

# **Reserved Care**

A Follow Up into the Treatment  
of Injured Reservists

**November 2012**



**Reserved Care**  
**A Follow Up into the Treatment of Injured Reservists**

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**Executive Summary**

1

2     ***Background***

3     The role of the Reserve Force has evolved dramatically over the last several years. It was noted in the Ombudsman's Special Report *Reserved Care: An Investigation into the Treatment of Injured Reservists* (herein referred to as the *Reserved Care* report) that Canadian Forces' policies and priorities had not kept pace with the evolving role of the Reserve Force. In all facets of their training and employment, Reserve and Regular Force members are exposed to the risk of an injury that may jeopardize future health and employment.

4     The special investigation, launched in 2006, was meant to examine the provision of health care to members of the Reserve Force serving in Canada in order to determine the nature of the issues and to recommend appropriate corrective action.

5     During the course of the investigation, Ombudsman investigators identified four major issues: the provision of health care to Reservists, the lack of consistent standards, the benefits for injured Reservists, and Reserve administration. The Ombudsman released a report in April 2008, in which 12 recommendations were made and supported by the Minister of National Defence. A commitment was made to review the progress of the implementation of these recommendations in the future.

6     ***Scope of the Investigation***

7     The scope of this follow-up investigation was to determine the current status of the 12 recommendations outlined in the *Reserved Care* report, which were divided into the four issues mentioned above. In particular, information was obtained from the offices of primary interest on the actions said to have been taken in relation to each recommendation, and an analysis of this information was done in order to ascertain whether the recommendations are considered to have been implemented.

8     ***Summary of Findings***

9     This follow-up investigation has revealed that of the 12 recommendations made in the 2008 *Reserved Care* report; four have been implemented, six have been partially implemented and two have not been implemented. It is important to note that all of the 12 recommendations (outlined at paragraphs 29 to 40 of this report) were supported by the Minister of National Defence in 2008.

10    The Office of the Ombudsman is disappointed that, four years following the publication of the *Reserved Care* report, only 33% of the recommendations

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have been implemented. Furthermore, the office continues to be concerned about the recommendations that were not fully implemented; the development of a new health care framework for Reserve Force members has still not been finalized; periodic health assessments are not being provided consistently to all members of the Primary Reserve; immunizations/vaccinations are not being provided in a consistent and widespread fashion given the link to the implementation of the periodic health assessments; the insurance plan for accidental dismemberments has yet to be amended in order for all Primary Reservists, regardless of their type of service, to be compensated equal to members of the Regular Force for the same dismemberment; and, lastly, while recent changes have been made in order to standardize the release process, the eventual impact on the timeliness of medical releases remains unknown given the recent promulgation of these changes.

#### 11 ***Way Forward***

12 In order to ensure fair and equitable treatment for all members of the Reserve Force the office is adamant that the Department and the Minister of National Defence take the necessary actions in order to fully implement the remaining eight recommendations, as committed to in 2008.

13 More specifically, the Department is encouraged to promulgate permanent, long-lasting policy/regulatory documents (*Queen's Regulations and Orders*, Chapter 34) that clearly identify entitlement to care for Reservists; as well as to properly distribute information currently available as often as deemed appropriate, to improve knowledge and accessibility to this information for both service providers and members.

14 The Department must explore all options in order to implement in a timely fashion the 2008 recommendation that periodic health assessments be provided equally to members of the Primary Reserve and Regular Force. Implementation of this recommendation will ensure that immunizations/vaccinations are being provided in a consistent and widespread fashion given the link to the implementation of the periodic health assessments.

15 To this date no changes have been made to the Accidental Dismemberment Insurance Plan. This issue remains unfair and inequitable as some Reservists are still not entitled to the same compensation as their counterparts for exactly the same dismemberment. This office is of the opinion that this issue requires Ministerial intervention in order to correct this grave unfairness.

16 Finally, the Chief of Military Personnel is strongly encouraged to continually monitor the effectiveness of these changes and whether they ensure consistent and time appropriate/prompt medical releases.

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## **Introduction**

18 ***Background***

19 In 2006, the Office of the Ombudsman for the Department of National Defence and the Canadian Forces launched an investigation following the receipt of complaints from Canadian Forces Reserve members who indicated that different standards of health care were being applied to those injured while serving in Canada.

20 Over the last several years, Reserve Force members have been called upon more often to assist the Canadian Forces in delivering on its mandate. In return for their commitment to train and serve their country, Reservists rightfully expect to receive the best care possible when they are injured or become ill on duty, while training to maintain physical fitness or when away from their home while performing military service.

21 The team assigned to the 2008 original investigation interviewed and/or obtained information from 389 individuals within the Department of National Defence. They also reviewed and analyzed related policies and documentation.

22 The Special Report *Reserved Care: An Investigation into the Treatment of Injured Reservists* (herein referred to as the *Reserved Care* report) outlining our findings was published in April 2008. The following major issues with regard to the provision of health care, services and benefits to Reservists were found:

23 A. **Provision of health care to Reservists:** Health care regulations and policies pertaining to the entitlements of Reservists who receive health care from the Canadian Forces were found to be confusing. As a result, there were huge inequities in the interpretation of when health care would be provided. Recommendations 1 to 4 were made to correct these deficiencies.

24 B. **Consistency of standards:** Five recommendations were made with regard to standards, which were found to be either different for, or applied differently to, Reserve Force personnel compared to their Regular Force counterparts. These differences were found in the areas of:

- periodic health assessments (Recommendation 5);
- immunizations/vaccinations (Recommendation 6);
- entitlement to fair compensation for injuries sustained while maintaining physical fitness (Recommendation 7); and
- health record safeguarding and portability (Recommendations 8 and 9).

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- 25 C. **Benefits for injured Reservists:** Compensation under the Accidental Dismemberment Insurance Plan for some Reservists was only 40 percent of the compensation for identical injuries suffered by other Reservists and by all Regular Force personnel. Furthermore, Reservists who are members of the Supplementary Reserve and were attach-posted<sup>1</sup> with the Primary Reserve were not entitled to benefits under the Accidental Dismemberment Insurance Plan or long-term disability benefits under the Service Income Security Insurance Plan. There were two recommendations (Recommendations 10 and 11) contained in the 2008 report that addressed these very serious shortcomings.
- 26 D. **Reserve administration:** The Canadian Forces were unable to process medical releases for Reservists in a timely manner. Recommendation 12 was made in an attempt to resolve the matter of prompt medical releases.

#### 27 ***2008 Recommendations***

28 Given the above findings, the office recommended that:

- 29 1. The Canadian Forces develop a new framework governing the entitlement to, and provision of, medical and dental care for the various categories of Reservists. Furthermore, we recommended that;
- The new framework be drafted in clear and user-friendly terms so that it lends itself to fair and consistent interpretation and application;
  - The new framework (and all subsequent amendments and clarifications thereto) be widely circulated, and remain accessible to, and easily retrievable for, all concerned; and
  - This framework be completed within 12 months following the publication of this report.
- 30 2. The framework for medical and dental care recognize the obligation for the Canadian Forces to provide Reservists (whether by Canadian Forces caregivers or by external health care providers) with the comprehensive health care they require as a result of illness or injury attributable to military service.

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<sup>1</sup> Canadian Forces Military Personnel Instruction 20/04 – Administrative Policy of Class “A,” Class “B,” and Class “C” Reserve Service defines the following:

“Attached posting[s]...are used when there is a requirement to assign a Res F member, on a temporary basis, to a component, sub-component, element or unit within the CF other than the one in which the member is ordinarily held on strength. The member continues to fill an establishment position within the member’s home unit or remains in the Supp Res ....”

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- 31        3. The framework for medical and dental care identify the Canadian Force's responsibility to provide medical and dental care to all Reservists who need it while serving away from their civilian health care providers.
- 32        4. The new framework for medical and dental care contain a general direction to decision makers that it should be interpreted and applied in a fair and generous manner and that, in cases where issues of entitlement are unclear, the decision shall be resolved in favour of the member.
- 33        5. Within 12 months following the publication of this report, the standards for periodic health assessments be applied equally for Primary Reserve and Regular Force personnel.
- 34        6. Within 12 months following the publication of this report, the Canadian Forces:
- Publish immunization/vaccination requirements that apply to all military personnel (Regular and Primary Reserve Force) engaged in domestic operations and training; and
  - Put in place a mechanism for the provision of these immunizations/vaccinations at public expense to both Primary Reserve and Regular Force members.
- 35        7. Within 12 months following the publication of this report, the Canadian Forces develop a framework to ensure that Reservists receive fair compensation for lost income and proper medical care when they suffer injuries as a result of engaging in training activities to attain or maintain Canadian Forces physical standards.
- 36        8. The Canadian Forces take immediate action to maintain and safeguard all Reserve Force health records to the same standard as the Regular Force.
- 37        9. Health records follow the member during component transfers and re-enrollments.
- 38        10. The Accidental Dismemberment Insurance Plan be changed, retroactive to February 13, 2003, to ensure that all Canadian Forces members receive the same compensation for the same injury.
- 39        11. The Canadian Forces take immediate action to ensure that all Supplementary Reservists who are attach-posted to the Primary Reserve receive the same benefits as their counterparts.
- 40        12. The Canadian Forces take immediate action to enable prompt medical releases for all Reserve Force personnel.

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## **Methodology**

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### ***Scope of the Follow up Investigation***

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Subsequent to the publication of the *Reserved Care* report in April 2008, the Department of National Defence provided the office with an action plan in May 2008 identifying the activities they put into place in order to address the recommendations. In October 2009, an update was provided to the office on actions taken thus far.

44

In the 2009-2010 Annual Report, the Ombudsman advised that the office would be following up on the *Reserved Care* recommendations during the 2010-2011 fiscal year. However, given an operational review conducted in 2010-2011, as well as competing priorities, this follow up was postponed until 2011-2012.

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The scope of this follow-up investigation was to determine the current status of the 12 recommendations outlined in the *Reserved Care* report. In particular, information was obtained from the offices of primary interest on the actions said to have been taken in relation to each recommendation, and an analysis of this information was done in order to ascertain whether the recommendations are considered to have been implemented.

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### ***Approach***

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The follow up investigation was conducted in three phases:

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A. **Investigation planning (January-February 2012)** – The investigators conducted a review of all related files received at the office since the publication of the 2008 *Reserved Care* report in order to determine emerging issues and recurring trends. Furthermore, they reviewed other public reports referencing care to ill/injured Reservists, issues that have been captured by the media with regard to care for ill/injured Reservists, as well as the concerns heard during the Ombudsman’s outreach visits across the country. On January 27, 2012, the Ombudsman sent a letter to the Chief of the Defence Staff requesting a formal update on the status of the 12 recommendations;

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B. **Data/evidence gathering and review/analysis of information (February-April 2012)** – The investigators interviewed 14 individuals at National Defence Headquarters, including Directors and senior officials. Given that the nature of the recommendations were largely program and policy related, it was determined that there was no need to investigate beyond the strategic level. Investigators also analyzed documentary evidence obtained from interviews as well as available regulatory documents, policies and

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directives. The Ombudsman received a formal written update from the Chief of the Defence Staff on March 15, 2012. It is noted that the investigators received full cooperation and support by all participants with the exception of the disclosure of documents related to Recommendation 10; and,

- 50 C. **Report drafting, consultation and preparation for publication (April-August 2012)** – The Department was provided with the opportunity to comment on this report prior to publication.

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## **Evidence and Analysis**

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### ***Provision of Health Care to Reservists (Recommendations 1 to 4)***

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#### **Development of a New Reserve Force Health Care Framework (Recommendation 1)**

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The following documents have been identified as the current framework for the provision of medical and dental care for Reservists:

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#### ***2009 Interim Guidance***

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On July 16, 2009, some 15 months after the publication of the *Reserved Care* report, the Surgeon General approved Instruction 4090-02, *Interim Guidance for the Delivery of Health Care to Reserve Force Personnel* (herein referred to as the Interim Guidance). It provided clarification to Health Services staff on Reservists' entitlement to medical care because *Queen's Regulations and Orders*<sup>2</sup> (QR&O) Chapter 34, *Medical Services* was unclear with regard to entitlement to care.

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It is noted that while the Interim Guidance made no reference to dental care, a separate QR&O on dental care (Chapter 35) more clearly outlines entitlement to care. Furthermore, Policy 1022-15, *Dental Treatment Reserve Force Members and Cadets*, published in 2007, reiterates these entitlements.

58

The 2009 Interim Guidance stated that "QR&O Chapter 34, the founding document from which entitlement to care in the [Canadian Forces] is derived, is currently under review....Until the QR&Os have been amended and a formal policy written, this document will serve as guidance for the delivery of health care to Class B Reservists." It is noted that this document also includes guidance on health care delivery to Class A and Class C Reservists and stresses that "...above all else, if in doubt, give the benefit of the doubt to member."<sup>3</sup>

59

The investigators requested clarification on how the 2009 Interim Guidance was/is being communicated to front-line Health Services staff. They were advised that it was the responsibility of each Base and Wing Clinic Manager to disseminate the information to all of their respective staff. However, it was confirmed by Senior Health Services staff that there have been gaps in terms of communication and that the information has not made it to all front-line Health

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<sup>2</sup> QR&Os are regulations issued under the authority of Section 12 of the *National Defence Act*, and serve as the main document for the governance of the Canadian Forces: <http://laws-lois.justice.gc.ca/eng/acts/N-5/page-4.html#h-9>.

<sup>3</sup> Annex A of this report reproduces the portion of QR&O Chapter 9 that refers to Reserve Force types of service.

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Services staff. These communication gaps were also echoed to the Ombudsman by medical staff at various Bases/Wings during outreach visits. This is disconcerting as it allows the possibility of some Reserve Force members falling through the cracks and being turned away from the care to which they may be entitled.

60 ***2011 Letter from the Vice Chief of the Defence Staff***

61 On November 2, 2011, the Vice Chief of the Defence Staff signed a letter addressed to the various chains of command, for its onward transmission to the Reservists themselves. At paragraph 1 of this letter, the Vice Chief of the Defence Staff stated:

*“It has come to my attention that members of the P Res [Primary Reserve], COATS [Cadet Organizations Administrative and Training Service] and Cdn Rangers may still be experiencing difficulties in accessing care from the Canadian Forces Health Services (CF H Svcs) for injuries or illnesses resulting from their service with the Canadian Forces (CF). This is simply unacceptable.”*

62 The letter stressed that it is a leadership responsibility to ensure that all members are aware of their access and entitlement to care.

63 Attached to this letter was the “Access to Medical Care Guide for Reserve Force Personnel – September 2011.” While the 2009 Interim Guidance was meant for Health Services staff, the Vice Chief of the Defence Staff’s letter and attached guide (which reiterated what was in the 2009 Surgeon General Interim Guidance) were meant for the chains of command and, most importantly, the Reservists themselves.

64 In the recent November 2011 letter, the Vice Chief of the Defence Staff further asked that “the enclosed guide be distributed and made available to all members of the Reserve ....”

65 The investigators had difficulty finding the Vice Chief of the Defence Staff’s letter on the Defence Information Network – the departmental Intranet site. They were required to enter the reference number on the letter to locate the document. One needs to know of its existence and the reference number to locate the letter on the Defence Information Network. The investigators obtained evidence that the letter was distributed by email within the Royal Canadian Navy and Royal Canadian Air Force chains of command. Nonetheless, the Canadian Army has been unable to confirm the distribution of the Vice Chief of the Defence Staff’s letter beyond the Chief of Staff Land Reserve (which is at the Headquarters level) down to all members of the Reserve Force under its command.

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66 ***QR&O Chapter 34, Medical Services***

67 The 2009 Interim Guidance stated that the QR&O was under review. The investigators were advised that while a review began in 2009, it was put on hold in 2010 in light of the Strategic Review.<sup>4</sup> In the actual economic context:

*“... the [Canadian Forces Surgeon General] ... is not in a position at this time to seek amendments to QR&O Ch 34 that increase medical entitlements for Reservists.... Once the dust settles on DRAP [Deficit Reduction Action Plan<sup>5</sup>] and there is longer-term stability regarding available health care resources, Surg Gen will be in a position to resume the review of QR&O, Chapter 34 regarding reservist entitlement to medical care....” [Director, Military Personnel Strategy and Coordination 7].*

68 The Director of Medical Policy advised that they would not draft policy or Canadian Forces Health Services Instructions until the QR&O was amended because the QR&O is the document that defines entitlement to care. This is important as there are currently no long-lasting policy/regulatory documents that clearly identify entitlement to care for Reservists.

69 ***Status of Recommendation 1***

70 Partially Implemented – In response to this recommendation, the Department developed the 2009 Interim Guidance in order to clarify entitlement to care. With the exception of this Interim Guidance, which has now been in place for three years, no permanent policy has been promulgated on Reservists’ entitlement to care. Additionally, the QR&O has yet to be amended.

71 Of the information that is available, the office has concerns with its accessibility. While the 2009 Interim Guidance is available on the Intranet site, the responsibility for sharing this information lies with the Health Services chain of command. The investigators were advised that there have been gaps in the past with communicating information to all Health Services staff and, more

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<sup>4</sup> In 2010, strategic reviews were undertaken “to ensure that programs are achieving their intended results, are effectively managed, and are appropriately aligned with the priorities of Canadians and federal responsibilities.” <http://www.budget.gc.ca/2011/plan/chap5-eng.html>. Additionally, Budget 2011 launched “a comprehensive one-year Strategic and Operating Review across all of government in 2011–12. This review will focus on improving the efficiency and effectiveness of government operations and programs to ensure value for taxpayer money and will replace the next cycle of strategic reviews.” <http://www.budget.gc.ca/2011/plan/chap5-eng.html>

<sup>5</sup> The Government’s Deficit Reduction Action Plan identified areas where savings between five and 10 percent could be generated through a review of programs and operations. <http://www.clerk.gc.ca/eng/feature.asp?pageId=297#III.1> This plan will be fully implemented by fiscal year 2014-2015.

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importantly to the front-line staff. Furthermore, confirmation was obtained that this was also the case for this specific document.

72 With regard to whether Reservists and their chains of command know about Reservists' entitlements to care, the investigators obtained confirmation that the 2011 Vice Chief of the Defence Staff's letter was distributed within the Royal Canadian Navy and Royal Canadian Air Force. However, the Canadian Army was unable to confirm its distribution within their chain of command. Furthermore, the investigators had difficulty accessing the letter from the Defence Information Network. Given the dynamic nature of the Reserve Force, it is important that this information be widely circulated, and remain accessible and easily retrievable to all Reserve Force members. The office is of the opinion that Reservists should be systematically reminded of their entitlements on a periodic basis.

73 The interim status of the guidance and the lack of proper distribution of the information within the various chains of command (i.e., service providers and Reservists) have resulted in a clear awareness gap. As a result this recommendation is considered partially implemented.

#### 74 **Canadian Forces' Obligation to Provide Comprehensive Health Care to Reservists (Recommendation 2)**

75 The 2009 Interim Guidance document "... applies to all CF [Canadian Forces] personnel, Department of National Defence (DND) Public Servants, contractors and sub-contractors who provide health services to CF members." It identifies key principles to "... be used to guide decisions on entitlement to health care for Reserve Force personnel." Lastly, this document provides guidance on the delivery of health care to Class A, B and C Reserve Force personnel.

76 Of particular importance is that it specifies that, at a minimum, all members of the Primary Reserve Force (regardless of type of service) should be evaluated to ensure their immediate health care needs are met.

#### 77 ***Status of Recommendation 2***

78 Partially Implemented – The 2009 Interim Guidance recognizes the obligations of the Canadian Forces to provide health care to all Reserve Force members. The interim status of the guidance and the lack of proper distribution of the information within the various chains of command (i.e., service providers and Reservists) have resulted in a clear awareness gap. As a result, this recommendation is considered partially implemented.

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79 **Provision of Health Care to Reservists Serving Away from their Civilian Health Care Providers (Recommendation 3)**

80 The 2009 Interim Guidance indirectly addresses the recommendation that the framework identifies the Canadian Forces responsibility to provide care to all Reservists who need it while serving away from their civilian health care providers. For example, the document states that the Canadian Forces must always ensure that they “are meeting the emergent and urgent health care needs of the member....”

81 ***Status of Recommendation 3***

82 Partially Implemented – The above indirectly addresses the recommendation. However, this recommendation is considered partially implemented given the interim status of the guidance and the lack of proper distribution of the information within the various chains of command (i.e., service providers and Reservists), which has resulted in a clear awareness gap.

83 **Fair and Generous Application of Health Care Entitlements to Reservists (Recommendation 4)**

84 The 2009 Interim Guidance clearly highlights that “first and foremost, we must always rely on a premise of caring for members in uniform and always give them the benefit of the doubt. Far better to resolve any individual case of uncertain entitlement to care after the fact, than to deny care to any individual when they are in need of care.”

85 ***Status of Recommendation 4***

86 Partially Implemented – A clear statement is made in the Interim Guidance that when in doubt, care should be provided to all members. Nonetheless, the interim status of the guidance and the lack of proper distribution of the information within the various chains of command (i.e., service providers and Reservists) have resulted in a clear awareness gap. As a result, this recommendation is considered partially implemented.

87 ***Consistency of Standards (Recommendations 5 to 9)***

88 **Periodic Health Assessments (Recommendation 5)**

89 In the 2008 *Reserved Care* report it was recommended that the standards for periodic health assessments be applied equally for Primary Reserve and Regular Force personnel. The office was advised in October 2009 that periodic health assessments would be provided to all members of the Primary Reserve in a phased approach that would be subject to approval at various stages due to increases in cost. During this follow up investigation it was clarified that, two

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years after the recommendation, a trial was held in November/December 2010 at one location and that a second expanded trial would be held in the 2012-2013 fiscal year in an attempt to capture the total resources required to provide periodic health assessments to all Primary Reserve personnel.

90 ***Status of Recommendation 5***

91 Not Implemented – Subsequent to the 2008 report, the Department provided an update to the recommendation in October 2009. As of May 2012, the provision of periodic health assessments remains in trial mode with no commitment of future implementation to all Primary Reservists.

92 **Immunization/Vaccination Requirements (Recommendation 6)**

93 The Department has advised that immunizations/vaccinations will be provided during the periodic health assessments, on an as-needed basis. Given that the provision of periodic health assessments is in trial mode, and that it is unknown at this time whether they will be provided to all Reservists, immunizations/vaccinations are not expected to be provided in a consistent and widespread fashion given the link to the implementation of the periodic health assessments.

94 The immunization/vaccination requirements that apply to all military personnel (Regular and Primary Reserve Force) engaged in domestic operations and training are published on the Canadian Forces Health Services Intranet site.

95 ***Status of Recommendation 6***

96 Partially Implemented – Even though the requirements for immunizations/vaccinations are published, the fact that their provision is linked to the periodic health assessments renders the implementation of this recommendation incomplete.

97 **Fair Compensation for Lost Income (Recommendation 7)**

98 Following the recommendation to compensate Reserve Force members for lost income when they suffer injuries as a result of engaging in training activities to attain or maintain Canadian Forces physical standards, Compensation and Benefits Instruction 210.72, *Compensation for Disability – Reserve Force* was amended in order to meet/satisfy the recommendation.

99 Compensation and Benefits Instruction 210.72(4) states:

*“(Deemed Class “A” Service) ... an officer or non-commissioned member of the Reserve Force who suffers an injury, disease or illness while participating in a Commanding Officer approved CF Exercise Prescription (Expres), or Land Forces Command Physical*

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*Fitness Standard (LFCPFS) prescribed activity, as part of an authorized fitness program, is deemed to be on Class "A" Reserve Service for the sole purpose of compensation under this instruction."*

100 Reservists who suffer an injury, disease or illness as prescribed in the above-mentioned instruction are deemed to be on Class "A" service and are therefore entitled to Reserve Force Compensation.

101 Investigators were advised that ill/ injured Reserve Force members may, in lieu of Reserve Force Compensation, be eligible to receive compensation through the *Government Employees Compensation Act*. This Act is administered by the Provincial Workers' Compensation Boards and is meant to replace loss of civilian employment income.

#### 102 ***Status of Recommendation 7***

103 Implemented – The changes made to Compensation and Benefits Instruction 210.72, *Compensation for Disability – Reserve Force* meet the intent of the recommendation.

104 In conducting a review of files received since the publication of the original report, as well as through discussions with departmental officials, other concerns were raised with regard to the Reserve Force Compensation policy and its administration. These include allegations of a convoluted process, delays in obtaining compensation, and perceived unfairness with regard to entitlements to benefits. Furthermore, this review also revealed an apparent lack of awareness with regard to entitlements available under the *Government Employees Compensation Act*. The office will be exploring these issues further separately from this report.

#### 105 **Custody and Handling Standards of Reserve Health Records (Recommendation 8)**

106 In November 2002, the Canadian Forces launched an electronic health record project known as the Canadian Forces Health Information System. Its goal was to provide a modern and effective electronic health information management capability, which will fundamentally change how they record, store and access Canadian Forces health records. This project was to include the health records of all military personnel, both Regular and Reserve Force, and aimed to eventually eliminate the need to have paper health records.

107 The investigators were advised that the Canadian Forces Health Information System was fully operational as of March 2012. Electronic health records have been created for all new members who enrolled after 2008. Electronic health records for members who were serving prior to 2008 have been/will be created as they seek medical attention. The paper files of these individuals will not be scanned into the Canadian Forces Health Information System due to the

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volume of information and the resulting resource implications. Until such a time as all members who enrolled pre-2008 retire, there will continue to be hybrid health records (i.e., paper and electronic health records).

108 The Canadian Forces Health Information System ensures that all Canadian Forces members' electronic health records are safeguarded to the same standard within the same system.

109 With regard to the remaining paper files, approximately 90 percent of Reservists health records have been sent from the units to the Health Services Centres for proper safeguarding. Due to logistical constraints, approximately 10 percent of paper files have yet to be transferred to the appropriate Health Services Centre. Our office was advised by the Canadian Forces Health Services Group that the remaining 10 percent of paper files are expected to be repatriated to a centre within the next year. The location of all paper files is, however, tracked within the Canadian Forces Health Information System.

#### 110 ***Status of Recommendation 8***

111 Implemented – The advances made with the Canadian Forces Health Information System and the steps taken with the members' paper health records satisfy the recommendation.

#### 112 **Portability of Health Records (Recommendation 9)**

113 The Canadian Forces Health Information System maintains a single electronic health record linked to a unique identifier (i.e., the member's service number), thereby ensuring that the record follows each member during component transfers, re-enrolments and throughout their military career in the Regular and/or Reserve Force. This system will also facilitate access to health records when members are on deployment, exercise or upon posting.

#### 114 ***Status of Recommendation 9***

115 Implemented – The advances made with the Canadian Forces Health Information System satisfy the recommendation.

#### 116 ***Benefits for Injured Reservists (Recommendations 10 to 11)***

#### 117 **Accidental Dismemberment Insurance Plan (Recommendation 10)**

118 The Canadian Forces has an Accidental Dismemberment Insurance Plan<sup>6</sup>

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<sup>6</sup> Information on the Accidental Dismemberment Insurance Plan and the Plan Schedule of Indemnities is available online at:

[https://public.cfpsa.com/en/AboutUs/SISIPFS/Insurance/Pages/Accidental-Dismemberment-Insurance-Plan-\(ADIP\).aspx](https://public.cfpsa.com/en/AboutUs/SISIPFS/Insurance/Pages/Accidental-Dismemberment-Insurance-Plan-(ADIP).aspx)

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(a part of the Service Income Security Insurance Plan), which provides a lump sum benefit for an accidental dismemberment or the loss of sight, speech or hearing, which is attributable to military service. The member does not pay premiums for accidental dismemberment coverage; the plan is funded by the Department of National Defence. Although it is a Canadian Forces plan, the Treasury Board of Canada has governance of the Accidental Dismemberment Insurance Plan.

- 119 The maximum amount payable (as of July 2012) by the Plan to Regular Force personnel, to Reservists on Class C contracts, and to “long term Class B members” is \$250,000, whereas the maximum payable to Class A and short term Class B members is \$100,000. Thus, if a Class A Reservist and a Regular Force member were involved in the same accident and each lost one hand, the Regular Force member would be compensated for \$125,000 compared to the Reservist at \$50,000.
- 120 In the 2008 *Reserved Care* report, we were unequivocal that it was unacceptable that the value of a leg, an arm or an eye should be different for Canadian Forces members depending upon their class of service. At the time, the Department advised that they were aware of this issue and were working to correct this deficiency.
- 121 In following up on this issue, investigators were advised that the Department of National Defence started discussions with Treasury Board Secretariat in 2009.
- 122 The investigators were challenged in accessing supporting documents, which the Department advised were protected under Cabinet confidences.<sup>7</sup> However, the office was able to confirm that the Chief of Military Personnel communicated with Treasury Board Secretariat as recently as March 2011, requesting that the disparity outlined in this recommendation be addressed as a priority.
- 123 ***Status of Recommendation 10***
- 124 Not Implemented – The office can confirm at this time that no changes have been made to the Accidental Dismemberment Insurance Plan since the 2008 recommendation.

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<sup>7</sup> *Policy on the Security of Cabinet Confidences*, paragraph 2.1: “The term ‘Cabinet confidences’ refers to Confidences of the Queen’s Privy Council for Canada as described in section 39 of the *Canada Evidence Act*, section 69 of the *Access to Information Act* and section 70 of the *Privacy Act*...”  
(<http://publiservice.pco-bcp.gc.ca/index.asp?lang=eng&page=sec&doc=pol-eng.htm#General>).

## **Reserved Care**

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125 **Supplementary/Primary Reserve Benefits (Recommendation 11)**

126 In the 2008 *Reserved Care* report it was stated that the Canadian Forces have, in the past, used attached-postings to move a member temporarily into another position because it was administratively more convenient than a sub-component transfer<sup>8</sup>. However, attached-postings could result in penalties for Reservists. As explained by the Director of Quality of Life at the time, long-term disability benefits through the Service Income Security Insurance Plan, as well as benefits under the Accidental Dismemberment Insurance Plan, are not available to injured Supplementary Reservists who are attached-posted to the Primary Reserve.

127 As such, the office recommended that the Canadian Forces take immediate action to ensure that all Supplementary Reservists who are attached-posted to the Primary Reserve receive the same benefits as their counterparts.

128 On October 26, 2009, CANFORGEN 184/09, *Changes to Supplementary Reserve Policy* was published and stated:

129 *“Effective this date the following changes to the Supp Res have been made: ... B. In accordance with CMP [Chief of Military Personnel] Instruction 20/04, members of the Supp Res will no longer be eligible to be attached-posted to the Reg Force or P Res for employment (unless granted an exception by Assistant CMP). Instead they must be sub-component transferred to the P Res. This sub-component transfer must be completed prior to the start of any Class A, B or C service.”*

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<sup>8</sup> Canadian Forces Military Personnel Instruction 20/04, *Administrative Policy of Class “A,” Class “B,” and Class “C” Reserve Service* defines the following:

“Attached posting[s] ... are used when there is a requirement to assign a Res F member, on a temporary basis, to a component, sub-component, element or unit within the CF other than the one in which the member is ordinarily held on strength. The member continues to fill an establishment position within the member’s home unit or remains in the Supp Res ....”

“Transfer – Reserve Force

A Res F transfer, other than an occupational transfer, is used;

1. With the member's consent in the following situations:
  - When a member transfers between components of the CF (component transfer between Regular Force (Reg F), Res F and Special Force (Special F));
  - When a member transfers between sub-components of the Res F (sub-component transfer between P Res, Supp Res, COATS [Cadet Organizations Administrative and Training Service] and CR [Canadian Rangers])”

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130 *Status of Recommendation 11*

131 Implemented – Given the above changes, and the confirmation that no exceptions have been granted by Assistant CMP since the policy change in 2009, this recommendation is considered implemented.

132 *Reserve Administration (Recommendation 12)*

133 **Prompt Medical Releases (Recommendation 12)**

134 The local administration of Reserve Force units is more complex than that of Regular Force units because individual Reserve units are self-contained and therefore responsible for a broader range of administration. For example, the release process, including medical releases, was far more decentralized for the Reserve Force than it was for the Regular Force.

135 To expand, administrative reviews for Regular Force members for which a release for medical reasons was being considered were processed by one entity: the Director of Military Careers Administration. Therefore, there was only one authority that could make these decisions for members of the Regular Force. Conversely, there were numerous positions (i.e., all Area Commanders and equivalent) that were granted the authority to medically release Reserve Force members.

136 Given the multiple release authorities, this process resulted in a lack of consistency. For example, the steps taken in the review of each case, and the delays in which these were done, were subject to each approving authority. This therefore meant that cases were not being processed equitably and promptly across the board.

137 Furthermore, the investigators were advised that there was no standardization of decisions given the multiple release authorities. As an example, a decision may have been made by one authority to retain a member who had medical limitations, while another authority may have decided to release a member with the same limitations; hence, resulting in inequitable treatment.

138 On March 1, 2012, the Director General of Military Careers obtained approval to make several changes to the remedial measures and administrative actions processes.

139 On July 13, 2012, CANFORGEN 134/12, *Decentralization of Authorities Related to Remedial Measures and Administrative Actions* was published by the Chief of Military Personnel to announce the delegation of authorities, effective July 1, 2012, with respect to these processes (see Annex B).

## **Reserved Care**

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140 More specifically, relating to this recommendation, medical administrative reviews for Reserve Force members are now conducted by the office of the Director of Military Careers Administration; who was already responsible for the Regular Force medical administrative reviews. This was done in an effort to standardize and simplify this review process, and, ultimately, to increase the consistency of all release decisions.

141 The efforts made by the Department, which the office supports, were primarily aimed at standardizing the process, as opposed to accelerating medical releases. The office was advised that the standardization of these processes is expected to minimize some of the delays, given that the Director of Military Careers Administration has developed expertise in reviewing such cases for Regular Force members. All members, regardless of their component, should now expect to be treated equally in terms of process.

142 It is unknown what the full impact of these changes will be on the timeliness of the medical release process for Reserve Force members.

#### 143 ***Status of Recommendation 12***

144 Partially Implemented – In the 2008 *Reserved Care* report, this recommendation was made to improve the timeliness of medical releases for Reserve Force members. Four years later, the office recognizes that this recommendation could not be met without the Department first standardizing the process. As such, it is now the office’s position that the recent changes made by the Department in an effort to standardize the medical release process are, without a doubt, a positive step forward. It will ensure consistency of release decisions and contribute to the fair treatment of Reserve and Regular Force members.

145 While these changes will likely contribute to improving the timeliness of the medical release process for members of the Reserve Force, the Department does not yet know what the eventual impact will be, given the recent promulgation of these changes. Given the above, this recommendation is considered partially implemented.

146 In looking back on this recommendation, the office realizes that the use of the word “prompt” may not have been the most appropriate terminology. At this time, the Office of the Ombudsman would like to clarify that the intent was not to encourage the hasty medical release of Reserve members. This recommendation was meant to convey that the Reserve administration of the medical release process needed to improve. The new process should contribute to increasing the consistency of release decisions and minimizing processing delays. Staffing of these cases needs to be timely, however, it is recognized

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that each case needs to be assessed to determine the appropriate timeframes in which each member should be medically released.

- 147 These changes will need to be monitored by the Chief of Military Personnel for consistency and timeliness of release decisions in order to ensure the fair treatment of Reserve and Regular Force members.

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## **Findings and Status of the Recommendations**

149 Four years following the publication of the *Reserved Care* report, four recommendations are considered implemented, six have been partially met and two key recommendations remain outstanding.

150 Implementation of the four recommendations was achieved due to changes to policy, instructions and procedures. To expand, under a revised Compensation and Benefits Instruction 210.72, members are now entitled to compensation when injured during a prescribed physical fitness activity. The progress made with the Canadian Forces Health Information System has enabled the Canadian Forces to better maintain and safeguard health records and has contributed to the portability of such documents. CANFORGEN 184/09 amended the practice of attach-posting members from the Supplementary Reserve to the Primary Reserve, thereby requiring sub-component transfers and ensuring they are entitled to the appropriate benefits.

151 The four recommendations linked to the Reserve Force health care framework are considered to be partially implemented. While the Surgeon General clarified entitlement to care by publishing Instruction 4090-02, *Interim Guidance for the Delivery of Health Care to Reserve Force Personnel* in 2009, these temporary measures have yet to be promulgated into a permanent regulation (i.e., QR&O Chapter 34) and/or policy. It was also confirmed that there were known distribution gaps in the communication of the Interim Guidance to front-line Health Services staff, which have resulted in a clear awareness gap.

152 The Vice Chief of the Defence Staff's 2011 letter reiterating entitlement to care was distributed once through the Royal Canadian Navy and Royal Canadian Air Force chains of command. The Canadian Army was unable to confirm proper distribution through its chain. Given the part-time nature of the Reserve workforce, which results in a high rate of movement of personnel, such important information should be made easily accessible and be continuously reinforced to ensure that existing and new Reserve Force personnel are made aware of their entitlements.

153 The two-fold recommendation on immunizations/vaccinations is considered partially implemented because while the immunization/vaccination requirements have been published by the Department, their provision is not implemented given the fact that they are linked to the implementation of the periodic health assessments.

## **Reserved Care**

### **A Follow Up into the Treatment of Injured Reservists**

154 While the office recognizes the efforts made by the Department to standardize the medical release process in order to increase the consistency and fairness of release decisions for Reserve Force members, it is unknown at this time how these changes will impact on the timeliness of the medical release process. As such, this recommendation is considered partially implemented.

155 As previously mentioned, two recommendations have not been implemented. In 2009, the Department advised that, in response to our recommendation, periodic health assessments would be provided to all Reservists in a phased approach. Unfortunately, this follow-up investigation has demonstrated that this initiative did not progress until late 2010 – and only through a trial at one location. While our Office appreciates that some members will be benefitting from the implementation of the expanded trial, the office remains disappointed that no larger commitment has been made by the Department in ensuring equity for all members of the Primary Reserve.

156 No changes have been made to the Accidental Dismemberment Insurance Plan since the publication of the 2008 *Reserved Care* report. The investigators confirmed that the Department has been working on this issue in consultation with Treasury Board Secretariat. The office remains highly dissatisfied with the lack of progress on this front and stands behind the 2008 finding and recommendation that compensating some Reservists at a lower rate than their counterparts for the same loss is unfair and fails to recognize the risks these members are willing to make in service to their country.

#### 157 ***Status of Recommendations***

##### 158 **Recommendation 1 (Development of the New Health Care Framework)**

159 Partially Implemented – While steps have been taken to clarify entitlement to care, the known distribution deficiencies and the lack of a formalized policy have resulted in awareness gaps. This recommendation is therefore considered partially implemented.

##### 160 **Recommendation 2 (Canadian Forces' Obligations to Provide Comprehensive Health Care to Reservists)**

161 Partially Implemented – This recommendation is considered partially implemented given the interim status of the guidance and the lack of proper distribution of the information within the various chains of command (i.e., service providers and Reservists), which have resulted in a clear awareness gap.

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162 **Recommendation 3 (Provision of Health Care to Reservists Serving Away from their Civilian Health Care Providers)**

163 Partially Implemented – This recommendation is considered partially implemented given the interim status of the guidance and the lack of proper distribution of the information within the various chains of command (i.e., service providers and Reservists), which have resulted in a clear awareness gap.

164 **Recommendation 4 (Fair and Generous Application of Health Care Entitlements to Reservists)**

165 Partially Implemented – This recommendation is considered partially implemented given the interim status of the guidance and the lack of proper distribution of the information within the various chains of command (i.e., service providers and Reservists), which have resulted in a clear awareness gap.

166 **Recommendation 5 (Periodic Health Assessments)**

167 Not Implemented – The provision of periodic health assessments remains in trial mode with no commitment of future implementation to all Primary Reservists. Therefore, this recommendation is not implemented.

168 **Recommendation 6 (Immunizations/Vaccinations)**

169 Partially Implemented – Even though the requirements for immunizations/vaccinations are published, the fact that their provision is linked to the implementation of the periodic health assessments renders the implementation of this recommendation partially implemented.

170 **Recommendation 7 (Fair Compensation for Lost Income)**

171 Implemented – The changes made to Compensation and Benefits Instruction 210.72, *Compensation for Disability – Reserve Force* meets the intent of the recommendation.

172 **Recommendation 8 (Custody and Handling Standards of Reserve Health Records)**

173 Implemented – The advancements made with the Canadian Forces Health Information System and the steps taken with the members' paper health records satisfy the recommendation.

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174 **Recommendation 9 (Portability of Health Records)**

175 Implemented – The advancements made with the Canadian Forces Health Information System satisfy the recommendation.

176 **Recommendation 10 (Accidental Dismemberment Insurance Plan)**

177 Not Implemented – No changes have been made to the Accidental Dismemberment Insurance Plan since the 2008 recommendation. This recommendation is therefore considered not implemented.

178 **Recommendation 11 (Supplementary/Primary Reserve Benefits)**

179 Implemented – Given the policy change in 2009, this recommendation is considered implemented.

180 **Recommendation 12 (Reserve Administration)**

181 Partially Implemented – While the changes to the release process will likely contribute to improving the timeliness of medical releases for members of the Reserve Force, it is unknown what the eventual impact will be considering the recent promulgation of these changes. Given the above, this recommendation is considered partially implemented.

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## **Way Forward**

183 The 2008 recommendations received the full support of the Minister of National Defence (see Annex C), who mentioned, in July 2008, that activities were underway to address these concerns. More specifically, he stated that “together, we will ensure that Reservists are treated fairly and equitably in all respects.”

184 Of the 12 recommendations made in the *Reserved Care* report, eight have unfortunately not been fully implemented. The office remains disappointed in the lack of concrete actions taken in two-thirds of our recommendations. More than four years have passed since the publication of the original report, which has provided the Department with ample time to address the inequities raised.

185 In light of the findings from this follow up investigation, the office is adamant that the Department and the Minister of National Defence immediately take the necessary actions to fully implement the remaining eight recommendations, as committed to in 2008.

186 To ensure fair and equitable treatment for all members of the Reserve Force, the office will continue to monitor these outstanding recommendations.

### 187 **Recommendations 1 to 4 (Health Care Framework)**

188 Recommendations 1 to 4 are considered partially implemented due to the fact that no amendments have been made to QR&O Chapter 34, as well as the absence of a permanent policy clearly outlining entitlement to care for Reserve Force members. Furthermore there has been a lack of consistency in the distribution of available information relating to entitlement to care.

189 The above shortcomings have created an awareness gap with regard to available care for ill/injured Reservists. To expand, the office determined that not all Reservists were made aware of their entitlements to care. Moreover, investigators confirmed that not all service providers were provided with the relevant information on entitlements.

190 The amendments required to clarify Chapter 34 are paramount given that QR&Os are readily accessible and are the main documents for the governance of the Canadian Forces. Furthermore, the need for these amendments has been recognized by the Department within the Interim Guidance.

- 191
- The Department must therefore promulgate permanent, long-lasting policy/regulatory documents that clearly identify entitlement to care for Reservists.

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- Given the high turnover of staff, it is instrumental for the Department to redistribute information currently available (with regard to entitlement to care for Reservists) as often as deemed appropriate in order to improve and ensure accessibility to this information for both service providers and members.

192 **Recommendations 5 and 6 (Periodic Health Assessments/Immunizations and Vaccinations)**

193 The provision of periodic health assessments remains in trial mode and there is no commitment at this time to implement to all Primary Reservists. Given the fact that immunizations/vaccinations are linked to periodic health assessments, this recommendation will only be addressed once periodic health assessments are fully implemented.

194 Given the above, members of the Primary Reserve are not treated to the same standard as members of the Regular Force. As identified in the *Reserved Care* report this could result in healthy, medically-fit Reservists not being sent on operation because they were not screened for medical fitness. Conversely, the office learned from the initial investigation that this might also lead to the inclusion of unhealthy members on operation which could put at risk their well-being and that of others.

195 Given the very little progress accomplished in over four years, the office senses a lack of willingness on the part of the Department to fully implement these recommendations. It was relayed to the office that, in this time of financial restraint, no additional resources have been made available to fully implement this recommendation. However, this office took note of a suggestion made by senior staff that would see periodic health assessments being possibly provided at no extra cost during planned annual training days.

- 196
- The office stands by its 2008 recommendation that periodic health assessments be provided equally to members of the Primary Reserve and Regular Force. The Department must immediately explore all options and implement a way forward to ensure that Reservists are treated to the same standard as Regular Force members.

197 **Recommendation 10 (Accidental Dismemberment Insurance Plan)**

198 This recommendation is not implemented as there have yet to be changes made to the Accidental Dismemberment Insurance Plan to ensure all members of the Canadian Forces receive the same compensation for the same dismemberment.

199 The office remains steadfast in the position that the dollar value of a leg, an arm or an eye should not be different for Canadian Forces members depending

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on their class of service. The office is extremely disappointed that this gross unfairness has yet to be addressed.

200 Notwithstanding the Minister's support for this recommendation in 2008 and the communication between the Chief of Military Personnel and Treasury Board Secretariat, the Department's efforts have yielded no changes to the Accidental Dismemberment Insurance Plan.

- 201
- As such the office is of the opinion that this issue requires Ministerial intervention in order to right this unacceptable unfairness.

#### 202 **Recommendation 12 (Reserve Administration)**

203 Changes have recently been made in an effort to standardize the medical release process. These changes will need to come to fruition in order to determine whether they have contributed to the timeliness of the medical release process.

204 The office is of the opinion that the changes made are positive as they will ensure the consistency of release decisions. Only time will tell what the full impact will be on the timeliness and fairness of the process. Again, the office reiterates that the use of the word "prompt" may not have been the most appropriate terminology. The intent is not to encourage hasty medical releases but rather to promote a timely process and time appropriate release decisions.

- 205
- The Chief of Military Personnel is strongly encouraged to continually monitor the effectiveness of these changes and whether they ensure consistent and time appropriate/prompt medical releases.

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## **Annex A**

207 ***The Queen's Regulations and Orders for the Canadian Forces***  
**Chapter 9, Reserve Service**

### **Section 3 – Types of Service**

#### **9.06 – CLASS "A" RESERVE SERVICE**

(1) A member of the Reserve Force is on Class "A" Reserve Service when the member is performing training or duty in circumstances other than those prescribed under articles 9.07 (*Class "B" Reserve Service*) and 9.08 (*Class "C" Reserve Service*).

(2) Class "A" Reserve Service includes proceeding to and returning from the place where the training or duty is performed, but not when that training or duty, including attendance at local parades, local demonstrations or local exercises, is performed at local headquarters.

#### **9.07 – CLASS "B" RESERVE SERVICE**

(1) A member of the Reserve Force is on Class "B" Reserve Service when the member is on full-time service and:

(a) serves in a temporary position on the instructional or administrative staff of a school or other training establishment conducting training for the Reserve Force, the Royal Canadian Sea Cadets, the Royal Canadian Army Cadets or the Royal Canadian Air Cadets;

(b) proceeds on such training attachment or such training course of such duration as may be prescribed by the Chief of the Defence Staff; or

(c) is on duties of a temporary nature approved by the Chief of the Defence Staff, or by an authority designated by him, when it is not practical to employ members of the Regular Force on those duties.

(2) Class "B" Reserve Service includes proceeding to and returning from the place of duty.

#### **9.075 – DEEMED FULL-TIME SERVICE**

A member of the Reserve Force who is serving on an operation of a type approved by or on behalf of the Chief of the Defence Staff under subparagraph 9.08(1)(b) (*Class "C" Reserve Service*) is deemed to be on full-time service.

#### **9.08 – CLASS "C" RESERVE SERVICE**

(1) A member of the Reserve Force is on Class "C" Reserve Service when the member is on full-time service and is serving

(a) with approval by or on behalf of the Chief of the Defence Staff in a Regular Force establishment position or is supernumerary to Regular Force establishment; or

(b) on either an operation or an operation of a type approved by or on behalf of the Chief of the Defence Staff.

(1.1) For the purpose of subparagraph (1)(b), "operation" includes training and other duties necessary for the operation, and leave related to the operation.

(2) Class "C" Reserve Service includes proceeding to and returning from the place of duty.

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## Annex B

209 ***CANFORGEN 134/12 CMP 056/12 121920Z JUL 12***

DECENTRALIZATION OF AUTHORITIES RELATED TO REMEDIAL MEASURES AND ADMINISTRATIVE ACTIONS

UNCLASSIFIED

REFS: A. [5019-0, DAOD CONDUCT AND PERFORMANCE DEFICIENCIES](#)

B. [DAOD 5019-1, PERSONAL RELATIONSHIPS AND FRATERNIZATION](#)

C. [DAOD 5019-2, ADMINISTRATIVE REVIEW](#)

D. [DAOD 5019-3, CANADIAN FORCES DRUG CONTROL PROGRAM](#)

E. [DAOD 5019-4, REMEDIAL MEASURES](#)

F. [DAOD 5019-5, SEXUAL MISCONDUCT](#)

G. [DAOD 5019-5A, MEDICAL REFERRAL FORM](#)

H. [DAOD 5019-6, ACADEMIC MISCONDUCT](#)

I. [DAOD 5019-7, ALCOHOL MISCONDUCT](#)

J. [DAOD 5019-7A, MEDICAL REFERRAL FORM](#)

K. [DAOD 5023-0, UNIVERSALITY OF SERVICE](#)

L. [DAOD 5023-1, MINIMUM OPERATIONAL STANDARDS RELATED TO U OF S](#)

M. [DAOD 7023-1, DEFENCE ETHICS](#)

N. [CFAO 19-4, FAILURE TO MANAGE PERSONAL DEBT](#)

O. [CANFORGEN 257/10 CMP 115/10 201435Z DEC 10](#)

P. CFP 154, ANNEX D MOS ID TASK STATEMENT

Q. CFP 154, ANNEX D, APPENDIX 1, GENERIC TASK STATEMENT FOR ALL CF MEMBERS

R. [HTTP://CMP-CPM.FORCES.MIL.CA/DGMC/ENGRAPH/DGMC\(UNDERSCORE\)DMCA\(UNDERSCORE\)INTRO\(UNDERSCORE\)E.ASP](http://CMP-CPM.FORCES.MIL.CA/DGMC/ENGRAPH/DGMC(UNDERSCORE)DMCA(UNDERSCORE)INTRO(UNDERSCORE)E.ASP)

S. CDS DELEGATED RELEASE AUTHORITIES  
[HTTP://CMP.CPM.FORCES.MIL.CA/DGMC/ENGRAPH/DMCPG\(UNDERSCORE\)KEYDOCS\(UNDERSCORE\)E.ASP?OPENSUB\(EQUAL SIGN\)50](http://CMP.CPM.FORCES.MIL.CA/DGMC/ENGRAPH/DMCPG(UNDERSCORE)KEYDOCS(UNDERSCORE)E.ASP?OPENSUB(EQUAL SIGN)50)

1. THE AIM OF THIS CANFORGEN IS TO ANNOUNCE THE PARTIAL DECENTRALIZATION OF AUTHORITIES RELATING TO REMEDIAL MEASURES AND OTHER ADMINISTRATIVE ACTIONS EFFECTIVE 01 JUL 12. THE DELEGATION OF AUTHORITY TO TAKE ADMINISTRATIVE ACTION WILL BOTH EMPOWER COMMANDING OFFICERS (CO S) TO EXPEDITE THESE MEASURES AND SERVICE TO SIMPLIFY RELATED POLICY RESPONSIBILITIES. DMCA WILL CONTINUE TO ADMINISTER RELEASES FOR ALL MISCONDUCT CASES. AS WELL, RELEASE DECISIONS FOR ADMINISTRATIVE REVIEW/MEDICAL EMPLOYMENT LIMITATION CASES (AR/MEL) THAT ARE AT HIGH RISK OF NOT COMPLYING WITH UNIVERSALITY OF SERVICE (U OF S) WILL BE CENTRALIZED AT DMCA FOR BOTH THE REGULAR AND RESERVE FORCES.
2. THE FOLLOWING CHANGES WILL TAKE EFFECT 1 JUL 12:

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- A. MISCONDUCT. MISCONDUCT INCLUDING DRUGS, ALCOHOL, SEXUAL MISCONDUCT, HARASSMENT, RACIST CONDUCT, FAMILY VIOLENCE AND OTHER MISCONDUCT. THE CO WILL BE THE APPROVAL AUTHORITY FOR REGF AND RESF REMEDIAL MEASURES UP TO AND INCLUDING COUNSELLING AND PROBATION (C AND P) FOR ALL MISCONDUCT ADMINISTRATIVE REVIEWS (AR). RELEASE RECOMMENDATION AND ADMINISTRATION WILL REMAIN A DMCA RESPONSIBILITY
- B. RELEASE RECOMMENDATION AND ADMINISTRATION
  - B.1. HIGH RISK INJURY/ILLNESS. RELEASE RECOMMENDATION AND ADMINISTRATION FOR RESF AR/MEL WHERE THERE IS A HIGH RISK OF NOT COMPLYING WITH U OF S WILL REVERT TO DMCA FROM AREA COMMANDERS OR EQUIVALENTS TO PROVIDE PAN-CF CONSISTENCY OF DECISIONS TAKEN
  - B.2. LOW RISK INJURY/ILLNESS. APPROVAL AUTHORITY FOR REGF AND RESF PERSONNEL WHERE THE MEMBER IS COMPLIANT WITH U OF S AND THERE IS A LOW RISK THAT THE INJURY/ILLNESS WILL RESULT IN BREACH OF U OF S IS NOW DELEGATED TO CO S. THE VAST MAJORITY OF THE AR S WILL RESULT IN A DECISION TO RETAIN WITHOUT RESTRICTION (RWOR) ALTHOUGH SOME CASES WILL REQUIRE A COMPULSORY OCCUPATION TRANSFER (COT). RARE CASES COULD BE RETAINED WITH RESTRICTIONS (RWR). CO S WILL PROCESS THESE LOW RISK AR/MEL CASES WITH THE ASSISTANCE OF LOCAL SPECIALISTS AND/OR ADVICE FROM DMCA
  - B.3. UNTRAINED REGF AND RESF OFFICERS WHO HAVE COMPLETED BASIC MILITARY OFFICER QUALIFICATION (BMOQ). CO S WILL RECOMMEND/ADMINISTER AND BE THE AUTHORITY FOR RELEASE OF ALL UNTRAINED REG AND RESF OFFICERS. THIS IS THE CASE ONLY FOR THOSE REGF AND RESF OFFICERS WHO DO NOT FALL UNDER THE EXISTING RELEASE RECOMMENDATION AND ADMINISTRATION AUTHORITY OF CMDT RMC, COMD CFRG AND CMDT CFLRS. THIS CHANGE WILL BETTER SERVE THE INTENT OF CANFORGEN 257/10 TO EXPEDITE THE RELEASE PROCESSING OF UNTRAINED PERSONNEL
- 3. THE CHANGES IN RESPONSIBILITY AND AUTHORITY DESCRIBED AT PARA 2 AND WHICH WILL BE DETAILED IN THE UPCOMING CMP INSTRUCTION WILL GUIDE UNIT, SCHOOL AND DMCA STAFF EFFORTS TO WHERE THEY ARE MOST EFFECTIVE. REFS C TO J ARE IN THE PROCESS OF BEING AMENDED. IN THE INTERIM, RELEVANT AUTHORITIES ARE TO USE EXISTING REFERENCES IN CONJUNCTION WITH THE CMP INSTRUCTION UNTIL THE REFS IN THIS CANFORGEN ARE AMENDED TO REFLECT THE CHANGES TO PARTIAL DECENTRALIZATION
- 4. THE IMPLEMENTATION OF THIS CANFORGEN WILL ENTAIL A NUMBER OF ACTIONS/INITIATIVES DESIGNED TO ASSIST CO S AND THEIR ADMINISTRATIVE SUPPORT IN THE EXERCISE OF THEIR REVISED AUTHORITY. SUPPORT WILL BE PROVIDED IN DUE COURSE THROUGH SPECIAL ASSISTANCE VISITS (SAV), AUDITS AND TRAINING AS REQUIRED AND VIA THE FREQUENTLY ASKED QUESTIONS (FAQ) WEB PAGE ON THE DMCA WEBSITE. THE ADMINISTRATIVE REVIEW INFO LINE IS 1-855-297-4195 / CSN 947-8862 AND THE POSITIONAL MAILBOX INQUIRIES IS (PLUS SIGN) DMCA ADMIN REVIEW QUERIES (AT SIGN) CMP DMCA (AT SIGN) OTTAWA-HULL
- 5. ENQUIRIES REGARDING THIS CANFORGEN SHOULD BE DIRECTED TO D/DMCA AT (613) 992-4979
- 6. SIGNED BY RADM A. SMITH, CMP

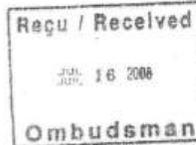
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**Annex C**

211 ***Minister of National Defence's July 2008 Letter***

Minister  
of National Defence  Ministre  
de la Défense nationale  
Ottawa, Canada K1A 0K2



JUL 15 2008

Ms. Mary McFadyen  
Interim Ombudsman  
Office of the National Defence and  
Canadian Forces Ombudsman  
100 Metcalfe Street  
Ottawa ON K1P 5M1

Dear Ms. McFadyen:

Thank you for the copies of your report entitled *Reserved Care: An Investigation into the Treatment of Injured Reservists*, which you sent on February 29, 2008. Please accept my apology for this delay in responding.

I fully support your recommendations and assure you that the Department of National Defence and the Canadian Forces have activities under way to address them. You will find enclosed the Reserved Care Action Plan, which will be used to track activity to address the recommendations made in your report. The Chief of Military Personnel and his staff, who are responsible for the tracking of this activity, will provide any further required updates.

The Department and the Canadian Forces have been and will continue to be most supportive of the important role Reservists play. Together, we will ensure that Reservists are treated fairly and equitably in all respects.

Sincerely,

  
Peter G. MacKay

Enclosure

Canada 