



National Defence

Défense nationale

Deputy Minister

Sous-ministre

National Defence Headquarters  
Ottawa, Ontario  
K1A 0K2

Quartier général de la Défense nationale  
Ottawa, (Ontario)  
K1A 0K2

MAR 29 2018

The Honourable Kevin Sorenson  
Chair, Standing Committee on Public Accounts  
House of Commons  
Ottawa, Ontario  
K1A 0A6

Dear Mr. Sorenson,

As agreed upon in the Government Response to the Fourteenth Report of the Standing Committee on Public Accounts entitled *Report 5, Canadian Army Reserve – National Defence, of the Spring 2016 Reports of the Auditor General of Canada*, National Defence submits its responses to Recommendations 7 and 13, due 31 March 2018.

Sincerely,

  
Jody Thomas

Enclosures: 1

## **Canadian Army Reserve**

As requested by the Standing Committee on Public Accounts in its *Report 5, Canadian Army Reserve, of the Spring 2016 Reports of the Auditor General of Canada*, the Department of National Defence submits its responses to Recommendations 7 and 13.

### **Recommendation 7**

That, by 31 March 2018, National Defence provide the House of Commons Standing Committee on Public Accounts with a report explaining how it has clarified the Army Reserve soldiers' access to medical services.

In *Report 5, Canadian Army Reserve – National Defence, of the Spring 2016 Reports of the Auditor General of Canada*, the Auditor General recommended that National Defence “review its policies and clarify Army Reserve soldiers' access to medical services.” Citing a 2008 report by the Office of the Ombudsman for the Department of National Defence and the Canadian Forces, which had reported significant confusion throughout the armed forces about medical care entitlements for Reservists serving in Canada, the Auditor General stated that the confusion had still not been addressed.

National Defence agreed with the Auditor General's recommendation and, in its response, stated that it would continue with its work to clarify Primary Reserve soldiers' entitlement to medical services. The focus of this work, which had begun even before the Auditor General's report was finalised, would be to update the Queen's Regulations and Orders to codify reservists' entitlements in policy. National Defence also stated that it would continue advancing and supporting initiatives to facilitate reservists' access to medical assessments relevant to their readiness for training and deployment. Initiatives mentioned in this latter regard included:

- The communiqué to establish the priority for Reservists to receive medical assessments from Headquarters (released October 2015);
- Assessing courses of action proposed in a joint Canadian Forces/Ombudsman/Health Services group study and other potential assessment tools, through a Reserve Medical Readiness Working Group.

### **Reservists' access to medical and dental treatment**

As they stand, the Queen's Regulations & Orders (QR&O) place limits on the medical and dental treatment accessible to reservists. The basis for these limits is reservists' contract status, which differs from regular soldiers'. The CAF leadership recognised that the QR&O were overly restrictive and, as a first step towards resolving the problem, issued two pieces of guidance to clarify the medical services – and overall level of treatment – to which Reservists were entitled.

National Defence's 2009 “Interim Guidance for the Delivery of Health Care to Reserve Force Personnel,” issued by the Surgeon General to CAF healthcare providers, laid out the following key principles:

- First and foremost, there must be a culture of looking after our uniformed members;

- CF Health Services must always ensure that they meet the emergency and urgent needs of members;
- Chronic care for members on short-term full-time employment is best looked after by their respective civilian providers;
- The level of care delivered must be based on the clinical need and may include diagnostic workup and treatment if deemed necessary by clinical staff; and
- CF Health Services must partner with the civilian health care system to better support Reserve personnel throughout their careers.

The 2011 “VCDS Guidance on Access to Medical Care – Reserve Force Personnel” extended additional entitlements to reservists with service-related injuries and illnesses, stating:

All CF personnel who have been injured or become ill as a result of service will be taken care of by the [CF Health Services] until such time as the member no longer requires 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. (emphasis in original)

These documents were intended to help both reservists and CAF healthcare practitioners understand what reservists were entitled to in the way of care. The sources of confusion among CAF members were various, but stemmed in part from differing interpretations of the QR&O and from differences in entitlements between (1) Reserve and Regular soldiers and (2) different classes of Reserve soldiers (Classes A, B and C).<sup>1</sup>

### Updating the Queen’s Regulations and Orders

It was recognised that the best solution to the question of entitlements was to amend the QR&O to codify reservists’ access to medical care formally within the CAF health system. This step is now in progress. The focus of the amendments is Chapter 34, Section 2 (Medical Care of Officers and Non-commissioned Members). Among the changes proposed are ones which would allow for reservists to present themselves for care at a CF Health Services Centre to determine whether the requirement for care is urgent or attributable to the performance of military duties. The proposed changes also confirm reservists’ entitlement to receive care at public expense in a variety of scenarios.

The proposed amendment is with the National Defence Regulations Section for drafting and is expected to be completed, approved and promulgated by FY 2019/20.

---

<sup>1</sup> Classes A, B and C refer to three different types of Reserve service, as laid out in the QR&O. They can be summarised as follows:

Class A: Reservist is serving for a defined period of time, according to day-by-day commitments. Example: A member parading with his local reserve unit one night per week and one weekend per month, signing individual pay sheets for each day of service.

Class B: Member of the Reserve Force serving in a temporary position, for a defined term. Example: A member takes on a position as a battle school instructor during the summer training period for a three month period.

Class C: Member of the Reserve Force serving on a named operation, for a defined term. Example: A member deploys in his community as part of Op Lentus.

## **Assessing impact of efforts to-date**

National Defence has not undertaken a formal assessment of the effectiveness of its efforts. However, anecdotal reports indicate that CAF healthcare providers and clinic support staff have better knowledge of policies and expectations relating to reservists' treatment. A particular challenge has to do with the rotation of healthcare personnel and turnover among clerical support staff, which hampers developing institutional memory. The high turnover of support staff in some places, such as Ottawa, can be particularly challenging in terms of achieving the objective. The promulgation of the updated QR&O is expected to help both healthcare staff and reservists navigate the system more smoothly.

## **Facilitating periodic health assessments**

CAF members, Regular and Reserve, must be deemed medically and dentally fit to perform their duties. Their fitness for duty must be verified prior to training/courses, promotion or deployment. The normal process for verifying their medical fitness for duty is the periodic health assessment (PHA). However, many reservists cannot readily access a CF Health Services medical facility, particularly individuals living in remote areas. Furthermore, from a human (healthcare staff) capacity perspective, the CAF has encountered challenges in performing routine PHAs for all reservists, particularly those in Class A. Consequently, Reserve Force commanders cannot always be certain of the medical readiness of their forces. Reservists' access to PHAs is thus primarily a liability for the CAF as an organisation.

As early as 2015, National Defence took steps to address the difficulty with processing reservists' PHAs. The CF Health Services Directorate of Medical Policy issued a communiqué entitled "Additional Guidance for Class A Reservists' Periodic Health Assessments." It explained that the CAF healthcare system would henceforward schedule reservists' PHAs based on their urgency, and listed the relevant considerations. For instance, Highest-priority PHAs would be those requested by reservists (1) in special operational positions or high-readiness positions, (2) tagged for duty aboard a ship or in the Arctic, or (3) requiring "special occupational assessments," such as for diving or aircrew activities. Other PHA requests would be considered high-, medium- or low-priority, depending on the requester's circumstances. Reservists whose circumstances did not qualify them for any of the priority categories would be booked for assessments whenever resources were available.

## **Medical Readiness Assessment Tool**

The prioritising of PHA requests left unaddressed the limits in the CAF's processing capacity, and the Medical Readiness Assessment Tool (also called the Reserve Medical Readiness Questionnaire) has been developed to address this challenge. It will be used by Class A reservists and their local family physicians to help determine whether they (1) are fit for duty, (2) are unfit for duty or (3) require a full PHA to determine their fitness for duty. It will thus allow the CAF to address two main categories of risk: risk to the individual (e.g. of aggravating a medical condition) and risk to the organisation (e.g. of overlooking a medical condition that could prevent the reservist from performing effectively). The questionnaire is undergoing a one-year trial (July 2017-July 2018) to determine whether it provides adequate risk mitigation compared to a full PHA.

## **Assessing impact of the Assessment Tool**

The CAF has used a questionnaire for many years to determine aircrew and divers' medical fitness for duty, and it has proven to be an effective means of supplementing the PHA process. National Defence

therefore expects that the present trial for reservists will be successful and that the questionnaire will be implemented formally in September 2018.

National Defence remains committed to ensuring the policies and rules governing access to medical care for Reservists are clarified so that all members of the Reserve Force can obtain the care they require in a timely and efficient manner. Likewise, the Department will ensure reservists are provided with the means to complete the necessary medical screenings, such that the CAF has a clear view of the medical readiness of its forces.

### **Recommendation 13**

That National Defence provide the House of Commons Standing Committee on Public Accounts with an interim report on its progress in meeting its action plan's first milestone by 1 April 2017, and a final report assessing its action plan's effectiveness in improving the collective training and integration of Army Reserve units with their Regular Army counterparts by 31 March 2018.

*In Report 5, Canadian Army Reserve – National Defence, of the Spring 2016 Reports of the Auditor of Canada, the Auditor General recommended that National Defence “improve the collective training and integration of Army Reserve units with their Regular Army counterparts.” The Auditor General’s concern was that National Defence was “failing to ensure that the Canadian Army was trained and ready for missions.”*

National Defence agreed with the recommendation and committed to “improve Reserve and Regular Force integration within the Army Collective Training framework, thus enhancing the Canadian Army’s readiness for domestic and expeditionary operations.”

The integration of Army Reserve and Regular Force units is being achieved by the issuing of Mission Tasks to Army Reserve units in the Canadian Army. (A mission task comprises a commander’s objective and the actions to be taken to achieve it.) These mission tasks are drawn from Canada’s Defence Policy and the military planning tool known as the Force Posture and Readiness plan.

**Individual training** on the first four mission tasks – Light Urban Search and Rescue (LUSAR), Assault Pioneer, Direct Fire Support and Medium Mortars – began in January 2018. The training for these specialty mission tasks will become institutionalized similarly to the way the current Military Occupation Specifications skills training are programmed for the Regular Force.

**Integration** between the Regular and Reserve Forces will be achieved by directing that mission-tasked elements of the Army Reserve join Regular Force units during Foundation and High Readiness training (i.e. Regular Force training exercises). Integration will also occur the other way around, when Regular Force personnel train and mentor Army Reserve units during Reserve training events.

**Capability validation** of this individual and collective training will be achieved by whichever Army division is training for high readiness, as per the Managed Readiness Plan (whereby three divisions rotate amongst [1] training for high readiness, [2] high readiness, and [3] reconstitution). This approach will ensure Army Reserve units are combat-ready prior to deployment on operations.

Since mission task integration has only recently been initiated, it will take a number of training serials before Army Reserve units reach full operational capability. However, the first integrated expeditionary deployment for the Medium Mortar capability is scheduled for early 2020, by which point the Army fully expects full operational capability to have been reached.

The assignment of mission tasks to the remaining Army Reserve units will continue this spring, following an Army working group meeting at the beginning of May. Usually, Regular sub-units and Reserve units are paired one-to-one at company level. However, in some cases, Regular Force units will be assigned multiple Army Reserve units to account for the asymmetry between the Army Reserve and Regular Force footprints across the country.

Regular Force-Army Reserve integration is vital for the conduct of both the domestic and expeditionary operations that the Government assigns the Canadian Armed Forces, and National Defence will ensure the process is executed in timely and effective fashion.