REPORT TO THE MINISTER OF NATIONAL DEFENCE

May 2016

Part-Time Soldiers with Full-Time Injuries

A Systemic Review of Canada's Primary Reserve Force

and Operational Stress Injuries

Ombudsman
National Defence and Canadian Forces
Défense nationale et Forces canadiennes

Canada

A Systemic Review of Canada's Primary Reserve Force and Operational Stress Injuries

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Mandate

The Office of the Ombudsman (herein referred to as the Office) was created in 1998 by Order in Council to increase transparency in the Department of National Defence and the Canadian Armed Forces, as well as to ensure the fair treatment of concerns raised by Canadian Armed Forces members, departmental employees, and their families.

The Ombudsman is independent of the military chain of command and senior civilian management, reporting directly to the Minister of National Defence. The Office acts as a direct source of information, referral and education. It is also responsible for reviewing and investigating complaints from constituents who believe they have been treated improperly or unfairly by the Department of National Defence or the Canadian Armed Forces.

Executive Summary

Since 2002, the Office has been tracking the issue of operational stress injuries and the adequacy of the health care provided to members of the Canadian Armed Forces. During this time, we released five reports on the subject of operational stress injuries which focused predominantly on the Regular Force. We also published two reports which focused on the provision of health care to injured Reservists; however, neither report examined Reservists who had been injured on international deployments, or those suffering from operational stress injuries.

Over the past 25 years, Reservists have participated in expeditionary operations, such as in the Balkans, the Middle East and Africa, and humanitarian crises in Haiti and the Philippines. In particular, Reservists were heavily involved in the combat mission in Afghanistan. Of note, a 2013 Canadian Medical Association Journal study cited that 13.5 percent of those deployed in support of the mission in Afghanistan had a mental disorder attributed to the mission.

As part of the systemic review of Canada's Primary Reserve Force and Operational Stress Injuries, which commenced in 2013, the Office set out to:

- Identify and clarify entitlements to medical care;
- Measure levels of knowledge and awareness of those entitlements;
- Examine impediments to seeking care; and
- Examine the roles and responsibilities of leadership in supporting their members.

At the conclusion of the review, we found that:

There is a lack of clarity in some of the policies that confer entitlements to health care, access to periodic health assessments, and eligibility for Reserve employment. The impact this has on Reservists who may be suffering from an operational stress injury is twofold, both for the care they may or may not receive, and for whether their careers may be jeopardized if they seek treatment. Further, providing periodic health assessments to Reservists will positively impact operational readiness and safety as well as provide an opportunity to identify a Reservist who may be in need of support for an operational stress injury.

There is also a lack of knowledge and awareness of the entitlements to care available to Reservists. Finding relevant information can be frustrating at the best of times; doing so while dealing with an operational stress injury could seem insurmountable. Governing documents, such as those clarifying entitlements to health care, should be easily accessible.

Lastly, there are gaps in the post-deployment follow-up activities and the general follow-up of Reservists. Since operational stress injuries can present themselves over time, the completion of post-deployment follow-up activities and of follow-up in general, can help to identify members who may be in need of support. The role of an engaged and informed leadership is pivotal.

With this in mind, the Office has made three recommendations to the Minister of National Defence:

1. 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.
2. 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.
3. That the Department of National Defence and the Canadian Armed Forces strengthen the responsibility and capacity to follow-up with Reservists.

Introduction

Over the last 14 years, the Office has been tracking the issue of operational stress injuries and the adequacy of the health care provided to members of the Canadian Armed Forces. Although the Office has released five reports on the subject of operational stress injuries, none have focused solely on Reservists.

The term "operational stress injury" refers to any persistent psychological difficulty resulting from operational duties. The term is not a diagnosis; it refers to a range of diagnosed problems such as post-traumatic stress disorder (PTSD), major depression, and generalized anxiety.[1]

The first of several reports produced by the Office focused predominately on the Regular Force:

- February 2002, *Systemic Treatment of CF Members with PTSD*
    - The Office made 31 recommendations to assist the Department of National Defence and the Canadian Armed Forces to identify and treat members with PTSD.[2]
- December 2002, *Follow-up Report Review of DND/CF Actions on Operational Stress Injuries*
    - Conducted to benchmark the level of implementation of each of the 31 recommendations.
    - The Office found that although some programs had been put in place to deal with operational stress injuries, little progress had been made in the areas of outreach and training, and the overall level and effectiveness of leadership and coordination at the national level. Further, at the time, negative attitudes towards these injuries remained widespread.
- December 2008, a second follow-up report, *A Long Road to Recovery*
    - The Office found that 18 of the 31 recommendations from 2002 – particularly those dealing with broader issues of leadership, governance, data collection and monitoring – had not been fully implemented.
    - The report also recognized the dramatic impact operational stress injuries can have on military families, and made an additional nine recommendations designed to ensure that those families have access to the broad spectrum of services and care they need.

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1 The Surgeon General's 2013 Mental Health Strategy; Defence Terminology Bank.
2 These recommendations addressed a wide range of issues, including the need to: track, on a national basis, members affected by these serious injuries; establish awareness, education and training programs across the Canadian Forces; determine the most effective ways of helping members returning from deployment reintegrate into family life; accelerate efforts at standardizing treatment for affected members; and create a senior position, reporting to the Chief of the Defence Staff, and responsible for coordinating mental health initiatives across the Canadian Forces. (Cited From "A Long Road to Recovery") http://www.ombudsman.forces.gc.ca/en/ombudsman-reports-stats-investigations-long-road-to-recovery/long-road-recovery.page#lr-forward.

- December 2008, *Assessing the State of Mental Health Services at CFB Petawawa: A Case Study from the Ombudsman for National Defence and the Canadian Force*
    - The Office identified a number of concerns related to insufficient resources that directly impacted the quality and timeliness of mental health services available to members and their families at the base.
- September 2012, *Fortitude under Fatigue: Assessing the Delivery of Care for Operational Stress Injuries that Canadian Forces Members Need and Deserve*
    - The Office made six new recommendations to help ensure that members suffering from a mental health injury were cared for appropriately.

The Office also published two reports focussing on the provision of health care to injured Reservists serving in Canada:

- December 2008, *Reserved Care: An Investigation into the Treatment of Injured Reservists,*
- November 2012, Reserved Care: *A Follow-Up into the Treatment of Injured Reservists.*

Neither report examined Reservists who had been injured on international deployments,[3] or those suffering from operational stress injuries. This report addresses those gaps.

Over the past 25 years, Reservists have participated in expeditionary operations, such as in the Balkans, the Middle East and Africa, and humanitarian crises in Haiti and the Philippines. In particular, Reservists were heavily involved in the combat mission in Afghanistan, with close to 7,000 deployments, including some Reservists who had deployed more than once.[4]

In 2013, the Canadian Medical Association Journal published a study that assessed the psychological impact on those deployed in the mission in Afghanistan from 2001-2008. The report cited that 13.5 percent of the study population, which included Reservists, "had a mental disorder attributed to the Afghanistan mission."[5]

The Office has also undertaken the following projects with a focus on Primary Reservists, which can be found on our website:

- A study by the Department of National Defence and Canadian Forces Ombudsman in Partnership with the Canadian Forces Health Services Group, *The Feasibility of Providing Periodic Health Assessments to All Primary Reservists* (June 2015).

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3 It is acknowledged that domestic operations can also contribute to the development of operational stress injuries.

4 "Copy of Reserves on Expeditionary Operations 1994-2015." Chief of Reserves and Cadets, Department of National Defence, 15 January 2015.

5 Canadian Medical Association Journal. "Deployment-related mental disorders among Canadian Forces personnel deployed in support of the mission in Afghanistan, 2001-2008." David Boulos, Mark A. Zamorski, July 2, 2013. http://www.cmaj.ca/content/185/11/E545.full.pdf+html. Disclaimer – the opinions expressed in this report are those of the authors and do not represent views of the Department of National Defence or the Canadian Armed Forces.

- The report, *A Systemic Review of Compensation Options for Ill and Injured Reservists* (April 2016).
- A joint project with the Office of the Veterans Ombudsman to review the transition process for medically releasing members, including Reservists. This project will map the transition process for Regular Force members and all classes of Reservists, from the time a permanent medical category is recommended until their integration with Veterans Affairs Canada, after their release from the Canadian Armed Forces. The project is due to be completed in 2016.

In addition, the Office has created education pieces on the following topics:

- The Primary Reserve (September 2015).
- The compensation options available for ill and injured Reservists (April 2016).
- The health care entitlements available to Reservists (May 2016).

Scope and Methodology

This report looks exclusively at Primary Reservists. When the term "Reservist" is used in this report, it is referring to members of the Primary Reserve, unless otherwise noted.

During this investigation, the Office set out to:

- Identify and clarify entitlements to medical care;
- Measure levels of knowledge and awareness of those entitlements;
- Examine impediments to seeking care; and
- Examine the roles and responsibilities of leadership in supporting their members.

The investigation commenced in February 2013, and began with a documentary review of applicable policies. The Office conducted over 160 interviews with Reserve chains of command and Reservists, from across Canada and within the Canadian Army, Royal Canadian Navy and Royal Canadian Air Force. Interviews were also conducted with service providers associated with the selected units; from both health care and social services perspectives.[6]

6 The Office interviewed members of the Canadian Forces Health Services Care Delivery Units, Operational Trauma and Stress Support Centres, Military Family Resource Centres, Joint Personnel Support Unit and Integrated Personnel Support Centres.

Background

Overview of the Primary Reserve Force

The Primary Reserve is made up largely of members who have other full-time civilian employment or who attend school. They are dedicated to the military on a part-time basis, and contribute to the defence and security of Canada. They train to qualify for their selected trades, and subsequently, to prepare for domestic or international operations.

Primary Reservists are employed on one of three classes of Reserve Service.[7] These classes of service are important, as entitlements to medical care (as well as other services and benefits) are linked to the class of service the Reservist was on at the time of injury or illness. The classes of Reserve Service are:

- **Class "A"**: Short periods of service up to a maximum continuous duration of 12 consecutive calendar days. The majority of members of the Primary Reserve are Class "A", normally serving one evening per week and one weekend per month
- **Class "B"**: Periods of service of 13 or more consecutive days, used for temporary full-time periods of employment, such as for members undertaking training, instructing at a training establishment, in support of training activities or for full-time positions within a unit. The Department of National Defence and the Canadian Armed Forces divide Class "B" service into periods up to 180 days and more than 180 days.[8]
- **Class "C"**: Periods of service used when the member is on full-time service in a Regular Force establishment position or is employed on operational duties approved by or on the behalf of the Chief of the Defence Staff.[9]

Unlike their Regular Force counterparts, Reservists are not obligated to deploy on operations. Those who voluntarily apply and are selected for an international deployment are generally sent to augment Regular Force capabilities; they may be the only one, or one of few, from their home unit participating in the mission.

At the end of a deployment, Reservists return to their home unit, where the commanding officer is responsible for the completion of post-deployment activities and reintegration, including medical follow-up.[10]

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7 Queen's Regulations and Orders, Chapter 9, "Reserve Service," Canadian Forces Military Personnel Instruction 20/04 –"Administrative Policy of Class "A", Class "B" and Class "C" Reserve service."
8 The divide of Class "B" Reserve Service surrounding 180 days is a recurring threshold for benefits to Reservists on that class of service. The *Injured Military Members Compensation Act* expresses this as 180 days or less, and more than 180 days. However, Canadian Armed Forces policies and regulations are inconsistent. Some refer to longer than 180 days and less than 180 days, without noting what happens for terms of service of 180 days exactly. Other Canadian Forces policies and regulations are silent on the duration of periods of service when on Class "B" Reserve service. *Queen's Regulations and Orders*, Chapter 35, *"Dental Services,"* divides Class "B" Reserve service into periods in excess of six months, and periods not in excess of six months.
9 Queen's Regulations and Orders, section 9.08, "Class "C" Reserve Service."

Reservists' Entitlement to Health Care[11]

The *Queen's Regulations and Orders*[12] Chapter 34 – "Medical Services," is the governing document for Reservists' entitlements to medical care.[13] The policy states that if an injury or illness is attributable to the performance of duty, Reservists are entitled "for the remaining period of duty to medical care at public expense."[14] After termination of the period of duty, Reservists are entitled to "such medical care at public expense as the attending physician may consider necessary and as authorized by the officer commanding the command." [15]

For an injury or illness that is not attributable to the performance of duty (and is not due to misconduct or imprudence):

- "where the requirement arises while [the member] is on active service or on Class "C" Reserve service", the member is entitled to the same medical care as if the injury or illness were attributable to duty.[16]
- "where the requirement arises while [the member] is on Class "A" or Class "B" Reserve service, the member is entitled to receive "at public expense, medical care in whole or in part which is not provided for under his provincial health care plan until the date upon which the period of duty terminates or the date upon which [the member] is returned to his home, whichever is earlier".[17]

The provisions of the *Queen's Regulations and Orders* referring to medical entitlements are vague, and this ambiguity leads to different interpretations and applications of care. For example, confusion over entitlements can arise where injuries were sustained while a Reservist was on Class "C" service, but may be on Class "A" service when symptoms present, which can occur in the case of an operational stress injury.

Further, the provisions refer only to Class "B" Reserve service, and do not differentiate between Class "B" service of less than 180 days and more than 180 days. In practice, Reservists' entitlements to health care are based on that distinction, as seen below.[18]

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10 Canadian Joint Operations Command Directives for International Operations, 1000 Series, Section Three – "Personnel Administration," section 1.3-12.
11 In addition to entitlements to health care, there are also a number of social services available to Reservists and their families to assist with issues of mental health and operational stress injuries (Annexes C and D).
12 *Queen's Regulations and Orders* are regulations for the governance of the Canadian Armed Forces. http://www.forces.gc.ca/en/about-policies-standards-queens-regulations-orders/index.page.
13 This policy refers to entitlements for every member of the Reserve Force, not just Primary Reservists.
14 Queen's Regulations and Orders, section 34.07(6).
15 Queen's Regulations and Orders, section 34.07(6)(b).
16 Queen's Regulations and Orders 34.07(7)(a).
17 Queen's Regulations and Orders 34.07(7)(b).
18 Canadian Forces Health Services Instruction 4090-02, "Interim Guidance for the Delivery of Health Care to Reserve Force Personnel."

In the absence of clear *Queen's Regulations and Orders*, in 2009, the Surgeon General issued a directive to provide clarification to health services staff on Reservists' entitlements to care (Annex B). The "Interim Guidance for the Delivery of Health Care to Reserve Force Personnel"[19] states:

- Reservists on Class "B" service of "longer than 180 days"[20] and Class "C" service are entitled to the same level of care afforded to members of the Regular Force. Care will be provided by the Canadian Armed Forces for the duration of their period of service, whether or not their injury or illness is service-related.
- Reservists on Class "A" service and Class "B" service of less than 180 days will only be entitled to care by the Canadian Armed Forces if their injury or illness is attributable to service. Care will be limited to that injury or illness, and only until the member can be safely transferred to a civilian care provider. For medical concerns unrelated to service, Reservists are required to follow up with a civilian care provider.

The Surgeon General's Interim Guidance also states that "All members of the Primary Reserve Force that present to a clinic should, as a minimum, be evaluated to ensure their immediate health care needs are met."[21]

In 2011, the Vice Chief of the Defence Staff noted the challenges that some Reservists were experiencing in accessing care from the Canadian Forces Health Services for a service-related injury. He issued a letter and guide (Annex C), reiterating information from the Interim Guidance to various chains of command, and directing that the information be "distributed and made available to all members of the Reserve… ."

The Vice Chief of the Defence Staff letter provided that <u>all</u> members of the Reserve Force could be evaluated to ensure their immediate needs are met; not just those in the Primary Reserve. The letter also stated:

> **"The chain of command must ensure that all [Canadian Forces] members are fully cognizant of their access and entitlement to care from the [Canadian Forces Health Services]. This is a leadership responsibility. This letter aims to provide clear guidance to all Commanders, Commanding Officers and supervisors of Reserve members with regards to their entitlement to such medical care."**

Entitlements to health care, as above, also include access to mental health care. These entitlements are similarly based on the member's class of service and whether or not the injury or illness is service-related.

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19 Ibid.
20 This is another example of the inconsistent wording to divide the Class "B" periods of Reserve Service.
21 Canadian Forces Health Services Instruction 4090-02, "Interim Guidance for the Delivery of Health Care to Reserve Force Personnel," paragraph 7(a).

Eligible Reservists can access mental health care from the Canadian Armed Forces through Primary Care, which is offered by a multidisciplinary team in a Care Delivery Unit.[22]

Mental health care is also accessible through psychosocial services, by using either walk-in services or by appointment (e.g., a social worker, mental health nurse, or addictions counsellor). Members may also be referred to psychosocial services by their Canadian Armed Forces physician, although a referral is not required.

In addition, mental health services can be obtained from other sources, such as General Mental Health Services or an Operational Trauma and Stress Support Centre. Reservists on Class "C" service or Class "B" service of more than 180 days, or those with an injury or illness related to service, can access these services with a referral from a Canadian Armed Forces physician.

Additional means of assistance are outlined in Annex A, and can be initially accessed regardless of a member's class of Reserve Service (although subsequent services may depend on eligibility).

Understanding entitlements to care, as well as the ways to access mental health services are important; early diagnosis and treatment of individuals suffering from an operational stress injury is a critical component in the success of treatment.

Findings and Recommendations

Administration

The policies concerning Reservists' entitlements to health care, access to periodic health assessments, and eligibility for Reserve employment are not clear.

Entitlement to Health Care

The *Queen's Regulations and Orders,* Chapter 34 – "Medical Services", the governing document on Reservists' entitlements to medical care, has been under review since 2009. In 2012, the Office recommended that the Department of National Defence and the Canadian Armed Forces "promulgate permanent, long-lasting policy/regulatory documents that clearly identify entitlement to care for Reservists".[23]

As of January 2016, seven years later, the draft policy remained with the National Defence Regulations Section. Though requested, the Office was not provided with a tentative timeline for completion.[24]

22 As with any Canadian, Reservists can always access emergency services through their local hospital or other local civilian care provider.
23 Reserved Care: A Follow Up into the Treatment of Injured Reservists, page 25.
24 Emails from Acting Team Lead HR Capability Coordination, DMPPPC, Chief of Military Personnel, January 5, 2016, and National Manager Professional Affairs and Clinical Quality / CF Health Services Group Headquarters, December 31, 2015.

In the meantime, and until the revisions to the *Queens Regulations and Orders* are finalized, the 2009 Interim Guidance and the 2011 Vice Chief of the Defence Staff letter were published to clarify Reservists' entitlements to health care. The latter was intended to reach every Reservist.

In the 2012 *Reserved Care* follow-up report, the Office discovered that the 2011 Vice Chief of the Defence Staff letter was difficult to access. It was necessary to know the exact reference number on the letter to locate it on the Defence Information Network, and the letter was not available on the internet.[25] It was also unclear whether the letter had been distributed to all Reservists beyond the Chief of Staff Land Reserve.[26]

The 2012 follow-up report also noted the importance of documents being more accessible to Reservists, including the Vice Chief of the Defence Staff letter.[27] As a result, the Office was surprised to learn that the same letter **can no longer be found** by searching the Defence Information Network, even when the reference number is used. If one does not have the exact internal link to the document, it cannot be accessed.[28]

The absence of clear entitlements to health care can create confusion, and can impact when a Reservist seeks care. Some Reservists told the Office that they waited until they could obtain Class "B" service longer than 180 days to seek treatment for an operational stress injury; they did not believe that they could access care while on Class "A" service. Given that early intervention is an important element in recovering from an operational stress injury, having accurate information on entitlements is important.

Access to Periodic Health Assessments

Periodic health assessments are routine health exams aimed at preventing disease and assessing fitness for military duty. They are conducted every five years for members under the age of 40, and every two years for members over 40.[29]

25 Reserved Care: A Follow Up into the Treatment of Injured Reservists, page 9.
26 *Ibid.* The investigators obtained evidence that the Vice Chief of the Defence Staff 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.
27 Reserved Care: A follow Up into the Treatment of Injured Reservists, page 21.
28 Verified by the Office in February 2016. It should be noted that the 2009 Health Services Interim Guidance is available on the Canadian Forces Health Services Intranet website.
29 Canadian Forces Health Services Instruction 4000-01, "Periodic Health Assessments," section 22. The instruction does not speak specifically to Reservists' eligibility for periodic health assessments; it applies to Canadian Armed Forces members.

Unit leadership is responsible for the health and wellbeing of their subordinates, and must attest yearly to their members being medically prepared.[30] This is consistent with the Chief Military Personnel Instruction 20/04, which requires members to have a current medical on file for Reserve employment.[31] Further, the Canadian Forces Health Services "shall provide all medical and dental evaluations and treatment required to confirm and ensure serving members' fitness for continued service in the CF."[32]

However, the policies concerning periodic health assessments are inconsistent, which impacts Reservists access to the assessments. While some policies are silent as to Reservists' entitlements to the assessments, others specifically exclude Reservists from entitlements to periodic health assessments.[33]

In 2008, the Office recommended that the provision of periodic health assessments be provided equally to members of the Regular Force and the Primary Reserve. [34]

In 2011, the Surgeon General wrote: "The provision of…[periodic health assessments]…and immunizations to all Primary Reserve members, regardless of class of service, ultimately must be rolled out across the country, be sustainable and become a base lined activity, with all resources devolved to the appropriate organizations."[35]

Despite the Office's recommendation in 2008 and the Surgeon General's endorsement in 2011, the same recommendation was reiterated in 2012 due to a noted lack of progress,[36] which continues to this day.

In September 2014, of the 26,777 Reservists listed in the Human Resources Management System data extract, 6,883, or 26 percent, had an expired periodic health assessment.[37] This means that they did not have a valid medical on file.

The Office discovered through interviews with commanding officers that some assume the risk of sending Reservists on domestic operations, even without an up-to-date medical on their file. Providing periodic health assessments to Reservists would help to ensure that they are not posing a risk to themselves or to others with whom they deploy.

A poignant example of the importance of periodic health assessments was demonstrated during an interview when a commanding officer acknowledged that in the event of a domestic emergency, Reservists from his unit could not be called out because they did not have a valid medical.

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30 CANFORGEN 118/05, "Screening and Reintegration for Canadian Forces."
31 Para 2.6, Eligibility for Cl "A", "B", and "C" Reserve Service.
32 Ibid.
33 Canadian Forces Health Services Instruction 4000-17, "Post-deployment medical screening assessment," paragraph 10.
34 Reserved Care: An Investigation into the Treatment of Injured Reservists, page 40.
35 CF Surgeon General, letter to environmental commanders Provisions of periodic health assessments (PHA) and immunizations to Class A Reservists, November 3, 2011.
36 Reserved Care: A follow Up into the Treatment of Injured Reservists, page 26.
37 *The Feasibility of Providing Periodic Health Assessments to All Primary Reservists*, pages 12, 24. http://www.ombudsman.forces.gc.ca/en/ombudsman-reports-stats-investigations-pha/pha-index.page

The provision of periodic health assessments to Reservists would afford the Canadian Armed Forces a baseline on Reserve Force health, and of any pre-existing medical conditions. Further, due to the fact that symptoms for an operational stress injury could arise years after an incident, providing periodic health assessments would allow for another opportunity to detect an operational stress injury in a Reservist who is suffering in silence.

In June 2015, the Office, in conjunction with the Department of National Defence and the Canadian Forces Health Services Group, published *The Feasibility of Providing Periodic Health Assessments to All Primary Reservists*.

The Health Services Group continues to examine potential options to meet the demand of providing Primary Reservists with an assessment of medical fitness to meet operational requirements.[38] An interim course of action is expected to be chosen by the fall of 2016; a larger periodic health assessment renewal project is to be completed within the next 18 months.[39]

In the meantime, the Canadian Armed Forces has released an internal communiqué, to assist medical staff in scheduling Class "A" Reservists' periodic health assessments based on established priorities[40] (Annex D). The Communiqué states that Reservists in special operations or high-readiness positions, and those with special occupations (i.e. aircrew), always require an up-to-date periodic health assessment. Other examples are provided and ranked based on priority level, with post-deployment assessments being a medium priority.[41]

Eligibility for Reserve Employment

In order to obtain Reserve employment, Canadian Forces Military Personnel Instruction 20/04[42] states that Reservists must meet minimum medical standards for their occupation.

38 Email, Director Health Services Reserves, December 14, 2015.
39 Email, Canadian Forces Health Services, April 15, 2016.
40 Director Medical Policy Communiqué 2015-008, "Additional Guidance for Class A Reservists' Periodic Health Assessments," dated October 9, 2015. See also Director Medical Policy Communiqué 2015-009, "Approval Process for Periodic Health Assessments (PHAs) and the need for Better Transparency."
41 Reservists who deploy on an international operation are expected to go through an Enhanced Post-deployment Screening afterwards, which may identify a potential operational stress injury. http://www.forces.gc.ca/en/caf-community-health-services-r2mr-deployment/enhanced-post-deployment-screening.page
42 "Administrative Policy of Class "A", Class "B" and Class "C" Reserve Service," section 2.6. Minimum medical standards for members can be found at: A-MD-154-000/FP-000, Annex E – "Minimum Medical Standards for Officers and Non-Commissioned Members."

The Office discovered, through interviews at the national level, that this policy is often misinterpreted. There is an assumption that Reservists are unfit for employment if they have a temporary medical category.[43] However, Reservists with a temporary medical category could remain eligible for employment if the nature of the employment is within their Medical Employment Limitations.[44]

During the investigation, Reservists and leadership shared with the Office their belief that coming forward with an operational stress injury would negatively impact future employment. Along with stigma, Reservists were concerned that they would be issued a temporary medical category, which could limit the possibility of future employment in the Canadian Armed Forces.

The misinterpretation of the policy, along with the fear of stigma, could dissuade a Reservist from disclosing an operational stress injury to their chain of command. A Reservist could also be dissuaded from seeking help for an injury or illness in fear of jeopardizing future employment.

A Reservist explained that he decided to abandon treatment for an operational stress injury because seeing a therapist, even once a week, would extend his temporary medical category. This would have, in his opinion, inevitably led to his release.

The *Surgeon General's 2013 Mental Health Strategy*, in addition to acknowledging the existence of several barriers to care, also emphasized that there must be a continued effort to address stigma. This commitment to reducing stigma has already been demonstrated by the Department of National Defence and Canadian Armed Forces' engagement with national organizations, such as the Bell *Let's Talk* campaign.

43 Every Canadian Armed Forces member is given a medical category, a numeric profile about a member's employability and deployability within their occupation, based on medical assessments. A minimal standard must be met. A medical category may have to be lowered temporarily due to an illness or injury. This medical category is then reviewed periodically by Canadian Forces Health Services. A-MD-154-000/FP-000 Chapter 4, "Medical Employment Limitations and Medical Categories."
44 Email, Canadian Forces Health Services, April 15, 2016.

Recommendation 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:

- 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.
- 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, ensuring that the appropriate resources are in place to guarantee Reserve medical readiness.
- 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.

Knowledge and Awareness

There is a lack of knowledge and awareness of the entitlements to care available to Reservists.

Many of the Reservists and leadership interviewed during this investigation demonstrated a low level of awareness of available entitlements to care. This finding echoes those made in the Office's 2008 and 2012 reports, yet continues to this day. Similarly, low levels of awareness of compensation options were also noted in the Office's most recent report, *A Systemic Review of Compensation Options for Ill and Injured Reservists.*

During interviews, senior leaders acknowledged the challenges in communicating information within and to the Reserve Force. Most Reservists serve part-time, and may miss the opportunity to be informed on various topics through training sessions at the unit (e.g. training on entitlements to care and mental health). Contrary to Regular Force members, Reservists cannot be compelled to attend these sessions.

While information and policies on health care and mental health can be found on the internal Defence Information Network, even the Office's own investigators have found, and continue to find it difficult to search for and locate some information from that network. The 2011 Vice Chief of the Defence Staff letter, previously referred to, is just one example.

In addition, many Reservists parade with their unit only once a week and one weekend per month, and have limited access to a Department of National Defence computer or email address. This further restricts the accessibility of information on the internal Defence Information Network to Reservists.

Despite challenges in accessing available information, all members, including Reservists, are expected to become acquainted with, the *Queen's Regulations and Orders*, as well as all regulations, rules, orders and instructions pertaining to their duties.[45]

However, this is a shared responsibility. Commanding officers are also obligated to ensure that all regulations, orders, instructions, correspondence and publications affecting officers or non-commissioned members under their command "are given the publicity that will enable those officers or non-commissioned members to study them and become acquainted with the contents."[46]

This obligation is critical; given the nature of operational stress injuries, Reservists who struggle to find information on their entitlement to health care, or on how to seek care for their injuries, may get more easily discouraged, and may abandon their search without success.

However, seeking help for an operational stress injury is challenging. Reservists interviewed during this investigation cited stigma and fear of career implications as top impediments to coming forward with an operational stress injury.

Similarly, while commanding officers are "ultimately responsible for the health of their personnel,"[47] the Office acknowledges that it is difficult for the Canadian Armed Forces and the Department of National Defence to assist an injured Reservist who does not first make their need for assistance known.

The *Surgeon General's 2013 Mental Health Strategy* indicates the importance of keeping mental health a priority via training, briefs and professional development. A specific focus is to be placed on how to better reach Reservists.[48]

Not only has the Surgeon General identified mental health as a priority, so have both the Minister of National Defence, and the Minister of Veterans Affairs and Associate Minister of National Defence. This priority has been noted in both Ministers' mandate letters.[49]

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45 *Queens Regulations and Orders*, Volume 1, section 4.02, and Chapter 5, section 5.01.
46 *Queens Regulations and Orders*, Volume 1 – Chapter 4, section 4.26 "Publicity of Regulations, Orders, Instructions, Correspondence and Publications."
47 Chief of the Defence Staff Guidance to Commanding Officers.
48 The 2014 Surgeon General's Report reiterated that the focus will remain on the initiatives within the 2013 Mental Health Strategy. http://www.forces.gc.ca/assets/FORCES_Internet/docs/en/about-reports-pubs-health/surgeon-general-report-2014.pdf (p.20).
49 Minister of National Defence, http://pm.gc.ca/eng/minister-national-defence-mandate-letter, and Minister of Veterans Affairs and Associate Minister of National Defence, http://pm.gc.ca/eng/minister-veterans-affairs-and-associate-minister-national-defence-mandate-letter.

> **"We place a high priority on the wellbeing of our military members, Veterans, and their families. Prevention is the first line of defence against mental illness, and comprehensive treatment is available for those suffering from mental health issues."**
>
> – Harjit S. Sajjan, Minister of National Defence, and Kent Hehr, Minister of Veterans Affairs and Associate Minister of National Defence[50]

Recommendation 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:

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

50 http://www.forces.gc.ca/en/caf-community-health-services/mental-health-resources.page .

Follow-up of Reservists

There are gaps in the post-deployment follow-up activities and the general follow-up of Reservists.

Unit and Headquarters

Following an international deployment of more than 60 days, all members are subject to a reintegration process consisting of a variety of administrative and medical follow-up activities.[51] This includes the completion of a medical screening to identify members who may be dealing with deployment-related issues, including those related to mental health.

The commanding officer of the Reservists' home unit, and not the unit they deployed with, is responsible to ensure that the post-deployment activities are completed.[52] However, given the voluntary nature of service in the Reserve Force, commanding officers have little control over the day-to-day activities of Reservists. For example, they cannot compel Reservists to complete post-deployment follow-up activities, to continue to participate with the unit, or to seek healthcare. During interviews, most Reserve unit leadership noted their lack of control over members as a challenge.

Further, there is no mechanism to ensure completion of post-deployment activities if Reservists transfer to the Regular Force, release from the Canadian Armed Forces, or become non-effective strength.[53]

In addition to inconsistent follow-up at the unit level, the Office confirmed that there is also inconsistent follow-up within more senior levels of each element.[54] While many ensure the completion of post-deployment follow-up at the unit level, others do not.

Regardless of whether or not post-deployment follow-up activities are completed, leadership can face challenges in locating Reservists who decide to stop participating with their units and who may be in need of support. Many unit leadership acknowledged that their lack of visibility of Reservists who choose not to participate with the unit makes it difficult to recognize and identify those who may be struggling with a potential operational stress injury.

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51 Canadian Joint Operations Command Directives for International Operations, 1000 Series, Section Three – "Personnel Administration," section 1.3-12.

52 Canadian Joint Operations Command Directives for International Operations, 1000 Series – Section Two – "Personnel Management," section 1.2-3(g)(6).

53 Reserve Force members are declared non-effective strength "when their unauthorized absence from duty has exceeded 30 days, during which time no fewer than three duty periods were conducted by the unit." Canadian Forces. (2004). *Administrative Policy of Class "A", Class "B" and Class "C" Reserve Service* (CF Military Personnel Instruction 20/04, section 3.12). Ottawa, ON.

54 Eight out of ten army Brigades, and 1 Canadian Air Division Reserve are monitoring to ensure the completion of post-deployment activities at the unit level. The Naval Reserve Coordination Centres in Esquimalt and Halifax do not track this information unless the member remains at either coast on Class "B" or "C" Reserve Service after deployment. (Confirmed by emails to the Office, October and November, 2015).

In cases where Reservists choose to stop parading with their units, commanding officers must "attempt to encourage the member to become effective", and if unsuccessful, may initiate release proceedings.[55]

However, the policy does not clearly define the obligation of leadership in contacting members who are non-effective strength prior to issuing their release. This can result in a varied level of engagement when attempting to contact members.

During the investigation, the Office heard that some units made concerted efforts to locate such members prior to initiating a release. However, other units simply sent a letter confirming the member's status as non-effective strength, without further attempts to reach the member prior to release.

The inability to enforce the completion of post-deployment follow-up activities, in addition to inconsistent tangible attempts to locate Reservists prior to release, may result in a missed opportunity to identify a Reservist suffering from any mental health injury, including an operational stress injury. This is especially important given the fact that Reservists can face unique challenges reintegrating after a deployment.[56]

Further, operational stress injuries are often latent;[57] symptoms may not appear until many months, or even years after a deployment, when a Reservist has already become non-effective strength.

Field Ambulance Medical Link Teams

Field Ambulance Medical Link Teams are integrated within 14 Canadian Forces Health Services Reserve Units (Reserve Field Ambulances) across the country. They were introduced in 2011 to improve access to and understanding of Reserve health care entitlements. They were tasked with several objectives, including conducting annual unit briefings, liaising with care providers, and tracking completion of post-deployment medical screenings. However, they were not specifically tasked with providing periodic health assessments to Reservists.

The Field Ambulance Medical Link Teams were meant to build upon the noted successes of a previous initiative – the Reserve Medical Link Team. That team consisted of several full-time, centralized Class "B" positions, which allowed them to focus exclusively on effectively delivering the mandate.

However, the Field Ambulance Medical Link Teams are decentralized, and consist of members on part-time Class "A" service, generally working one evening per week and one weekend per month. Field Ambulance Medical Link Team representatives take on their responsibilities in addition to their already established duties at the unit.

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55 "After unsuccessful attempts to encourage the member to once again become effective, the… [commanding officer] shall then initiate release proceedings under item 5(f)…within 60 days after the member has been declared non-effective." CF Military Personnel Instruction 20/04, "Administrative Policy of Class "A", Class "B" and Class "C" Reserve Service" section 3.12(2).

56 "Reintegration Challenges for Reservists," http://www.forces.gc.ca/en/caf-community-health-services-r2mr-deployment/reintegration-challenges-reservists.page.

57 Library of Parliament, Background Paper, "Post-traumatic Stress Disorder and the Mental Health of Military Personnel and Veterans," 14 October 2011 (Revised September 3, 2013), page 12.

There were to be several Field Ambulance Medical Link Team representatives assigned from each Field Ambulance. However, in October 2013, approximately two-thirds of those positions were vacant.[58] In addition, contact information for those assigned representatives was difficult to locate.

In October 2015, the Office learned that the Field Ambulance Medical Link Teams would no longer assign specific representatives. Rather, the Field Ambulance chain of command was given flexibility to assign the Teams' tasks to available clinicians as they saw fit.[59]

Through interviews, the Office found that the Field Ambulance Medical Link Teams were not as effective as their predecessors, largely due to their representatives' part-time status, and their decentralization throughout the country. In addition to the vacant positions, some representatives were unaware of the roles they were to fulfill. These factors likely contribute to the low awareness levels of this initiative among Reserve units.

In addition, the focus of the Field Ambulance Medical Link Teams has shifted, with their primary goal now being to educate Reservists on entitlements to health care and the topic of mental health; there is no longer a focus on post-deployment follow-up.[60] Despite reducing their objectives to focus on education, only 38 percent of Reserve units had been briefed during the 2014-2015 fiscal year.[61]

It should be noted that some Reserve units have declined offers to be briefed by the Teams.[62] Reserve chains of command have told the Office that they struggle with competing priorities and a limited number of training days,[63] which might explain those decisions. Unfortunately, the Health Services Group cannot mandate that Reserve units be provided with this brief.[64]

This finding is similar to what the Office heard about mental health training almost 15 years ago.

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58 Email from Director Health Services Reserves, with attached document – "FAMLT Team Mbrs FY 13-14," November 7, 2013.
59 Email, Canadian Forces Health Services, April 15, 2016.
60 Record of Contact with the Director Health Services Reserves, October 20, 2015.
61 Data provided by Director Health Services Reserves, December 2, 2015. Data collection from 2014/2015 was still being collected in October 2015 (Record of contact with the Director Health Services Reserves, October 2015).
62 Record of Contact with the Director Health Services Reserves, September 5, 2013.
63 Chains of command interviewed advised that they found it difficult to find time to organize unit briefs. This was corroborated by all Integrated Personnel Support Centres and Operational Stress Injury Support Services staff interviewed, who noted their difficulty in reaching out to and briefing Reserve units. Some also noted that the senior leadership was not always present during the briefs.
64 Email, Director Health Services Reserves, March 1, 2016.

> **"In many cases, at the unit level they simply cannot find the time to include [operational stress injury] education as part of their training programs, though paradoxically many acknowledged the importance of such education. A senior officer told us 'We know we should be doing this but we don't have the time or the money.'"[65]**

Despite the challenges that the Field Ambulance Medical Link Teams continue to face in fulfilling their mandate, the Department of National Defence and Canadian Armed Forces maintain that the Teams are an important resource for Reservists. The 2015-2016 Report on Plans and Priorities provides that the Teams conduct annual health care entitlement briefings, and support and facilitate the post-deployment medical follow-up process.[66]

The Field Ambulance Medical Link Teams can have tremendous impact on the education, communication to, and follow-up of Reservists. If the program were to run effectively, the Field Ambulance Medical Link Teams would significantly help to ensure that Reservists are aware of their entitlements to health care, are able to obtain the care to which they are entitled, and maintain contact with the Canadian Armed Forces, post-deployment. Their impact would be most beneficial for Reservists who have deployed, and who may be suffering from an operational stress injury.

Mental Health Care

In 2012, the Office commented on the shortage of mental health practitioners within the Department of National Defence and the Canadian Armed Forces.[67] This shortage can impact both Reservists, as well as Regular Force members in terms of wait times and follow-up care.

In 2004, the Department of National Defence and the Canadian Armed Forces announced their intent to increase the number of mental health practitioners from 229 to 447.[68]

In 2012, the Minister of National Defence provided an additional 11.4 million dollars towards the funding of mental health programs.[69]

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65 Follow-up Report Review of DND/CF Actions on Operational Stress Injuries" (December 2002).
66 Department of National Defence and the Canadian Armed Forces - Report on Plans and Priorities 2015-2016(http://www.forces.gc.ca/en/about-reports-pubs-report-plan-priorities/2015-reserve-force.page).
67 Fortitude Under Fatigue: Assessing the Delivery of Care for Operational Stress Injuries that Canadian Forces Members Need and Deserve, page 29.
68 Fortitude Under Fatigue: Assessing the Delivery of Care for Operational Stress Injuries that Canadian Forces Members Need and Deserve, page 29; Record of contact with Chief of Military Personnel, June 2011.
69 CBC News, "Soldiers' mental health programs get $11.4M boost," posted online, September 12, 2012: http://www.cbc.ca/news/politics/soldiers-mental-health-programs-get-11-4m-boost-1.1139329.

In January 2014, 53 positions remained vacant, in part due to a lengthy hiring process, and the target of mental health clinic staff had been amended to 450.[70] In February 2014, the Department of National Defence and the Canadian Armed Forces made several key changes, including delegating the hiring authority to a lower level.[71] By April 2014, several additional positions had been filled, with approximately 25 positions still vacant.[72]

The 2014 Surgeon General's report noted that the number of "frontline mental health staff has greatly increased, but continues to fluctuate because of normal attrition and the challenge of high national demand for mental health professionals".[73]

The target of 450 mental health clinic staff, set twelve years ago, has still not been met. Despite ongoing efforts to recruit, assess and hire the additional resources, as of February 2016, 43 vacancies remained, although they were in the process of being staffed.[74]

While the constant shortage of mental health practitioners and resources will inevitably affect all members, this is particularly relevant for Reservists, and especially those who may suffer from an operational stress injury. Reservists can be located far from major wings and bases, and therefore far from associated mental health care services. During interviews, some Reservists noted that they had experienced challenges in follow-up and long-term care, including long wait times.

For example, a Reservist in a more remote location had a desire to pursue a program through Soldier On, which required authorization from a medical officer. The Reservist had to wait so long to be seen by a medical officer to obtain the approval that he eventually abandoned his pursuit to participate in the program.

However, it should be noted that Reservists interviewed also confirmed that once they presented themselves to a clinic, they received care to address their immediate needs.

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70 Record of conversation, Director Mental Health, January 8, 2014. It is not clear exactly when that target had changed or why.
71 Record of Conversation with Director of Mental Health, April 8, 2014.
72 Ibid.
73 http://www.forces.gc.ca/assets/FORCES_Internet/docs/en/about-reports-pubs-health/surgeon-general-report-2014.pdf, page 19.
74 Email from Directorate of Mental Health, March 22, 2016. Of the 43 vacancies, 28 were in the process of being staffed through the Public Service, and 15 through Health Services contracts.

Recommendation 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:

- Establishing a consistent and meaningful approach to contacting Reservists who are non-effective strength; especially those with a deployment history, and documenting the efforts made to reach them, even if unsuccessful.
- 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.
- Flagging to the chain of command when a Reservist is non-effective strength and cannot be reached.
- Ensuring that the Field Ambulance Medical Link Teams are properly resourced to effectively deliver their mandate.
- Taking the necessary steps to fill all established mental health positions, and reviewing the mental health staffing requirements for the 2016 paradigm.

Conclusion

This investigation highlights challenges within the Department of National Defence and the Canadian Armed Forces that concern Reservists, specifically with understanding various entitlements and eligibilities, the communication of entitlements, and the follow-up of Reservists, especially post-deployment.

It is acknowledged that the role of Reservists in the Canadian Armed Forces has changed significantly. Given the past and likely future reliance on Reservists, particularly for deployments, it remains imperative for Reservists to have the necessary supports in place to identify and access health care, including for operational stress injuries.

There is a lack of clarity in some policies that confer entitlements and eligibilities to Reservists. This can lead to inconsistent interpretations and the unfair application of policies. The impact this has on Reservists who may be suffering from an operational stress injury is twofold, both for the care they may or may not receive, and for whether their careers may be jeopardized if they seek treatment.

Further, providing periodic health assessments to Reservists will positively impact operational readiness and safety, as well as provide an opportunity to identify a Reservist who may be in need of support for an operational stress injury.

The clarification of these entitlements and eligibilities will help to ensure that Reservists are provided with appropriate services, benefits and opportunities, and that they are treated fairly.

While clear policies are imperative for fairness, having knowledge of those policies is just as important. Governing documents, such as those clarifying entitlements to health care, should be easily accessible. Finding relevant information can be frustrating at the best of times; doing so while dealing with an operational stress injury could seem insurmountable.

Further, given the noted challenges in communicating with Reservists, especially those who may disassociate with their units post-deployment, the role of an engaged and informed leadership continues to be pivotal. Since operational stress injuries can present themselves over time, the completion of post-deployment follow-up activities and of follow-up in general, can help to identify members who may be in need of support.

Moreover, once the decision is made to seek care for an operational stress injury, the critical shortage of mental health practitioners will inevitably affect all members, including Reservists who already face unique challenges in accessing care. Once the Department of National Defence and the Canadian Armed Forces reach their proposed target of mental health practitioners, they will be in a better position to determine whether that target remains appropriate.

Ministerial Response

June 10, 2016

Mr. Gary Walbourne

Ombudsman

Office of the DND/CAF Ombudsman

100 Metcalfe Street, 12th Floor

Ottawa ON K1P 5M1

Dear Mr. Walbourne,

Thank you for your letter of May 2, 2016, with which you enclosed a copy of the report, *Part-Time Soldiers with Full-Time Injuries: A Systemic Review of Canada's Primary Reserve Force and Operational Stress Injuries.*

The report is comprehensive and was reviewed in depth. I am supportive of your recommendations. It continues to highlight the challenges associated with providing care and oversight to all members of the CAF, in particular, the challenges of supporting Primary Reservists on full or part-time service. Comments on the recommendations in the report are provided in the attached document.

In addition to your recommendations, I have directed DND to take on an even more thorough and comprehensive review of the Primary Reserves as part of the Defence Policy Review. As a former Commanding Officer of a Primary Reserve Unit, I know all too well the challenges a part-time framework poses on service delivery. I want to ensure any changes made to the Primary Reserves have the desired impact in the long-term. Furthermore, my goal is to also focus on preventing these problems before they occur.

I look forward to working with you and your team as we complete the Defence Policy Review and our continued, coordinated efforts to ensure we have the right service delivery model for the Primary Reserve.

Thank you again for providing me with a copy of your report. I look forward to continuing our joint efforts in addressing this and other matters that come to your attention.

Yours sincerely,

The Hon. Harjit S. Sajjan, PC, OMM, MSM, CD, MP

Recommendation 1

It was recommended that DND and the CAF improve the clarity and administration of Reservists' entitlement and eligibility for health care, periodic health assessments and future Reserve employment by:

a. *Completing the revision QR&O Chapter 34 – Medical Services;*
b. *Incorporating the requirement for Reservists to undergo routine periodic health assessments into QR&O Chapter 34; and*
c. *Confirming in CFMPI 20/04 confirming that Reservists whose Medical Employment Limitations so allow may be eligible to obtain new employment despite the existence of a temporary medical category. DCSM is not responsible for these functions.*

Comments

In consultation with CF Legal Advisor, we are exploring an alternate interpretation to QR&O 34 that would limit its application (in particular, an interpretation that QR&O 34 does not apply to medical care provided on operations as an assigned or implied task). We are waiting for feedback from the Department of Justice. The Canadian Forces Health Services Group (CF H Svcs Gp) has developed the Drafting Instructions to the QR&O Chapter 34 which includes reserve entitlement and access to care, as well as many other significant policy updates. The Drafting Instructions for the amendments to QR & O 34.07 include establishing an entitlement for Reserve Force members to the assessment of their medical fitness for military duties. With regard to periodic health assessments for members of the Reserve Force, a legal opinion was sought and is at its final stage. CF Mil Pers 20/04 is in the final stages of a holistic amendment and that recommendation will be actioned in the amended version. We anticipate publication late fall 2016.

The update of associated regulations and instructions are overdue and is a priority. The accessibility of these documents should be given through public domain sites on the *Internet* rather than the *intranet* which is not easily accessible for many Reservists. The modern Canadian Armed Forces (CAF) member should be able to access most information from smart phones and tablets from anywhere. Periodic health assessments are critical enablers for Commanders at all levels to reasonably and accurately assess their ability to support short notice domestic operations. This will indeed come at a cost but one that reinforces the confidence Canadian have in the CAF to respond to issues when they arise.

To date we have no time estimates from NDRS for the QR&O revision. It was removed from the CMP Corporate Submission List and will need to be reinserted on the priority list so they can begin to work on it. Only at that point will they likely be in a position to provide timeline estimates. Once this is done we will be conducting/endorsing amendment reviews.

Recommendation 2

It was recommended that 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 and injured, by:

a. *Making any relevant documents, policies, procedures and forms easily accessible on the internet and on the DIN, and ensuring this information remains current;*
b. *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;*
c. *Ensuring the training on entitlement to health care (currently provided by the Field Ambulance Medical Line Teams) is effective and mandatorily provided to Reserve units; and*
d. *Ensuring that Reserve Units have the appropriate number of training days to provide mandatory training to their members, and that such training is completed.*

Comments

The access to relevant information, documentation and policies must be addressed internally and externally to be supportive. Chief of Reserve & Cadets has taken steps through the development of the *Before You Go* website to ensure that the most recent information is available to Reservists as they plan their exit from the CAF. The provision of information to the Primary Reserve (PRes) community is critical, however the scope of delivering direct information to all Reservists remains challenging. Focusing efforts on Command Teams as the conduit to their respective units is likely the most efficient and effective mechanism.

The Director Casualty Support Management (DCSM) provides oversight and management of services as well as administrative support to the ill and injured, including Reserve Force Compensations and the extension of Class "C" service. The DCSM does not have the resources or manpower to make relevant documents, policies, procedures and forms easily accessible on the Internet and on the DIN, nor can it ensure this information remains current. The Joint Personnel Support Unit (JPSU) provides an Outreach Program to all units, including the Reserves, on the services provided by the Integrated Personnel Support Centre (IPSC) to the ill and injured. The Outreach Program is not mandatory. The frequency of visits to units is dependent upon the resources of the local IPSC and the willingness of the unit. In 2017, the JPSU will be devolved to the Royal Canadian Navy (RCN), the Canadian Army (CA), the Royal Canadian Air Force (RCAF) and the Military Personnel Command, thereby providing the Chain of Command with an ability to consolidate an Outreach Program.

The most significant factor that prevents communicating broadly the entitlement of Reservists to care is that it is not yet official policy. In the interim, the information has been distributed to the Units via the Field Ambulance Medical Link Teams who remain available to Reserve Units to brief on entitlements. Furthermore this topic is briefed to incoming Army Reserve Commanding Officers during the annual Reserve Command Team course and other venues. Once the QR&O Chapter 34 is approved and released, the updated instructions will be made widely available. To

date we have no time estimate from NDRS for the QR&O revision. It was removed from the CMP Corporate Submission List and will need to be reinserted on the priority list so they can begin to work on it. Only at that point will they likely be in a position to provide timeline estimates. Once this is done we will be conducting/endorsing amendment reviews.

The Reserve entitlement briefing package is updated every year, translated and then distributed internally only, to all H Svcs Res units. It is not provided as an open source document on the intranet or DWAN as it must be presented by a clinical MOSID.

CF Health Svcs and C Res & Cadets will develop a communications plan in coordination with the Assistant Deputy Minister (Public Affairs) that will ensure information about Reserve medical care entitlements is readily available and regularly updated. Due to numerous postings/changes to key positions, etc. the CF H Svcs Gp will work towards having a skeleton (draft) plan available by September 2016 for internal review. The development of actual products will follow over the fall 2016/winter 2017 timeframe.

Initially each Reserve Field Ambulances (Res Fd Amb) was to identify four members (two x RNs and 2 x Med Tech/Med A) to become the 'Field Ambulance Medical Link Team'. TO mitigate the recruiting variances between units and time availability between the designated team members (not all HS Res units have been able to recruit nurses, and those who did, found time availability of those specific nurses was not conducive to meet the fluid availability of PRes units), the Chain of Command was provided with more flexibility with regard to whom could provide the Entitlement Brief, i.e. the briefs could be given by any available clinician (which includes Medical Assistance and Medical Technicians). As well, the unit Chain of Command was prompted to use a day staff position as the unit contact, to ensure efficient coordination. To reinforce the Res Fd Ambs requirement to provide entitlements briefings, they have been included in the CF H Svcs Res Performance Management Framework.

It should be noted that other Level One organizations need to ensure their PRes units make time available in their training schedules to receive the briefings as well. Caution should be exercises however when advocating for more mandatory training. Although the training and education is of value it is not cost neutral, consequently consideration must be given to enlarging the PRes funding baseline to attend to all additional mandatory training.

Recommendation 3

It was recommended that DND and the CAF strengthen the responsibility and capacity to follow-up with Reservists by:

a. *Establishing a consistent and meaningful approach to contacting Reservists who are non-effective strength; especially those with a deployment history, and documenting the efforts made to reach them, even if unsuccessful;*
b. *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;*
c. *Flagging to the chain of command when a Reservist is non-effective strength and cannot be reached;*
d. *Ensuring that the Field Ambulance Link Teams are properly resourced to effectively deliver their mandate; and*
e. *Taking the necessary steps to fill all established mental health positions, and reviewing the mental health staffing requirements for the 2016 paradigm.*

Comments

The pursuit of a change in Primary Reserve culture to transition away from a loosely disciplined attendance model to a more rigid framework of mandated days of training will create the conditions to readily and easily identity those who are Non-Effective Strength. This change will reduce the instances of gaps in the tracking of personnel who may be at risk.

Reserve Field Ambulances are fully funded for this Class "A" activity, and through quarterly returns, can access more funding if required.

CAF mental health staffing is a government priority. The Government of Canada is strengthening the Defence Team to support the ill and injured and the families of CAF members by proactively recruiting mental health professionals to fill all established mental health positions. Staffing remains very dynamic with significant regional disparities and is highly competitive resulting in constant turnover. CF H Svcs have implemented various staffing mitigation strategies including the creation of standing public servant mental health clinician inventories and pre-qualified staffing pools, hiring of health services support clinical contractors and out sourcing via Blue Cross. Additionally, CF H Svcs have submitted a compensations study to Treasury Board that seeks to address significant wage disparity between federal public servant clinical psychologists and other similar clinical psychologists employed provincially or with external agencies. Outreach has been enhanced with the implementation of high definition video conferencing systems to help address isolated and regional wait times. CF H Svcs are currently assessing program growth to sustain the mental health model of care and to ensure the mental health needs of CAF members are met appropriately.

Annex A
Health / Mental Health Resources

Canadian Forces Member Assistance Program/Veterans Affairs Canada Crisis and Referral Centre Line	Phone: 1-800-268-7708 1-800-567-5803 (for the hearing impaired/teletypewriter) Available 24/7
Joint Personnel Support Unit & Integrated Personnel Support Centres	Phone: 1-800-883-6094 613-995-1457 (National Capital Region) 613-992-0307 (collect calls) http://www.forces.gc.ca/en/caf-community-support-services-casualty-support/contact-info.page
Operational Stress Injury Social Support	Phone: 1-800-883-6094 http://www.osiss.ca/en/contact.html
Canadian Armed Forces Health Services	Canadian Armed Forces Health Services addresses and contact information: http://www.forces.gc.ca/en/caf-community-health-services-medical/clinic-information.page Mental Health Services information (including Operational Trauma Stress Support Centres, addiction services and Veterans Affairs Operational Stress Injury clinics): http://www.forces.gc.ca/en/caf-community-health-services-mental/index.page
Chaplains	http://www.forces.gc.ca/en/caf-community-support-services/chaplaincy.page See home unit for contact name of local chaplain

Military Family Resource Centres (MFRC)	Family Information Line Phone: 1-800-866-4546 1-613-995-5234 (collect calls) **Available 24/7** http://www.familyforce.ca/EN/Pages/map.aspx
Road to Mental Readiness (R2MR)	http://www.forces.gc.ca/en/caf-community-health-services-r2mr/index.page
Canadian Forces Morale and Welfare Services (CFMWS) Directory	https://www.cfmws.com/en/OurServices/ServicesDirectory/Pages/default.aspx
You're Not Alone – Mental Health Resources for Canadian Armed Forces Members and Families	http://www.forces.gc.ca/en/caf-community-health-services/mental-health-resources.page
Canadian Armed Forces and Veterans Affairs Canada Operational Stress Injury (OSI)/Post-traumatic Stress Disorder (PTSD) phone apps	PTSD Coach Canada http://www.veterans.gc.ca/eng/stay-connected/mobile-app/ptsd-coach-canada OSI Connect http://www.veterans.gc.ca/eng/stay-connected/mobile-app/osi-connect
Operational Stress Injury Resource for Caregivers	In partnership with the Canadian Forces Morale and Welfare Services, and the Royal Ottawa Mental Health Care Group (The Royal) http://caregiverresource.theroyal.ca/
Resource for military families with a family member dealing with an operational stress injury	The Mind's the Matter https://www.familyforce.ca/EN/Pages/OSI.aspx

Veteran's Affairs Canada (VAC)	If you are no longer a member of the Canadian Armed Forces, please contact VAC http://www.veterans.gc.ca/eng 1-866-522-2122 (toll-free) You can reach a mental health professional at any time – 24 hours a day, 365 days a year through the VAC Assistance Service at 1-800-268-7708
Civilian resources	It should be noted that any member, regardless of their class of Reserve Service, can always access emergency services through their local hospital or other local civilian care provider.

Annex B
2009 Surgeon General Instruction 4090-02 "Interim Guidance for the Delivery of Health Care to Reserve Force Personnel"

Interim Guidance for the Delivery of Health Care to Reserve Force Personnel

http://cmp-cpm.mil.ca/en/health/policies-direction/policies/4090-02.page

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Background

Application

1. This Instruction applies to all CF personnel, Department of National Defence (DND) Public Servants, contractors and sub-contractors who provide health services to CF members.

General

2. In recent years the Canadian Forces (CF) has depended more and more on the Reserve Force for both domestic and international operations. Without the Reserve Force the CF would have a difficult time meeting the demands of the Canada First Defence policy and more specifically operations such as the mission in Afghanistan.

3. The health of the Primary Reserves is fundamental to their success and the success of the CF. A sound policy on the delivery of health care to Class B Reservists not only allows for a fit fighting force, but also allows us to better serve the health needs of the Reserve population and provide better advice to the commanders of these units.
4. QR&O Chapter 34, the founding document from which entitlement to care in the CF is derived, is currently under review.

Direction and Guidance

5. 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. This Instruction is not intended to address the Periodic Health Assessment or immunization policy for Class A Reservists.

Key Principles

6. The following key principles shall be used to guide decisions on entitlement to health care for Reserve Force personnel:
    a. There must, first and foremost, be an overall culture of looking after our uniformed force and having the benefit of the doubt go to the member.
    b. We must always ensure we are meeting the emergent and urgent health care needs of the member.
    c. Chronic Care needs for members on Short term contract (<180 days) are best looked after by their civilian care providers.
    d. The level of care we deliver must be based on clinical need and may include diagnostic workup and treatment if deemed necessary by the clinical staff.
    e. We must use every patient encounter to better educate our Reserve Force members with respect to their entitlements to care.
    f. We must partner with our civilian health care system to better support our Reserve Force personnel throughout their careers.

Guidance for Care Delivery

7. The following shall be used to guide decisions on the delivery of health care to Reserve Force personnel:
   a. All members of the Primary Reserve Force that present to a clinic should, as a minimum, be evaluated to ensure their immediate health care needs are met.
   b. Class A Reservists
      i. If the injury or illness is related to duty or training, the care will be delivered by the CFHS until it can be safely transferred to the member's primary care physician. Spectrum of Care benefits related to the injury or illness above and beyond the provincial health care coverage will continue to be covered by DND.
      ii. If the injury or illness is not related to service or is a chronic medical condition the member will be advised of this and told to follow-up with their civilian primary care physician.
   c. Class B Reservists
      i. If the member is on a Class B contract of longer than 180 days, they will continue to receive the same health care benefits as a Regular Force member.
      ii. If the member is on a short term Class B contract of less than 180 days, but can prove they have been on "rolling contracts" resulting in service that has extended beyond 180 days per calendar year, they will be given the same benefits as a Regular Force member.
      iii. If the member is on a short term Class B contract of less than 180 days and their injury or illness is related to duty or training, health care will be delivered by the CFHS until it can be safely transferred to the member's primary care physician. Spectrum of Care benefits related to the injury or illness above and beyond the provincial health care coverage will continue to be covered by DND.
      iv. If the member is on a short term Class B contract of less than 180 days and the injury or illness is not related to service, their emergent and/or urgent health care needs will provided by the CFHS and the member will be told to follow-up with their civilian primary care physician.
      v. If the member is on a short term Class B contract of less than 180 days, entitlements such as eye glasses, hearing aids, orthotics, CPAP machines, etc, will not be provided by DND. The conditions that such items are used for are typically chronic conditions that existed prior to their engagement on the contract and will exist after the contract ends. It is more appropriate for these chronic care items to be provided through the provincial health care system or, when required, by the member themselves.
   d. Class C Reservist. Reserve Force personnel Class C contracts will be treated as Regular Force Members.
   e. Above all else, if in doubt, give the benefit of the doubt to member.

Guidance for Management

8. It is recognized that implementation of the guidance above will increase care delivery costs. Unfortunately our appreciation for just how much cost will increase is very limited. Clinic Managers are therefore required to capture the cost of more open access to urgent and emergent care as best they can at the local level and identify the associated funding pressures in their quarterly returns. Clinic Managers must also closely monitor the workload increase that the provision of such care will generate and report those instances where its provision is compromising the clinic's ability to provide care to those with full entitlement. Clinic Managers and Base Surgeons must proactively focus on educating their local populations with respect to Reserve Force entitlements to health care. This must include education of the Reserve Force members, the Reserve Force chain of command and the members of the clinic's care delivery team.

Conclusion

9. The Primary Reserve is an import aspect of the CF Total Force concept and a key contributor to our success in both Domestic and International Operations. The members of the Primary Reserve have made a commitment to their country and deserve the support of the CF and the CFHS. We must be sure that appropriate care providers, whether civilian or military, are looking after these members and in some instances this may involve a combination of the two health care systems. 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.

Annex C
2011 Vice Chief of the Defence Staff Letter

Vice Chief of the Defence Staff

National Defence

Headquarters

Ottawa, Ontario

K1A 0K2

6610-2 (D Res)

2 November 2011

Distribution List

ACCESS TO MEDICAL CARE – RESERVE FORCE PERSONNEL

References: A. CF H Svcs Gp HR 6610-2 (D H Svcs Del) dated 16 Jul 2009 (Notal) B. Ombudsman's Report dated Apr 2008

1. It has come to my attention that members of the P Res, COATS 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.
2. DND and the CF have increasingly come to rely on the support of Reserve Force members for mission accomplishment. An increasing number of Reserve members are finding themselves in situations where they require medical services for injury or illnesses related to their commitment to the CF. The Surgeon General and his team are committed to looking after all CF members.
3. At reference B, the Ombudsman's Report on access to medical care for the Reserve highlights the complexities of the regulations and policies guiding access to medical care for members of the Reserve. The CF is addressing the recommendations contained in the Ombudsman's Report through a review of the regulations and the development of administrative instructions to be published in the near future. In the interim, the Surg Gen has provided clear guidance to CF H Svcs units based on the following key principles:

a. There must, first and foremost, be an overall culture of looking after our uniformed force and giving the benefit of the doubt to the member;

b. We must always ensure that we are meeting the emergent and urgent health care needs of the member;

c. Chronic care needs for members on short term full time employment are best looked after by their civilian care providers;

d. The level of care delivered must be based on clinical need and may include diagnostic workup and treatment if deemed necessary by the clinical staff;

e. We must partner with the civilian health care system to better support our Reserve personnel throughout their careers.

4. The chain of command must ensure that all CF members are fully cognizant of their access and entitlement to care from the CF H Svcs. This is a leadership responsibility. This letter aims to provide clear guidance to all Commanders, Commanding Officers and supervisors of Reserve members with regards to their entitlement to such medical care.

5. **All CF personnel who have been injured or become ill as a result of service will be taken care of by the CF H Svcs** until such time as the member no longer requires the care or the member's care has been successfully transferred to another health care system. All serving CF personnel who present themselves to a CF clinic **will be evaluated to ensure that their immediate health care needs are met.**

6. I therefore ask you to ensure that Reservists under your command who may have suffered an illness or injury which may be the result of CF service be directed to seek and are supported to obtain an initial assessment from the CF H Svcs. I further ask that the enclosed guide be distributed and made available to all members of the Reserve under your command.

7. Questions regarding entitlement to care should be directed to the CF H Svcs Gp, SSO Primary Care, LCol Marc Bilodeau, 613-945-6595.

A.B. Donaldson
Vice-Admiral

Enclosure: 1

Access to Medical Care – Guide for Reserve Force Personnel May 2011

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ACCESS TO MEDICAL CARE

GUIDE FOR RESERVE FORCE PERSONNEL – SEPTEMBER 2011

Reference: CF Health Services Instruction 4090-02 Interim Guidance for the Delivery of Health Care to Reserve Force Personnel, 31 May 2010, http://hr.ottawa-hull.mil.ca/health-sante/pd/pol/4090-02-eng.asp

1. The Department of National Defence (DND) and the CF have increasingly come to rely on the support of Res Force members for mission accomplishment. An increasing number of Res members are finding themselves in situations where they require medical services for injury or illnesses related to their commitment to Canada. This guide aims to provide clear guidance to all Res members with regards to their entitlement to care from CF H Svcs until such a time as regulations regarding access to CF H Svcs and CF Pers Mil Instr are updated.
2. First and foremost, all members of the Res who present themselves to a CF clinic will be evaluated to ensure that their immediate health care needs are met. The decision concerning provision of ongoing medical care by CF H Svcs is based on one main criterion: whether the injury or illness is related to military service. This decision will be made by the Senior Medical Authority on a case by case basis.
3. The CF and CF H Svcs are also committed to ensuring continuity of care and therefore will arrange transition into the provincial health care system and to Veterans Affairs Canada when required by the health condition.
4. Res members who **complete a period of full time service during which he/she was receiving care from the CF H Svcs** will continue to receive care from CF H Svcs after reversion to Class A for a sufficient time to permit their transition into the provincial health care system. The purpose of this transition period is to cover any waiting period prior to the start of provincial health care coverage, to find a family physician, and to allow continuity of health care coverage. The length of this period will be determined by the local Senior Medical Authority on a case by case basis.
5. **All Res members who received acute initial care from the CF H Svcs during their duty** will be offered transitional medical care for service-related injuries until their care can safely be assumed by their provincial health care system.
6. Where the **injury or illness occurs while on duty, or while deemed to be on duty, and is related to military service**, Res members will be provided care by the CF H Svcs until care can be safely transferred to the member's civilian primary care provider. Medical care that is not provided by provincial health coverage for an injury or illness related to military duty will continue to be provided by the CF H Svcs until release.
7. Where the **injury or illness is determined not to be related to military service**, necessary acute care will be provided by the CF H Svcs and the member will be advised to follow-up with their civilian primary care provider. The CF H Svcs will not provide care beyond provincial health coverage for an injury or illness not related to military duty.

8. Care to **Res members on Reserve Force Compensation** will be provided by the CF H Svcs for service-related illness or injury until their medical care can be safely transferred to their civilian primary care provider. Care that is not provided by provincial health coverage for an injury or illness related to military duty will continue to be provided by the CF H Svcs until the date of release.
9. Like all former CF members, **former Res F members** who develop service-related health conditions after release are not eligible for CF health care after the date of release. CF H Svcs will, however, assist Integrated Personnel Support Centres (IPSC) in facilitating their access to appropriate care from Veterans Affairs Canada and provincial health resources.
10. Questions regarding access to care from CF H Svcs shall be directed to the local Senior Medical Authority or through the chain of command to CF H Svcs Gp, attention SSO Primary Care.

Annex D
2015 Director Medical Policy Communiqué

D Med Pol Communiqué 2015-008 Additional Guidance for Class A Reservists' Periodic Health Assessments

09 October 2015

Background

1. Class A Reservists are entitled to care while they are on active service and for illness and/or injury attributable to military service, as per reference A. They are also entitled to periodic health assessment in certain circumstances. This document provides additional information for Class A Reservists' entitlement for Periodic Health Assessments (PHAs).

Priorities of Class A Reservist PHAs

2. Considering our limited resources and wait time in accessing care in our military clinics, a priority system has been defined in order to help the clinic staff scheduling reservist PHA based on their priority. This list is to be used as a guide, as all the possibilities may not be listed here.

Highest Priority

3. The following two groups should always have an up-to-date PHA:

    a. Reservists who are in special operational positions or high-readiness positions (SOF Res, NAV Res, ARCG, TBG) or tagged to shipboard/Arctic duties, understanding that up to five reservists could be tagged for one position to guarantee one is available when necessary. These members may be frequently called out for Class B or C service with little advance notice; and

    b. Special Occupational Assessments (for those Class A members actively involved in those special duties; eg. Aircrew, Diving).

High Priority

4. Members who are in receipt of an offer of Class C service for Operational Deployment should get a PHA to determine fitness for deployability as soon as possible based on the date of the pre-deployment training and subsequent deployment.

Medium Priority

5. This group includes personnel in the following circumstances:

    a. Post-deployment;

    b. Release Medical with a positive declaration on "Annex A - Medical Statement on Release - Reserve Force/ Canadian Rangers", as per Ref D;

c. When necessary, for any non-service related medical diagnosis discovered by their civilian health care provider that will have an occupational impact. This may affect their medical category and employability within the CAF;

d. Offer of Class B service; or

e. Nomination to attend OUTCAN courses.

Low Priority (still needs to be done)

6. This group includes personnel in the following circumstances:

   a. Promotion Medical;

   b. Reservists on TCats or PCats (Temporary or Permanent Categories) as a result of a service-related injury;

   c. Component Transfer from Supplemental Res to Primary Res; or

   d. Release medicals.

7. Until further guidance, all other Class A Reservists PHAs (i.e. those not listed above), will be performed only when sufficient medical resources are available, and this will be evaluated on a case by case basis whenever there is a request. Based on the priority system described above, it is very likely that some Reserve Force PHA will be higher priority than some Regular Force ones.

Booking a Class A Reservist PHA

8. When a Class A Reservist's PHA is booked, it is essential that the supporting clinic requests copies of relevant medical documentation from the member`s civilian health care records. In order to do this, the member will have to sign consent for the release of medical information and bring it to their civilian clinician. This should be done with enough advance notice so that the documents are available for the Part II appointment.

9. In the event that the Class A Reservist was unable to get all of the necessary documents or they did not arrive in time, the CAF HCP will proceed with the Part II, as the member is present at the CF clinic.

10. If it is deemed that the supporting medical documentation from the civilian health records is required to complete the occupational assessment, the member's fitness determination will be pending until further review by the CAF HCP. This may necessitate a short follow-up visit or a phone conversation (if deemed sufficient) with the member at a later date to review any concerns with the documentation.

Para-clinical tests for the PHA

11. In the conduct of a PHA, some para-clinical tests are done, including a vision screening, in accordance with reference H. If a reservist shows signs of vision problems on the routine vision screening provided at the clinic as part of the PHA, i.e. look at eye chart with/without glasses on, the Class A Reservist will be advised to get their eyes tested by an optometrist and buy glasses as needed. When vision problems are not related to service, DND does not reimburse for neither the civilian eye exam nor the resulting glasses, according to reference I. The Class A Reservist is provided, at DND expense, with ballistic eyewear inserts, according to reference G.

12. Depending upon the age and occupation of the member, lab work and diagnostic imaging may be essential to determine fitness for employment. Sometimes, these results are available from the member`s family physician and do not have to be re-ordered by the CAF HCP for this specific PHA.

13. In the event that the Class A Reservist does not have a family physician or does not have access to the results, the CAF HCP will order these tests. These tests will be provided at public expense, either done at the military clinic if there is a laboratory or covered under Blue Cross.

Transfer of Care Back to a Civilian HCP

14. If the lab results indicate abnormal finding(s), the CAF HCP has the obligation to follow up with the Class A Reservist to explain and possibly treat the abnormal result, especially and specifically if the Class A Reservist does not have a family physician.

15. The CAF HCP has the obligation to ensure the reservist receives care and treatment for their condition.

16. If the Class A Reservist does not have a family physician, they will be advised to find one as soon as possible. If they are having difficulty finding a civilian HCP, staff at the supporting CF clinic may provide assistance by directing the reservist member towards appropriate resources in the local community.

Impact on clinics

17. All clinics should closely monitor the impact of this directive on access and wait times, and report any concerns to their chain-of-command.

References

A. CF H Svcs Gr Inst 4000-21, Periodic and Other Health Assessments – Periods of Validity

B. ADM HR Mil Instr 20/04, Administrative Policy of Class "A", Class "B" and Class "C" Reserve Service

C. CF H Svcs Gp Instr 4000-01, Periodic Health Assessments

D. CF H Svcs Gp Instr 4000-03, Release Health Assessment

E. CF H Svcs Gp Instr 4000-17, Post-Deployment Medical Screening Assessments

F. CF H Svcs Gp Instr 6020-03, UN Peacekeeping and Employment in Special Duty Areas

G. CF H Svcs Gr Instr 4020-05 – Optical Supplies and Services: Entitlement to Frames and Lenses

H. CF H Svcs Gp Instruction 4000-01, Annex B, Guidelines for Completing the Med Tech Portion of Part 1 of the CF 2033 Periodic Health Assessment

I. CF H Svcs Inst 4090-02, Interim Guidance for the Delivery of Health Care to Reserve Force Personnel

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