <https://www.canada.ca/en/department-national-defence/corporate/reports-publications/audit-evaluation/eval-caf-strategy-change-reserve.html> [accessed March 2025]. <https://www.canada.ca/en/department-national-defence/corporate/reports-publications/audit-evaluation/eval-caf-strategy-change-reserve.html> [accessed March 2025].

**118** As of May 2025, these two Queen's Regulations and Orders (QR&Os) were identified to be approved in 2026-2028. DMPPPI, email dated 7 May 2025. Interview with Asst CMP/Deputy MILPERSCOM, 17 February 2025; Department of National Defence, "QR&O: Volume I - Chapter 34 Medical Services" Last modified in 2018. <https://www.canada.ca/en/department-national-defence/corporate/policies-standards/queens-regulations-orders/vol-1->

<administration/ch-34-medical-services.html> [accessed March 2025]; Department of National Defence, "QR&O: Volume I - Chapter 35 Dental Services," Last updated in 2018. <https://www.canada.ca/en/department-national-defence/corporate/policies-standards/queens-regulations-orders/vol-1-administration/ch-35-dental-services/table-contents.html> [accessed March 2025].

**119** Interview with CAF Environmental commands representatives, 10 February 2025.

**120** An example of an accountability policy is the Financial Administration Act. Meeting with former DG Res and Cdts, 5 February 2025.

**121** For example: Interviews with: DMCPG, 30 January 2025; Surgeon General, 31 January 2025; CAF Environmental commands representatives, 5 February 2025, 10 February 2025, and 13 February 2025; DCSM, 11 February 2025; Asst CMP/Deputy MILPERSCOM, 17 February 2025; DMPPI, 28 February 2025.

**122** Office of the DND/CAF Ombudsman, "Reserved Care: An Investigation into the Treatment of Injured Reservists," 2008. <https://www.canada.ca/en/ombudsman-national-defence-forces/reports-news-statistics/investigative-reports/treatment-injured-reservists.html>

**123** For example, QR&Os Chapter 34 (Medical Services) and Chapter 35 (Dental Services) have been under review since 2009.

**124** Mishall Rehman, "CAF Universality of Service Policy Set to See Changes" Canadian Military Family Magazine, March 6, 2023, <https://www.cmfmag.ca/policy/caf-universality-of-service-policy-set-to-see-changes/> [accessed October 2025].

**125** Interview with DMPPC, 10 February 2025. As of April 1, 2025, the modernized policy has come into effect. Department of National Defence, "Chief of the Defence Staff and CAF Chief Warrant Officer Message on the Canadian Armed Forces' modernized Universality of Service policy," Last modified April 2025. <https://www.canada.ca/en/department-national-defence/maple-leaf/defence/2025/05/modernized-caf-universality-service-policy-became-effective-april-1-2025.html>

**126** Department of National Defence, DAOD 1000-07, Policy Framework for Military Personnel Management, paragraph 2. Operation Principles, 2023. <https://www.canada.ca/en/department-national-defence/corporate/policies-standards/defence-administrative-orders-directives/1000-series/1000/1000-7-policy-framework-military-personnel-management.html> [accessed August 2025].

**127** Interview with DMPPI, 8 August 2025.

**128** Interviews with: CAF Environmental commands representatives, 13 February 2025; DMPPI, 28 February 2025.

**129** External Monitor Report – Fifth Status Report, June 2025, <https://www.canada.ca/en/department-national-defence/corporate/reports-publications/external-monitor/external-monitor-report-fifth-status-report.html#toc1>

**130** Department of National Defence, ADM(RS), "Evaluation of the Canadian Armed Forces Strategy to Achieve Fundamental Change for the Reserve Force," January 2025, 4-5. <https://www.canada.ca/content/dam/dnd-mdn/documents/reports/2025/reports-pubs-audit-eval/1258-3-066-report-en.pdf> [accessed April 2025].

**131** Department of National Defence, ADM(RS), "Evaluation of the Canadian Armed Forces Strategy to Achieve Fundamental Change for the Reserve Force," January 2025, 4. <https://www.canada.ca/content/dam/dnd-mdn/documents/reports/2025/reports-pubs-audit-eval/1258-3-066-report-en.pdf> [accessed April 2025].

**132** Ibid.

**133** Interviews with: CAF Environmental commands representatives, 4 February 2025, 10 February 2025 and 13 February 2025; CAF TG, 6 February 2025; DGMP Strat, 7 February 2025; C Res, 13 February 2025.

**134** Interview with CAF Environmental commands representatives, 10 February 2025.

**135** Interview with DG Res F Strat Initiatives, 13 February 2025.

**136** This was a common concern raised in our 2023 "Hidden Battles report." Office of the DND/CAF Ombudsman, "Hidden Battles: A Systemic investigation into the identification of mental health needs and support for Primary Reserve Members," 2023. <https://www.canada.ca/en/ombudsman-national-defence-forces/reports-news-statistics/investigative-reports/mental-health/report.html>

**137** Interviews with: DCSM, 30 January 2025 and 11 February 2025; DGMP Strat, 7 February 2025; CAF Environmental commands representatives, 10 February 2025 and 13 February 2025; Office of the DND/CAF Ombudsman, "Hidden Battles: A Systemic investigation into the identification of mental health needs and support for Primary Reserve Members - Findings," 2023. <https://www.canada.ca/en/ombudsman-national-defence-forces/reports-news-statistics/investigative-reports/mental-health/report.html#toc6:~:text=table%20of%20contents-,Section%20IV%3A%20Findings,-This%20section%20presents>.

**138** Department of National Defence, "Frequently Asked Questions (FAQs) about Reserve Force Compensation (RFC) - Will I have access to the benefits of the Public Service Health Care Plan (PSHCP) and the Reserve Dental Care Plan (RDCP) while I receive 'Reserve Force – Compensation During a Period of Injury, Disease or Illness (RFC)'?" Last modified October 2022. <https://www.canada.ca/en/department-national-defence/services/benefits-military/pay-pension-benefits/benefits-ill-injured/reserve-force-compensation/frequently-asked-questions.html> [accessed July 2025].

**139** Department of National Defence, CAF TG, "Reserve Force Compensation (RFC) Aide Memoire - DCSM," April 2022 (PowerPoint Presentation), slide 23. [http://cmp-cpm.mil.ca/assets/CMP\\_Intranet/docs/en/support/transition/reserve-force-compensation-aide-memoire\\_en.pdf](http://cmp-cpm.mil.ca/assets/CMP_Intranet/docs/en/support/transition/reserve-force-compensation-aide-memoire_en.pdf) (accessible only on the Defence Information Network).

**140** Department of National Defence, "Surgeon General "Instruction 4090-02 Interim Guidance for the Delivery of Health Care to Reserve Force Personnel," Last modified January 2024. <https://www.canada.ca/en/department>

[national-defence/services/benefits-military/health-support/interim-guidance-for-the-delivery-of-health-care-to-reserve-force-personnel.html](https://www.canada.ca/en/national-defence/services/benefits-military/health-support/interim-guidance-for-the-delivery-of-health-care-to-reserve-force-personnel.html) [accessed July 2025].

**141** Former Ombudsman, Gregory A. Lick, "Letter to Base Commander: Visit to CFB Winnipeg," Office of the DND/CAF Ombudsman, 23 October 2023. <https://www.canada.ca/en/ombudsman-national-defence-forces/reports-news-statistics/ombudsman-letters/2023/letter-to-base-commander-winnipeg-20231023.html>, Office of the DND/CAF Ombudsman, "Hidden Battles: A Systemic investigation into the identification of mental health needs and support for Primary Reserve Members," 2023. <https://www.canada.ca/en/ombudsman-national-defence-forces/reports-news-statistics/investigative-reports/mental-health/report.html>; According to the Surgeon General, they increased communication and awareness of health entitlements for P Res members through mechanisms such as the FAMLT. However, these efforts were complicated by the dispersion of members across Canada, the various roles they play, their status in full-time or part-time position, and the remoteness of certain positions.

**142** Interviews with: DRSM, CO NDHQ PRL and MPC PRL, 29 January 2025; DCSM, 30 January 2025; Surgeon General, S31 January 2025; CAF Environmental commands representatives, 5 February 2025.

**143** Interviews with: DGMP Strat, 7 February 2025; CDS, 18 February 2025.

**144** The Defence Forms Catalogue is not on internet (Canada.ca), accessible only on the Defence Information Network, <https://dfc-rfd.mil.ca/en>.

**145** Interview with CAF Environmental commands representatives, 13 February 2025.

**146** P Res members typically parade with their unit only once a week and one weekend a month and have limited access to a DND computer or their DND emails. Office of the DND/CAF Ombudsman, "Hidden Battles: A Systemic investigation into the identification of mental health needs and support for Primary Reserve Members," 2023. <https://www.canada.ca/en/ombudsman-national-defence-forces/reports-news-statistics/investigative-reports/mental-health/report.html>.

**147** Office of the DND/CAF Ombudsman complaint files from 2025.

**148** Department of National Defence, "Enabling Full-Time Capability Through Part-Time Service: A New Vision for the Reserve Force," Published in November 2023. Last modified in November 2023. <https://www.canada.ca/en/department-national-defence/corporate/reports-publications/enabling-full-time-capability-through-part-time-service.html> [accessed September 2024].

**149** Interview with CAF Environmental commands representatives, 11 February 2025.

**150** AFC is a decision-making body in an integrated and inclusive forum that examines non-sensitive issues of strategic significance related to the overall administration, management, readiness, employment, and modernization of the CAF. AFC Terms of Reference. <https://collaboration-corpsec.forces.mil.ca/sites/gov-hub/Terms%20of%20References/AFC%20TOR%20EN%202024.pdf#search=armed%20forces%20council> (accessible only on the Defence Information Network).

**151** Interview with DMPPI, 28 February 2025. The CHARGE! Committee is a working group committee chaired by the DMPPI. The primary role of CHARGE! is to provide support to the Military Personnel Strategy and Policy Committee (MSPSC) confirmation of support function. Department of National Defence, Canadian Armed Forces Military Personnel Instruction 05/22 - Chief of Military Personnel Policy Management Framework, 28 February 2025. <https://www.canada.ca/en/department-national-defence/corporate/policies-standards/canadian-forces-military-personnel-instructions/cmp-policy-management-framework.html> [accessed April 2025].

**152** Department of National Defence, "The Administrative Response Centre (ARC) is available to answer military personnel policy questions," Last modified January 2021. <https://www.canada.ca/en/department-national-defence/maple-leaf/defence/2022/01/administrative-response-centre-answer-policy-questions.html>

**153** CANFORGEN 134/24 - AMENDMENTS TO CF MIL PERS INSTR 20 04 CLASS A B C RESERVE SVC. <http://vcds.mil.ca/apps/canforgens/default-eng.asp?id=134-24&type=canforgen> published 10 September 2024 (accessible only on the Defence Information Network and through the MyCAF app).

**154** Department of National Defence, Canadian Armed Forces Military Personnel Instruction 20/04 - Administrative Policy of Class "A", Class "B" and Class "C" Reserve Service, issued 1 December 2004, last modified on 1 December 2024. <https://www.canada.ca/en/department-national-defence/corporate/policies-standards/canadian-forces-military-personnel-instructions/administrative-policy-of-class-a-class-b-and-class-c-reserve-service.html> [accessed July 2025].

**155** Refer to Appendix II: 2016 RFC and OSI recommendations

**156** Department of National Defence, "Canadian Armed Forces Military Personnel Instruction 05/25 - Attached posting of Reserve Force (RES F) members to the Canadian Armed Forces Transition Group (CAF TG)," issued 11 July 2025. <https://www.canada.ca/en/department-national-defence/corporate/policies-standards/canadian-forces-military-personnel-instructions/attached-posting-of-reserve-force-members-to-the-canadian-armed-forces-transition-group.html> [accessed August 2025].

**157** Department of National Defence, Defence Administrative Orders and Directives 5030-0, Transition to Post-Military Life, issued 20 May 2025. <https://www.canada.ca/en/department-national-defence/corporate/policies-standards/defence-administrative-orders-directives/5000-series/5030/5030-0-transition-to-post-military-life.html> [accessed October 2025].

**158** Department of National Defence, Canadian Armed Forces Military Personnel Instruction 06/25 - Reserve Transition Support (RTS) Policy for Reserve Force (Res F) Members who are ill or injured, issued 11 July 2025. <https://www.canada.ca/en/department-national-defence/corporate/policies-standards/canadian-forces-military-personnel-instructions/reserve-transition-support-policy-for-reserve-force-members-who-are-ill-or-injured.html>

[accessed August 2025]. Under current RFC policy (CBI 210.72(2) - Entitlement), reservists who suffer any injury, disease or illness which is attributable to military service and this injury, disease or illness continues beyond the period of service during which it occurred is entitled to RFC while they remain in the hospital or, while they continue to receive treatment but do not remain in the hospital. This period shall not be extended beyond the date of release or the date on which treatment for the injury, disease or illness is completed, thus enabling the member to resume active service. While they may be entitled to compensation for service-related injuries or illnesses, they do not qualify for benefits like service benefits for ill or injured members, medical and dental care at public expense, the Public Service Health Care Plan (PSHCP) medical insurance coverage for their family, or funeral and burial benefits. The Reserve Transition Support (RTS) policy is intended to fill this policy gap and to provide a period of paid service for Reserve Force members transitioning in or out of the CAF, including benefits. Department of National Defence, Compensation and Benefits Instructions Chapter 210 - Miscellaneous Entitlements and Grants, 210.72. <https://www.canada.ca/en/department-national-defence/corporate/policies-standards/compensation-benefits-instructions/chapter-210-misc-entitlements-grants.html#sec-72>

**159** Eligible members are those on a period of full-time Reserve Service greater than 180 consecutive days, who suffer an injury or illness, regardless of if it is attributable to service or not. Ibid.

**160** Programs such as medical treatment and/or rehabilitation, service benefits for ill or injured members, Return to Duty program (RTD), CAF Long Term Disability (CAF LTD) Vocational Rehabilitation program; and transition programs and services including the Vocational Rehabilitation Program for Serving Members (VRPSM) and the Complex Transition Support (CTS). Department of National Defence, "Canadian Armed Forces Military Personnel Instructions (CAFMPI) 06/25 – Reserve Transition Support (RTS) Policy for Reserve Force (Res F) Members who are ill or Injured," 4.3, issued 11 July 2025. <https://www.canada.ca/en/department-national-defence/corporate/policies-standards/canadian-forces-military-personnel-instructions/reserve-transition-support-policy-for-reserve-force-members-who-are-ill-or-injured.html>

**161** Internal documents: Draft of Canadian Armed Forces Military Personnel Instruction, Attachment of Reserve Force Members to CAF TG (February 2025); Reserve Force Transition Support Policy - Courses of Action (August 2023).

**162** Interview with Asst CMP/Deputy MILPERSCOM, 17 February 2025; DMPPI, 28 February 2025.

**163** Department of National Defence, ADM(RS), "Evaluation of the Canadian Armed Forces Strategy to Achieve Fundamental Change for the Reserve Force," January 2025, 6. <https://www.canada.ca/content/dam/dnd-mdn/documents/reports/2025/reports-pubs-audit-eval/1258-3-066-report-en.pdf> [accessed April 2025].

**164** Target date for additional briefing material was September 2025. Canadian Forces Health Services (CFHS) Instructions contain key strategies and timelines to ensure that Field Ambulance Medical Link Teams (FAMLT) are trained, the commencement of briefings, who the responsible authorities are, and that costs associated with FAMLT are baselined in Reserve unit funding allocations. Instructions signed April 2024. CMP submission, 2025.

**165** Interview with Surgeon General, 31 January 2025 and CMP submission for OSI and RFC reports 2024 progress report.

**166** While the communications plan was a draft version, this demonstrates a more systematic approach to ensuring to better the awareness of P Res members on information that is relevant to them. CMP, email dated 23 April 2025.

**167** Interview with C Res, 13 February 2025. The Office of the DND/CAF Ombudsman Military Benefits Brower was created to simplify the access and enhance the awareness of benefits, and services available for military members who are ill, injured, or transitioning out of the Canadian Armed Forces, their families, as well as families of the deceased. <https://www.canada.ca/en/ombudsman-national-defence-forces/education-information/caf-members/compensation-benefits/mbb.html>

**168** Interviews with: Surgeon General, 31 January 2025; Dir HS Res, 7 February 2025; C Res, 13 February 2025.

**169** Refer to Recommendation 1.4 in Appendix II: 2016 RFC and OSI recommendations.

**170** CMP response, email from VCDS dated 27 October 2025 containing collaborative responses during L1 validation of this report.

**171** DCSM, emails dated 29 March 2024 and 23 May 2024.

**172** Department of National Defence, "Enabling Full-Time Capability Through Part-Time Service: A New Vision for the Reserve Force," Published in November 2023. Published in November 2023. Last modified in November 2023. <https://www.canada.ca/en/department-national-defence/corporate/reports-publications/enabling-full-time-capability-through-part-time-service.html> [accessed September 2024].

**173** Ibid.

**174** Colonel Meaghan Setter and Stéphanie Bélanger, "Challenges for Canada's Reserve Force," Canadian Military Journal, Vol.24, No.4 (2024): 5. <https://www.journal.forces.gc.ca/PDFs/CMJ244E.pdf>

**175** Department of National Defence, "Canadian Armed Forces Retention Strategy," Published in October 2022. Last modified in October 2022. <https://www.canada.ca/en/department-national-defence/corporate/reports-publications/caf-retention-strategy.html> [accessed September 2024].

**176** Department of National Defence, "Enabling Full-Time Capability Through Part-Time Service: A New Vision For The Reserve Force," Published in November 2023. Last modified in November 2023. <https://www.canada.ca/en/department-national-defence/corporate/reports-publications/enabling-full-time-capability-through-part-time-service.html> [accessed September 2024].

**177** Department of National Defence, "Our North, Strong and Free: A Renewed Vision for Canada's Defence,"

Published in April 2024. Last modified in May 2024. <https://www.canada.ca/en/department-national-defence/corporate/reports-publications/north-strong-free-2024.html> [accessed September 2024].

**178** Department of National Defence, "Strong, Secure, Engaged: Canada's Defence Policy," Published in June 2017. Last modified in June 2024. <https://www.canada.ca/en/department-national-defence/corporate/reports-publications/canada-defence-policy.html> [accessed September 2024].

**179** Department of National Defence, "CDS/DM Directive 002 CAF Reconstitution," Published in October 2024. Last modified in October 2024. <https://www.canada.ca/en/department-national-defence/corporate/policies-standards/dm-cds-directives/directive-002-reconstitution.html> [accessed December 2024].

**180** Department of National Defence, "External Monitor Report – Fifth Status Report," Published June 2025. Last modified in September 2024. <https://www.canada.ca/en/department-national-defence/corporate/reports-publications/external-monitor/external-monitor-report-fifth-status-report.html#toc1> [accessed October 2025].

**181** Interview with DMPII, 8 August 2025.

**182** Department of National Defence, CAFMPI 05/22 – Chief of Military Personnel Policy Management Framework, Last modified February 2025. <https://www.canada.ca/en/department-national-defence/corporate/policies-standards/canadian-forces-military-personnel-instructions/cmp-policy-management-framework.html> [accessed July 2025].

**183** Department of National Defence, "Director General Military Personnel Strategic". Last modified in February 2025. <https://cmp-cpm.mil.ca/en/support/dgmp-strat.page> (accessible only on the Defence Information Network) [accessed July 2025].

**184** Michael Thomson, Emily-Ana Filardo, "Examining the Role and Function of GENADs in Canadian Armed Forces Operations and Evaluating Prototype Counter-Radicalization Messages," Defence Research and Development Canada, June 2019, page 5. p813567\_A1b.pdf.

**185** Based on the findings outlined in the Office of the DND/CAF Ombudsman's OSI, RFC, and Hidden Battles Ombudsman reports between 2016 and 2023.

**186** Interview with CAF Environmental commands representative, 13 February 2025.

**187** Interview with Asst CMP/Deputy MILPERSCOM, 17 February 2025.

**188** Women and Gender Equality Canada, "Introduction to GBA Plus - What is Gender-based Analysis Plus?," Last modified April 2022. [https://women-gender-equality.canada.ca/gbaplus-course-cours-acsplus/eng/mod03/mod03\\_02\\_01.html](https://women-gender-equality.canada.ca/gbaplus-course-cours-acsplus/eng/mod03/mod03_02_01.html) [accessed May 2025].

**189** Department of National Defence, "Departmental Plan 2025-26," Last modified June 2025, <https://www.canada.ca/en/department-national-defence/corporate/reports-publications/departmental-plans/departmental-plan-2025-26.html> [accessed August 2025].

**190** Department of National Defence, "Gender-based analysis plus - Section 1: Institutional GBA Plus governance and capacity," Last modified June 2025. <https://www.canada.ca/en/department-national-defence/corporate/reports-publications/departmental-plans/departmental-plan-2025-26/gba-plus.html> [accessed August 2025].

**191** Department of National Defence, "Gender-based analysis plus - Section 2: 3.4 Defence team Management," Last modified June 2025. <https://www.canada.ca/en/department-national-defence/corporate/reports-publications/departmental-plans/departmental-plan-2025-26/gba-plus.html#:~:text=health%20and%20wellness.-,GBA%20Plus%20data%20collection%20plan,-The%20multidimensional%20and> [accessed August 2025].

**192** Chief Military Personnel Gender Advisor (GENAD), email dated 18 February 2025.

**193** Interviews with: Asst CMP/Deputy MILPERSCOM, 17 February 2025; GENAD, email dated 18 February 2025; Briefing Note to Chief of Military Personnel: Suspension of Policy Barriers Causing Adverse Impact to Reserve Force Members, shared by DRSM on 14 February 2024.

**194** Interviews with: DRSM, CO NDHQ PRL and MPC PRL, 29 January 2025; Surgeon General, 31 January 2025; CAF TG, 6 February 2025; DGMP Strat, 7 February 2025; CAF Environmental commands representatives, 10 February 2025, 11 February 2025, 13 February 2025; DCSM, 11 February 2025; Asst CMP/Deputy MILPERSCOM, 17 February 2025.

**195** Data collected from MCS Monitor/MASS, (accessible only on the Defence Information Network).

**196** Important to note: Self-declaration surveys are voluntary and generally underreported. Department of National Defence, "2024 Defence Team Accessibility Plan Progress Report - Universality of Service," Last modified May 2025, <https://www.canada.ca/en/department-national-defence/corporate/reports-publications/2024-defence-team-accessibility-plan-progress-report.html#toc4-2> [accessed May 2025].

**197** Department of National Defence, CAFMPI 20/04 - Administrative Policy of Class "A", Class "B" and Class "C" Reserve Service, issued on 1 December 2004, last modified 1 December 2024. <https://www.canada.ca/en/department-national-defence/corporate/policies-standards/canadian-forces-military-personnel-instructions/administrative-policy-of-class-a-class-b-and-class-c-reserve-service.html> [accessed July 2025].

**198** Department of National Defence, "DAOD 5009-1, Personnel Readiness Verification Screening," paragraph 4.9, issued 24 April 2017, last modified 23 February 2024. <https://www.canada.ca/en/department-national-defence/corporate/policies-standards/defence-administrative-orders-directives/5000-series/5009/5009-1-personnel-readiness-verification-screening.html> [accessed October 2025]; The Personnel Readiness Verification (PRV) checklist items listed in the DAOD 5009-1, Personnel Readiness Verification Screening are described in detail in the Military Human Resources Records Procedures (MHRRP) Topic 33. The MHRRP is only accessible on the Defence Information Network. <https://aideghelp.hrms.mil.ca/eng/data/toc.html>

**199** Office of the DND/CAF Ombudsman, "Hidden Battles: A Systemic investigation into the identification of mental

health needs and support for Primary Reserve Members - Appendix VIII: Gender-based Analysis Plus (GBA Plus)," 2023. [https://www.canada.ca/en/ombudsman-national-defence-forces/reports-news-statistics/investigative-reports/mental-health/report.html#toc16:~:text=table%20of%20contents,-Appendix%20VIII%3A%20Gender%2Dbased%20Analysis%20Plus%20\(GBA%20Plus\),-This%20investigation%20applied](https://www.canada.ca/en/ombudsman-national-defence-forces/reports-news-statistics/investigative-reports/mental-health/report.html#toc16:~:text=table%20of%20contents,-Appendix%20VIII%3A%20Gender%2Dbased%20Analysis%20Plus%20(GBA%20Plus),-This%20investigation%20applied).

**200** Canadian Race Relations Foundation (CRRF), "CRRF Glossary of Terms," Last modified 2025. <https://crrf-fcrr.ca/glossary-of-terms/> [accessed June 2025].

**201** HR Ready, "Cultural Bias At Work," Last modified 2025. <https://hrready.co.uk/cultural-bias-at-work/> [accessed June 2025].

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