



IN SEARCH OF A REMEDY FOR THE CAF'S CHRONIC RECRUITING CHALLENGES

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IN SEARCH OF A REMEDY FOR THE CAF'S CHRONIC RECRUITING CHALLENGES

AIM

1. The Canadian Armed Forces (CAF) are amid a recruiting crisis that has developed due to a number of internal and external factors. The societal aspects include the COVID-19 pandemic and Canada's extended low levels of unemployment that followed, amplifying longstanding issues such as a declining birth rate. One negative influence that comprises both internal and external elements were the multiple senior CAF officers charged with sexual misconduct and the ensuing media attention, severely damaging the institutional reputation. Another aspect of the CAF's inability to achieve its recruitment targets is the prolonged processing time from an individual's application submission to their enrolment. This is a problem that falls squarely within the CAF's control and has been identified as a barrier for many years. Finally, some potentially capable candidates are disqualified by the CAF's Common Enrolment Medical Standards which are currently under review. As the recruitment challenges linger today, the aim of this service paper is to examine potential modifications to the recruitment process, with a particular focus on medical standards and the role of Canadian Forces Health Services (CFHS).

INTRODUCTION

2. The CAF's most recent defence policy *Strong, Secure, Engaged* (SSE) was published in 2017 and described the CAF's recruitment system as "too slow to compete in Canada's highly competitive labour market."¹ SSE also identified that going forward, the CAF would need to attract highly skilled Canadians with technical expertise to work in the cyber and space domains.² It is these two assertions that combine to formulate the problem definition for this service paper. The CAF is faced with several systemic challenges to include a growing personnel shortage and a significant portion of Regular Force members who are on medical employment limitations (MEL), both of which threaten the CAF's operational readiness. The CAF is also a participant of a technological arms race amongst both allied and adversary militaries that is rapidly altering the capabilities and individual skillsets required in future warfare.

3. The facts and factors above are well understood by CAF leadership but are complex, arguably wicked problems, with no short-term solutions. The Canadian Forces Recruiting Group (CFRG) does not possess the necessary levers to effect change in all of these aspects, but as the gateway to entering the CAF, it does hold an important role. This service paper will explore various options available based on a review of literature, an environmental scan of allied processes, and discussions with CFHS medical officers. Military recruiting is a case where every action causes a reaction to the remainder of the force and therefore merely compromising the standards for enrolment is not the answer. Policy changes must be made based on analysis of the data available and with a risk management mindset. There is a growing recognition of the risk of inaction however, and thus, this paper will make recommendations which aim to balance these risks appropriately.

¹ Department of National Defence. *Strong Secure Engaged: Canada's Defence Policy*, 2017. 20,

<https://www.canada.ca/en/department-national-defence/corporate/policies-standards/canada-defence-policy.html>

² Department of National Defence, 20, <https://www.canada.ca/en/department-national-defence/corporate/policies-standards/canada-defence-policy.html>

DISCUSSION

Prolonged Recruitment Process

4. Since SSE was published in 2017, there have been multiple reviews conducted on the state of CAF recruiting. A 2019 report from the Assistant Deputy Minister (Review Services) (ADM(RS)) indicated that Military Personnel Command's processing targets of 70% of straightforward files being completed within 60-90 days and the remainder within 120 days, were rarely being achieved.³ In a sample of more than 3,000 successfully enrolled applicants, ADM(RS) found that just 10% were processed in under 90 days and a total of 21% were enrolled within 120 days.⁴ The report also identified the Recruit Medical Office (RMO) as the primary bottleneck and the cause of 33% of processing delays.⁵

5. A 2022 report by the House of Commons Standing Committee on National Defence revealed similar issues as the CAF Ombudsmen stated the average recruitment file took 200 days to complete and was one of the most common complaints received by his office.⁶ Within the report, Dr. John Cowan, Principal Emeritus of the Royal Military College of Canada, lamented that these delays are likely contributing to some of the CAF's most talented applicants becoming impatient, and selecting other employment.⁷

6. Two of the major contributors to this lengthy recruitment process are the need to obtain security clearance and to meet specific medical standards aligned with the universality of service. Both are legitimate requirements to ensure the CAF is recruiting individuals who are physically, mentally, and morally fit to begin a demanding military career that requires high levels of both physical and mental fitness and proven ethics. The universality of service is based on the "soldier first" principle in which all CAF members must be capable of performing a baseline of common military tasks outside of their own occupation.⁸ In discussion with Commander (Cdr) Jan Downing, Senior Staff Officer within CFHS Directorate of Medical Policy, she advised that as this principle is recognized within the *Canadian Human Rights Act*, any amendments would face legal scrutiny and therefore require the utmost diligence.⁹ This leaves the CAF with a difficult decision when addressing recruitment challenges.

7. As many private and public sector employers do not require candidates to meet these conditions, or to a far lesser extent, the CAF will never outpace these sectors, and for good reason. Nevertheless, the CAF needs to expedite their process to remain a credible option for Canadians willing to explore the military as a career choice. At a time where the Chief of Defence Staff has placed reconstitution of the CAF, and specifically *people*, as his top priority, a central component to achieving this aim is recruitment, force generation, and retention of CAF

³ Assistant Deputy Minister (Review Services.) *Advisory of the Military Recruitment Process*. November 2019. 12, <https://publications.gc.ca/site/eng/9.902295/publication.html>

⁴ ADM(RS). 13, <https://publications.gc.ca/site/eng/9.902295/publication.html>

⁵ ADM(RS). 15, <https://publications.gc.ca/site/eng/9.902295/publication.html>

⁶ Canada. Parliament. House of Commons. Standing Committee on National Defence. McKay, John. "Modernizing Recruitment and Retention in the Canadian Armed Forces: Report of the Standing Committee on National Defence." 2022, 11, <https://www.ourcommons.ca/documentviewer/en/44-1/NDDN/report-2>

⁷ Canada. Parliament. 12, <https://www.ourcommons.ca/documentviewer/en/44-1/NDDN/report-2>

⁸ Government of Canada. "DAOD-5023-0, Universality of Service," Updated September 18, 2018. <https://www.canada.ca/en/department-national-defence/corporate/policies-standards/defence-administrative-orders-directives/5000-series/5023/5023-0-universality-of-service.html>

⁹ Downing, Cdr Jan. Senior Staff Officer, Directorate of Medical Policy. Telephone conversation, February 7, 2024.

personnel and seven years following SSE, that the speed of recruitment is headed in the wrong direction.¹⁰

8. Cdr Downing advised that RMO staffing has increased within the last year and recruit medical processing times have been reduced substantially.¹¹ While promising news, it begs the question as to which steps of the process have been prolonged. As recruitment is just the first phase of the military career path, simply augmenting staffing in one area is likely to push the problem further down the path, to the training institutions. If those recruited and enrolled are subsequently forced to wait months for initial training, the system will once again lose a portion of the most driven candidates to other opportunities. While CFHS has only modest influence on the pace of the recruiting process, it possesses much greater influence on the CAF's common enrolment medical standards (CEMS) and the following section examines potential modifications that could strengthen enrolment.

Common Enrolment Medical Standards

9. The CAF is not alone in its struggles to fill its ranks, many western allied nations are also facing this issue, often for similar societal reasons as Canada. In addition to aging populations, another major concern is the declining health and fitness of youth and young adults.¹² The US Army missed its recruiting target by 25% in 2022 and a 2018 study showed that 71% of young Americans did not meet the medical standard for the United States (US) Army.¹³ Obesity was the leading cause of ineligibility, followed by education shortfalls, and a criminal or drug use record.¹⁴ As the US Army uses Body Mass Index (BMI) as part of its medical standard, a recent study examined a sample of US Army recruits to examine the risks of lowering this standard to increase the recruiting pool.¹⁵ It found that there were two distinct groups of candidates who failed to meet the BMI standard: one group who had metabolic syndrome and were clearly unfit for service, and another group whom, while overweight, possessed a lower waist circumference average, and through additional testing were deemed as a moderate risk.¹⁶ The study suggests that using BMI as a measurement may be too simplistic and proposed a 3D body scan of candidates as a better tool, and also recommended that the US Army consider those applicants which fell into the second category.¹⁷ As another example, the Australian Defence Force modified its medical standards to allow applicants with intermittent or mild persistent asthma into its ranks in 2007 with an aim to increase recruiting.¹⁸ A retrospective study validated this

¹⁰ Department of National Defence. "CDS/DM Directive For CAF Reconstitution," October 6, 2022, 3, <https://www.canada.ca/en/department-national-defence/corporate/policies-standards/dm-cds-directives/cds-dm-directive-caf-reconstitution.html>

¹¹ Downing, Cdr Jan. Senior Staff Officer, Directorate of Medical Policy. Telephone conversation, February 7, 2024.

¹² Smith et al. "Raising the U.S. Army Height-Weight (Body Mass Index) Standards: Quantifying Metabolic Risk." *Military Medicine*, 2023, 2, <https://doi-org.cfc.idm.oclc.org/10.1093/milmed/usad450>

¹³ Center for Disease Control and Prevention. "Unfit to Serve: Obesity and Physical Activity are Impacting National Security," 2023, 1, <https://www.cdc.gov/physicalactivity/resources/unfit-to-serve/index.html>

¹⁴ Center for Disease Control and Prevention, 1, <https://www.cdc.gov/physicalactivity/resources/unfit-to-serve/index.html>

¹⁵ Smith et al., 2, <https://doi-org.cfc.idm.oclc.org/10.1093/milmed/usad450>

¹⁶ Smith et al., 14, <https://doi-org.cfc.idm.oclc.org/10.1093/milmed/usad450>

¹⁷ Smith et al., 14, <https://doi-org.cfc.idm.oclc.org/10.1093/milmed/usad450>

¹⁸ Ireland et al., "Assessment of Revised Recruitment Standards for Asthma in the Australian Defence Force," *Military Medicine*, Vol. 179, Issue 11, November 2014, 1, <https://doi-org.cfc.idm.oclc.org/10.7205/MILMED-D-14-00009>

decision, showing no increased risks, attrition rates, or medical costs in comparison to the non-asthmatic recruits.¹⁹

10. There is also a need to consider how medical standards such as BMI are impacting other CAF priorities such as leveraging Canada's diversity within its force as well as attracting talent in highly technical trades in the expanding cyber and space domains, as emphasized in SSE.²⁰ A US study revealed that based on body composition, women are 7% less likely to be eligible for military service.²¹ The study suggested that only 17.5% of women between the ages of 17 and 35 were eligible for military service and that people of colour are also less likely to be eligible in comparison with white males.²² A 2020 retrospective study revealed that a CAF member's results in the Fitness for Operational Requirements of CAF Employment (FORCE) evaluation (annual fitness test) was a greater indicator of risk for musculoskeletal injury than age, sex or waist circumference.²³ Another American study analyzed more than 10,000 US Army recruits, including 990 recruits who were overweight but passed the fitness test and were therefore granted a waiver.²⁴ Over a 15 month study period, members with waivers had a 5% greater attrition rate but only a 0.5% increase in weight-related attrition over members who met the medical standard.²⁵ While there is an abundance of research that demonstrates the value of physical fitness in a traditional military environment, these studies suggest that a member's fitness to serve, cannot always be determined by only the medical standard. As the FORCE evaluation occurs following enrolment, during Basic Training, there is currently no avenue within the CAF for those applicants just below the medical standard to attempt the fitness test, and if successful, to obtain a waiver.

11. Mental health screening is also part of the enrolment medical process and as 45% of medical releases within the CAF between 2014-2017 were due to mental health illness, this is a growing concern within the organization.²⁶ Militaries have traditionally considered Attention Deficit/Hyperactivity Disorder (ADHD) as a disqualifying condition for service if applicants are medicated. The United States requires candidates to have ceased ADHD medication 24 months

¹⁹ Ireland et al., 1, <https://doi-org.cfc.idm.oclc.org/10.7205/MILMED-D-14-00009>

²⁰ Department of National Defence. Strong Secure Engaged: Canada's Defence Policy, 2017. 23, <https://www.canada.ca/en/department-national-defence/corporate/policies-standards/canada-defence-policy.html>

²¹ Spielmann, Elena A. "Military Body Composition Standards: A Barrier to Diverse Recruiting?", Georgetown University, 2023, 27,

<https://login.cfc.idm.oclc.org/login?qurl=https%3A%2F%2Fwww.proquest.com%2Fdissertations-theses%2Fmilitary-body-composition-standards-barrier%2Fdocview%2F2808087968%2Fse-2%3Faccountid%3D9867>

²² Spielmann, E. 28,

<https://login.cfc.idm.oclc.org/login?qurl=https%3A%2F%2Fwww.proquest.com%2Fdissertations-theses%2Fmilitary-body-composition-standards-barrier%2Fdocview%2F2808087968%2Fse-2%3Faccountid%3D9867>

²³ Chassé, Etienne, Marie-Andrée Laroche, Carole-Anne Dufour, Renaud Guimond, and François Lalonde. 2020. "Association Between Musculoskeletal Injuries and the Canadian Armed Forces Physical Employment Standard Proxy in Canadian Military Recruits." *Military Medicine* 185, 1145, doi: [10.1093/milmed/usaa011](https://doi.org/10.1093/milmed/usaa011)

²⁴ Bedno et al., "Association of Weight at Enlistment with Enrollment in the Army Weight Control Program and Subsequent Attrition in the Assessment of Recruit Motivation and Strength Study", *Military Medicine*, Volume 175, Issue 3, March 2010, 188, <https://doi.org/10.7205/MILMED-D-09-00288>

²⁵ Bedno et al., 188, <https://doi.org/10.7205/MILMED-D-09-00288>

²⁶ Serré, Lynne. "A Comparative Analysis of Medically Released Men and Women from the Canadian Armed Forces." *Journal of Military, Veteran and Family Health* 5, no. 2 (September 2019), 119 <https://doi.org/10.3138/jmvfh.2018-0008>

prior to their application in order to be granted a waiver.²⁷ Cdr Downing advised that CFHS recently updated its policy reducing the time that applicants must be free of ADHD medication from 12 to three months.²⁸ As the prevalence of ADHD in American youth is between 9-11%, and the majority take medication, it is another significant portion of the target recruiting population.²⁹ Interestingly, in both Canadian and US militaries, those diagnosed with ADHD or prescribed ADHD medication after enrolment, are eligible to continue service.³⁰

12. There is a growing argument that ADHD should not be labelled as a disorder, but rather recognized as a condition and that those with the diagnosis may excel in some military roles, particularly in working with technology.³¹ There are some counter arguments however, as those with ADHD are also more likely to have a corresponding condition such as anxiety or a substance addiction, though medication can help protect against this.³² The Israeli Defence Force began accepting candidates with ADHD into combat units in 2011 and a 2016 study identified some negative findings including increased sick leave and greater mental distress.³³ The findings demonstrate that CAF applicants with ADHD may be highly successful in some military environments but struggle in others. This presents a challenge to meeting the baseline universality of service requirements in which all CAF members must achieve but as those on proper medication schedules are likely best equipped to succeed, and as there are many current CAF members with ADHD effectively serving today, there is justification for review of current policies.

CONCLUSION

13. The original intent of this service paper was to focus on how CFHS could positively impact the speed of CAF recruitment, a systemic problem that has plagued the institution for years. The research demonstrated however, that the more influential role that the CFHS could play in the aim to grow the CAF is to consider modifications to its Common Enrolment Medical Standards. While any policy changes to expand medical eligibility will present some risk, doing so pragmatically will enable the CAF to effectively adapt to the force it requires today. That force is one that attracts talent in the cyber and space domains to work alongside and enable operations for the component commands.

RECOMMENDATIONS

14. As the CAF has a sufficient sample size of active members with an ADHD diagnosis, presumably there is valuable data to extract from the Canadian Forces Health Information System to include the members' trades, health status, and deployment history to inform policy

²⁷ Defence Health Agency. "The Prevalence of Attention-Deficit/Hyperactivity Disorder (ADHD) and ADHD Medication Treatment in Active Component Service Members, U.S. Armed Forces, 2014–2018," Updated October 13, 2022, 1, <https://www.health.mil/News/Articles/2021/01/01/Prevalence-of-Att-MSMR-Jan-2021>

²⁸ Downing, Cdr Jan. Senior Staff Officer, Directorate of Medical Policy. Telephone conversation, February 7, 2024.

²⁹ Defence Health Agency, 1, <https://www.health.mil/News/Articles/2021/01/01/Prevalence-of-Att-MSMR-Jan-2021>

³⁰ Segal, Dr. Michael. "The Military Needs Recruits With ADHD," *Wall Street Journal*, January 20, 2023, Eastern Edition, 1, Eastern edition. <https://www.wsj.com/articles/the-military-needs-recruits-with-adhd-overstimulation-standards-learnship-advantage-join-symptoms-11674056740>.

³¹ Ibid, 2

³² Defence Health Agency, 2, <https://www.health.mil/News/Articles/2021/01/01/Prevalence-of-Att-MSMR-Jan-2021>

³³ Fruchter, E., Marom-Harel, H., Fenchel, D., Kapra, O., Ginat, K., Portuguese, S., & Weiser, M. (2019). Functioning of Young Adults With ADHD in the Military. *Journal of Attention Disorders*, 23(12), 1472, <https://doi.org/10.1177/1087054716652478>

decisions regarding medical eligibility. It is recommended that CFHS examine its current policy with an aim to expand eligibility for applicants with ADHD, recognizing their unique aptitudes.

15. Cdr Downing advised that while the CAF does measure BMI as part of the recruit medical, it uses this calculation more flexibly than the US, in that a BMI either below or well above the normal range will require additional information and recommendation from a civilian physician.³⁴ As with ADHD, members with certain diagnosis can continue their careers following medical review, if they are deemed to meet the required medical standard for their particular trade. This is to retain valuable personnel who possess an important skillset. It is recommended that skilled applicants, holding specific education or credentials be assessed in the same manner. Cdr Downing did advise that both the Universality of Service and the Common Enrolment Medical Standards are under review with changes expected to take effect in 2025.³⁵ While the policy amendments are not fully known, it appears this will be a positive step in facilitating an increased recruiting pool and aid the CAF in meeting its current and future requirements.

³⁴ Downing, Cdr Jan. Senior Staff Officer, Directorate of Medical Policy. Telephone conversation, February 7, 2024.

³⁵ Downing, Cdr Jan, Telephone conversation, February 7, 2024.

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