



CHIEF OF THE DEFENCE FORCE

CDF/OUT/2018/660

Mr J Brown
RSL NSW
ANZAC House
245 Castlereagh St
SYDNEY NSW 2000

RSL (NSW)

13 SEP 2018

FILE NO. _____
TO _____

Dear James,

Thank you for your letter dated 2 August, requesting the Australian Defence Force (ADF) investigate the practicality of retaining members who are ill, injured or disabled for treatment or re-training, where they do not wish to be discharged.

Defence is required to train and retain ADF members to deliver Defence capability on behalf of Government. Defence has a well-regarded training continuum that seeks to develop and retain individuals with the skills and attributes to fight and win. With between 5,500 and 6,000 members leaving the ADF annually, Defence also recognises that transition is inevitable. Of those transitioning from Defence, the vast majority do so voluntarily, with approximately 20 per cent separating due to medical reasons.

Defence seeks to return wounded, injured and ill serving members to work in some capacity as soon as possible after injury or illness. Full-time serving members receive ADF healthcare, including occupational rehabilitation to assist them return to work in their current role, or when appropriate, a different role within the ADF.

Although members who are medically unfit to render unrestricted service will go through a medical employment classification process, medical separation is the last option. Wherever possible, ADF members who no longer meet health standards for their trade or profession are offered the option of retraining for another employment category, provided their medical conditions will not significantly impact their employability and deployability. Some ADF members may also be able to secure ongoing employment in a Reserve capacity, within their medical restrictions, where there is a capability need.

Members separating on medical grounds have access to a range of support services to assist their transition from the ADF, including funding for retraining in civilian roles. For members who have accepted compensation claims, their healthcare and rehabilitation is transferred to the Department of Veterans' Affairs (DVA) for ongoing support after their separation.

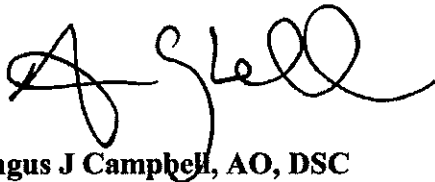
For transitioning members undertaking a rehabilitation program, their rehabilitation consultant liaises with all key stakeholders, including the treating doctor, DVA and the Defence Community Organisation, to ensure required ongoing services (such as medical assistance and vocational rehabilitation) are in place before transition to civilian life. Defence policy also provides for members to be offered an extended transition in exceptional

circumstances. For example, Army takes a structured approach for our most serious battle casualties, with support for specific retraining prior to separation.

The ongoing welfare of our personnel as they transition from service is of great importance to the Australian Defence Force. Defence policy is to defer a member's separation date for a reasonable period until there is sufficient certainty concerning an assessment of their individual circumstances from the Commonwealth Superannuation Corporation (CSC) or DVA. This forms part of the Government's 'discharge with documentation' approach, but ultimately the Defence member will need to transition.

I trust this information assists to update your members on initiatives being taken by the ADF to support the rehabilitation, retention and transition of ill and injured ADF members. Thank you for the ongoing interest, and the contribution by the members of RSL NSW to the welfare of serving and former-serving ADF members and their families.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'A. Campbell', with a stylized flourish at the end.

Angus J Campbell, AO, DSC
General
Chief of the Defence Force

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6 September 2018