

OACP Resolution 2026-01 vs. Beyond Resilience Canada

ONE-PAGE SNAPSHOT - MEMBER OUTCOMES • COST • MORALE • ORGANIZATIONAL HEALTH
J. Bruce Townley | September 2026

BOTTOM LINE BRC is more likely to produce better member-health, trust, retention and organizational outcomes. OACP offers useful ideas on active case management and structured return to work, but its proposed employer role from the outset - including objections or presumptive rebuttals - risks making psychological-injury claims more adversarial. The strongest model combines BRC's independent, trauma-informed clinical architecture with disciplined, measurable return-to-work practices.

Issue	OACP 2026-01	Beyond Resilience Canada	Likely outcome
Starting point	Employer formally involved from outset; may support, object or rebut.	Independent, confidential clinician access; early intervention.	BRC: stronger trust
Clinical control	Employer participates in recovery and return-to-work process.	Diagnosis, treatment and readiness remain clinician-led.	BRC: independence
PTSD claims	Presumption remains, but early employer rebuttal is formalized.	Presumption respected; challenge when credible evidence raises a genuine issue.	BRC/current WSIB balance
Return to work	Mandatory services, occupational therapy, metrics and milestones.	Graduated clinician-led return plus sustained-recovery review.	Combine strengths
Benefits/cost	May reduce direct WSIB/loss-of-earnings exposure.	Adequate treatment and sustainable recovery prioritized.	Direct savings are not total savings
Morale/culture	May be perceived as employer-first or adversarial.	Safety, confidentiality and organizational accountability emphasized.	BRC: lower trust risk

THE COST QUESTION: RETAIN OR REPLACE?

A valid business case cannot count only WSIB or loss-of-earnings payments. If an experienced officer does not return, total cost can include vacancy and overtime, recruitment and screening, salary and benefits during development, mandatory training, uniforms and equipment, field training and supervision, productivity loss, future specialty training and lost institutional knowledge.

REHABILITATE + RETAIN	SEPARATE + REPLACE
Treatment • accommodation • graduated return • case management Every officer should receive timely, evidence-informed treatment and a genuine opportunity to achieve the fullest recovery possible. Goal: support recovery and safe, sustainable continuation in service wherever clinically and operationally appropriate.	Claim costs already incurred • vacancy • hiring • training • equipment • supervision • experience gap Result: workforce capacity must be rebuilt.

MORALE AND ORGANIZATIONAL HEALTH

The risk is prospective: there is no evidence that the resolution has already reduced morale. Canadian research nevertheless links leadership, staffing and workplace culture to mental-health outcomes. The OPP independent review found only 45% of respondents felt they would be supported if they raised a mental-health concern. Public Safety Canada also identifies absenteeism, retention difficulties, workload and lower morale. [3][4][5]

THE POLICY TEST Do not measure success simply by fewer claims, shorter claims or lower loss-of-earnings expenditure. Measure whether members seek help earlier, receive appropriate care, trust the system, return safely, remain well at 6 and 12 months and are sustainably retained. Presume where the law says presume. Treat where clinicians say treat. Challenge where credible evidence creates a genuine reason to challenge.

Sources: [1] OACP 2026-01 | [2] WSIB 15-03-13 | [3] CIPSRT | [4] OPP Review | [5] Public Safety Canada | [6] PHAC

Note: this is an evidence-informed policy comparison, not a controlled study of the two complete models. Resolution 2026-01 is a proposal and has not itself changed Ontario law.