



**Australian Government**  

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**Repatriation Medical Authority**

Twenty-ninth Annual Report  
**2022/2023**

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**Australian Government**  
**Repatriation Medical Authority**

The Hon. Matthew Keogh MP  
Minister for Veterans' Affairs  
Minister for Defence Personnel  
Parliament House  
CANBERRA ACT 2600

Dear Minister

On behalf of the Repatriation Medical Authority, I am pleased to submit this report for the year ended 30 June 2023.

Yours sincerely

A handwritten signature in black ink that reads "T. Campbell".

Professor Terence Campbell AM  
Chairperson

5 September 2023

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# Executive Statement by the Chairperson

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In this, its twenty-ninth year of operation, the Authority finalised fifty seven (57) investigations of the sound medical-scientific evidence for various conditions, one hundred and fourteen (114) Statements of Principles (SOPs) including SOPs for four (4) new conditions (diaphragmatic hernia, portal vein thrombosis, plantar fibromatosis, and retinal burn).

There are now 736 on the Federal Register of Legislation covering some 368 diseases and injuries related to service and each year there are more SOPs due to be made and/or updated and renewed.

## Workloads

Over the 2022/23 reporting period, fifty two (52) investigations involving either a complete review of an existing SOP or a determination of SOPs for a new condition were completed. As well, five (5) separate investigations involving some of the contents of the SOPs were finalised. The latter investigations are conducted when the Authority becomes aware of a deficiency in the existing SOP for a disease or injury either of its own accord or when it is notified by a serving member, a veteran, or the Military Rehabilitation and Compensation Commission or the Repatriation Commission (the Commissions) of such.

The Secretariat that provides support to the Authority maintained a stable staffing of seven (7) full-time medical research staff in an agency of twelve (12) full-time and part-time staff in the current reporting period.

## Royal Commission Into Defence and Veteran Suicide - Harmonisation of Legislation and Reduction of the DVA claims backlog

In this its second year, the Royal Commission issued its interim report and recommendations. The focus of the Royal Commission is on the systemic problems and solutions to suicide and suicidality among serving and ex-serving Australian Defence Force members. Two key recommendations of the interim report were for the government to, “implement legislative reforms to simplify and harmonise the veteran entitlement system” and “provide the necessary resources to DVA to allow them to reduce the backlog”.

As Chairperson of the Authority, I have offered the assistance of the Authority in the medico-scientific development of any processes and solutions that might help simplify the claims process and reduce the claims backlog. In addition, the Authority has also embarked on a process of simplification of both the language of the SOPs and the content of its website to help us better meet the needs of veterans.

## Burn Pits

Over the past twelve months I have watched developments in veteran’s entitlements in the United States with interest and in particular the passing of the historic “Honoring our Promise to Address Comprehensive Toxics Act of 2022” or PACT act which deals with toxic exposures emanating from open air combustion of waste in theatres of military operations in Iraq, Afghanistan and Asia. I know that these are also issues of concern for many Australian veterans.

Accordingly, the RMA has provided a burn pit “frequently asked questions” on its website showing veterans the best way to utilise the SOPs in circumstances where a disease or injury may be related to smoke inhalation or chemical exposure related to military service. In addition, it is standard RMA research practice to consider burn pits when they are researching a SOP for disease.

## Agent Orange

Between 1962 to 1971, during Operation Ranch Hand in Vietnam, the U.S. Air Force sprayed tactical **herbicides for control of vegetation**. These herbicides were named based on the colour of their barrels. During the war, around 20 million gallons of Agents Green, Pink, Purple, Blue, White, Orange, Orange II, Orange III, and Super Orange were sprayed in South Vietnam. The term “Agent Orange” became an umbrella term for these chemicals. The PACT act also applies to these exposures.

Australian troops were exposed to herbicides and insecticides in this era. Due to the ongoing level of concern amongst veterans about this exposure, the Authority has placed an Agent Orange “frequently asked questions” on its website showing how an RMA website factor search can be undertaken to link a phenoxy acid herbicide or dioxin to a particular kind of disease. The use of the Vietnam factor (a surrogate for exposure to Agent Orange) is also outlined.

## Meetings

The Authority held six in-person meetings for the determination of SOPs during the course of this year.

In May 2023, the Principal Medical Officer and I were also pleased to attend the national congress of the Vietnam Veterans’ Association of Australia and in June 2023, I was able to meet for the first time with the new Secretary of the Department of Veterans’ Affairs and her staff in Canberra.

## Appointments and Retirement

The RMA’s long standing Principal Medical Officer, Dr Justine Ward, retired this year and was replaced by Dr Edwin Nicoll. Dr Nicoll holds a medical degree, a Ph.D in the field of physiology and a first class honours degree in engineering from the University of Queensland. He has worked in prehospital care, general practice, emergency medicine, public health and in compensation medicine. He also spent 13 years as a compensation medical adviser in DVA and has experience in the use of the five recent compensation Acts. Dr Nicoll joined the RMA in 2016. He was a member of the Australian Army Reserve and is the son of a Vietnam War veteran.

Dr Nicoll brings a wealth of experience to his new role.

In the coming year there will be many challenges ahead. I am confident however that the organisation that I lead has both the will and the expertise to meet whatever lies before it in order to better support outcomes for veterans.



Terry Campbell AM

Chairperson

# Background and Function

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A formal review of the Veterans compensation program was prompted by the 1992 Auditor-General's report on the compensation provided to them and their dependants by the Department of Veterans' Affairs (DVA); the High Court case of *Bushell*<sup>1</sup>; and the inquiry by the Senate Committee on Legal and Constitutional Affairs. The Veterans' Compensation Review Committee, chaired by Professor Peter Baume, took evidence from the veteran community and issued its report, 'A Fair Go' in March 1994.

The Authority arose from the recommendation of the Baume Committee that an expert medical committee be formed. It was considered that such a committee would assist in providing a more equitable and consistent system of determining claims for disability pensions for veterans and their dependants.

The Government announced the establishment of the Authority in the 1994/95 Federal Budget. The *Veterans' Entitlements Act 1986* (the VEA) was amended to reflect this announcement on 30 June 1994.

The functions of the Authority are specified in s 196B of the VEA. The major function of the Authority is to determine SOPs in respect of particular kinds of injury, disease or death, based on "sound medical scientific evidence" for the purpose of applying the applicable standards of proof relating to veterans' matters; the "reasonable hypothesis" standard and the "reasonable satisfaction" (or "balance of probabilities") standard.

The passage of the *Military Rehabilitation and Compensation Act 2004* (the MRCA) extended the application of SOPs to the consideration of claims to have injury, disease or death accepted as service-related under that Act for all service on or after 1 July 2004.

A SOP in respect of a particular kind of injury, disease or death which applies for the purposes of the "reasonable hypothesis" standard of proof details the factors that must as a minimum exist and which must be related to relevant service rendered by a person, before it can be said that a reasonable hypothesis has been raised connecting an injury, disease or death of that kind with the circumstances of that service.

A SOP which applies for the purposes of the "reasonable satisfaction" standard of proof sets out the factors that must exist and which must be related to relevant service rendered by a person, before it can be said that, on the balance of probabilities, an injury, disease or death of that kind is connected with the circumstances of that service.

The Authority is not concerned with individual claims or cases, but with the task of developing SOPs in order for the Repatriation Commission and Military Rehabilitation and Compensation Commission to assess claims for disability pensions.

The function of the Authority is to conduct investigations either on its own initiative or when it receives a request under s 196E of the VEA in respect of a particular kind of injury, disease or death. Investigations may lead to the determination of a new SOP, an amendment of an existing SOP, or a decision not to determine or amend a SOP, depending upon whether the Authority is of the view that there is sufficient sound medical scientific evidence on which it can rely to determine a new, or amend an existing, SOP.

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1 *Bushell v Repatriation Commission* (1992) 175 CLR 408.

Sound medical scientific evidence is defined in s 5AB(2) of the VEA as follows:

“Information about a particular kind of injury, disease or death is taken to be sound medical-scientific evidence if:

1. the information:
  - (i) is consistent with material relating to medical science that has been published in a medical or scientific publication and has been, in the opinion of the Repatriation Medical Authority, subjected to a peer review process; or
  - (ii) in accordance with generally accepted medical practice, would serve as the basis for the diagnosis and management of a medical condition; and
2. in the case of information about how that kind of injury, disease or death may be caused – meets the applicable criteria for assessing causation currently applied in the field of epidemiology.”

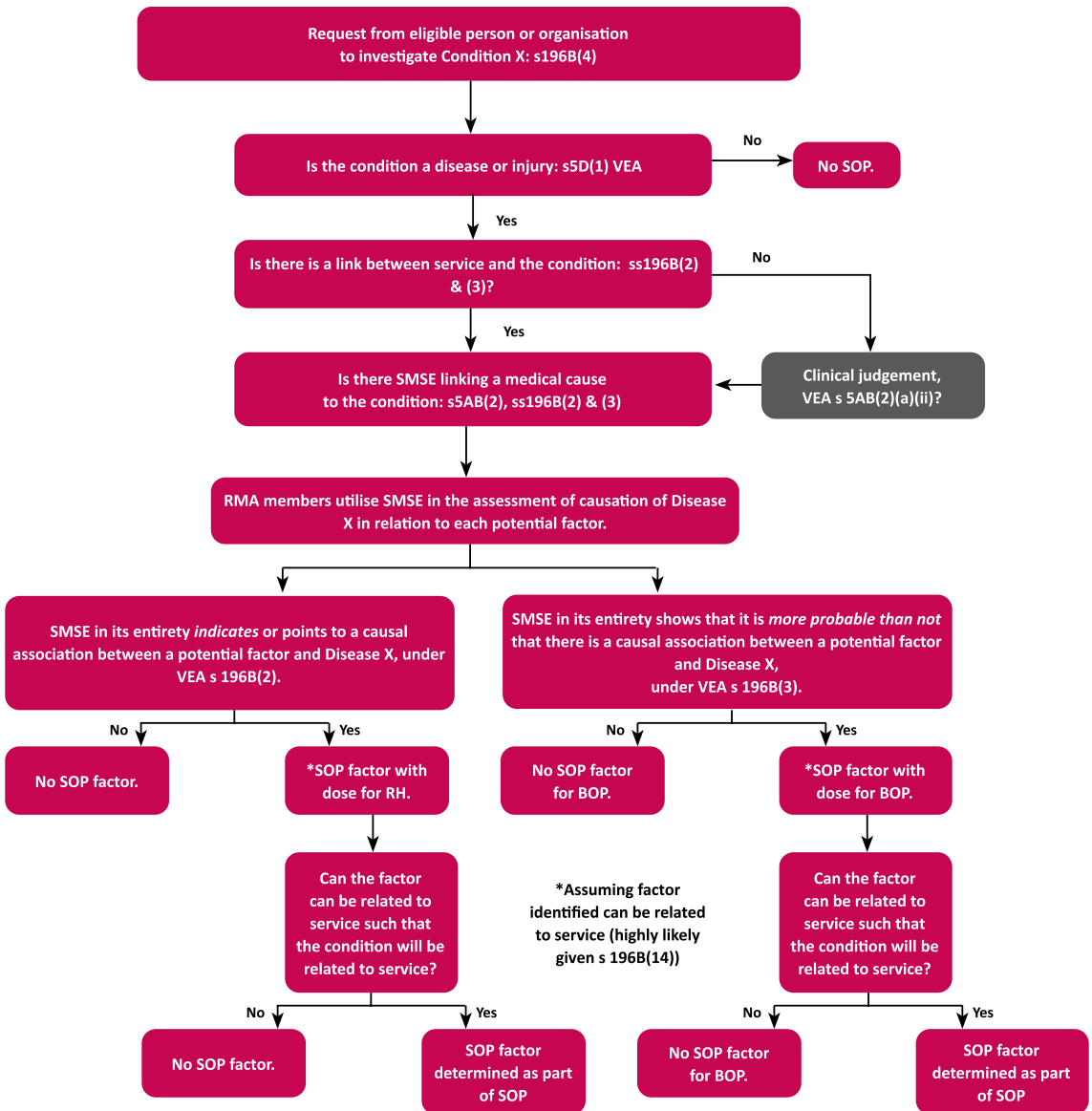
The *Veterans' Affairs Legislation Amendment (Statements of Principles and Other Measures) Act 2007*, which commenced in 2007, provides the Authority with the discretionary power to determine whether a review of the contents of an existing SOP should be undertaken in relation to some or all of the contents of the SOP.

A SOP is a legislative instrument for the purposes of the *Legislation Act 2003* (Legislation Act). The Legislation Act requires legislative instruments to be reissued within approximately ten years of determination, or automatically lapse (sunset) and cease to have legal effect except if extended by a resolution of Parliament or a certificate issued by the Attorney-General.

The flow chart (Figure 1) sets out the process of consideration adopted by the Authority in its determination of SOPs for a new condition. The process is the same for a review of an existing condition, except that consideration of whether the condition is a disease or injury is not usually necessary.



**Figure 1: Determination of Statements of Principles for a new condition**



A similar course of decision making occurs when the Authority initiates the SoP determination process of its own volition.

# The Authority

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## Members

The membership of the Repatriation Medical Authority comprises a Chairperson and four other Members who are all eminent medical or scientific experts. Members work on a part-time basis and are appointed by the Minister for Veterans' Affairs. There is a legislative requirement for at least one Member to have at least five years' experience in the field of epidemiology. Members hold office for such period, not exceeding five years, as is specified in the instrument of appointment. They are eligible for reappointment.

The Repatriation Medical Authority consists of Professor Terence Campbell, who commenced as Chairperson from 1 July 2021, with Professors Gerard Byrne, Flavia Cicuttini, Jenny Doust and Michael Hensley as Members.



**Professor Terence Campbell AM, MD (UNSW), DPhil (Oxon), FRACP.** Professor Campbell is a Fellow and Past-President of the Cardiac Society of Australia and New Zealand and is now Emeritus Professor of Medicine at the University of New South Wales (UNSW) and a Pro-Chancellor, having been both Professor of Medicine at St Vincent's Hospital, Sydney, and Deputy Dean of Medicine at UNSW. In 2003 Professor Campbell was awarded a Member, Order of Australia (AM) for service to medicine.

Professor Campbell's term of appointment is to 30 June 2026.



**Professor Gerard Byrne, BSc(Med), MBBS (Hons), PhD, FRANZCP.** Professor Byrne is Head of the Discipline of Psychiatry within the School of Clinical Medicine at the University of Queensland and Director of Geriatric Psychiatry at the Royal Brisbane and Women's Hospital. He chairs the Research Advisory Committee at the Royal Brisbane and Women's Hospital and is a member of the advisory board of the Clem Jones Centre for Ageing Dementia Research at the Queensland Brain Institute. Professor Byrne has active research interests in depression, anxiety and dementia in older people.

Professor Byrne's term of appointment is to 30 June 2025.



**Professor Flavia Cicuttini AM**, MBBS (Monash), PhD , FRACP, MSc (Lond), DLSHTM, FAFPHM, FAAHMS. Professor Cicuttini is Head of Rheumatology, Alfred Hospital and Head of Musculoskeletal Unit, School of Epidemiology and Preventive Medicine, Monash University. Professor Cicuttini leads an active research group aimed at developing new approaches to the prevention and treatment of osteoarthritis.

Professor Cicuttini was first appointed to the Authority on 1 July 2009, and her current term of appointment expires on 30 June 2026.



**Professor Jenny Doust**, BA, BEcons, BMBS, Grad Dip Clin Epi, PhD, FRACGP. Professor Doust is Professor of Clinical Epidemiology in the Centre for Research in Evidence Based Practice at Bond University and Clinical Professorial Research Fellow in the Centre for Longitudinal and Lifecourse Research at the University of Queensland. She also works as a general practitioner in Brisbane. Her research areas of interest are the use of diagnostic, screening and monitoring tests in general practice and the problem of overdiagnosis. Professor Doust is also a member of Working Group for Cochrane Collaboration Systematic Review of Diagnostic Test Accuracy and the Queensland Government 'My Health for Life' Clinical Advisory Group.

Professor Doust's term of appointment is to 30 September 2025.



**Professor Michael Hensley** MBBS, PhD, FRACP. Professor Hensley is Director of Medical Services at the Royal Prince Alfred Hospital, Sydney and Emeritus Professor of Medicine of the University of Newcastle. Professor Hensley is a sleep and respiratory physician.

Professor Hensley's term of appointment is to 4 April 2027.

## Member remuneration

Since June 1998, the Remuneration Tribunal has determined the remuneration for the Chairperson and Members of the Authority.

The Chairperson and Members receive an annual retainer, and a daily allowance payable for attendance at meetings and other business of the Authority. The details of the rates payable during the reporting period are contained in *Remuneration Tribunal (Remuneration and Allowances for Holders of Part-time Public Office) Determination No. 1 2023* effective 10 June 2023. The Remuneration Tribunal reviews the rates annually. The provisions applying to travel for the Authority on official business for the 2022/23 year are contained in the *Remuneration Tribunal (Official Travel) Determination 2022*, this Determination having effect from 28 August 2022.

## Meetings

The Authority held meetings in person in Brisbane during 2022/23 on the following dates:

2 August 2022	7 February 2023
4 October 2022	4 April 2023
6 December 2022	6 June 2023

In accordance with s 196R of the VEA, minutes are kept of the proceedings of each meeting.

## RMA Secretariat

The staff (see Appendix 1 – RMA Secretariat staffing structure) necessary to assist the Authority consists of persons appointed or employed under the *Public Service Act 1999* and made available to the Authority by the Secretary of the DVA. For the year 2022/23, staffing of the Secretariat equated to 11.5 FTE (Full-Time Equivalent) positions.

## Website

The Authority's website address is <http://www.rma.gov.au>. The website offers direct access to SOPs, Authority publications, and information on current investigations and reviews. The Legislation Act requires the Authority to prepare compilations of SOPs where a SOP is amended, and links to those compilation SOPs are provided on the Authority's website, as well as to the Principal Instrument and each Amendment SOP.

Initially created in 2000, the Authority's website facilitates accessibility and timeliness of services to clients and stakeholders. Features of the website include:

- ease of access to view on smart phones and tablets;
- a comprehensive site map to enhance website navigation;
- a Frequently Asked Questions (FAQs) page;
- the facility to electronically lodge requests for investigation or review of SOPs, and submissions in relation to investigations and reviews being undertaken; and
- current and historical information, including SOPs, Explanatory Statements tabled in Parliament and other important documents regarding a disease or injury which are available on a single page specific to each condition.

The website received more than 355,314 unique visits over the course of the 2022/23 year. As at 30 June 2023, there were 734 subscribers receiving updates. Subscribers to the website receive notification of all changes to the website, including outcomes of meetings, SOPs determined and investigations advertised or completed.

The Authority regards the website as its principal method of communicating information, distributing SOPs and related information, and interacting with stakeholders.

## Freedom of Information

Agencies subject to the *Freedom of Information Act 1982* (FOI Act) are required to publish information to the public as part of the Information Publication Scheme (IPS). Each agency must display on its website a plan showing what information it publishes in accordance with the IPS requirements. The plan and other published information can be accessed on the Authority website at <http://www.rma.gov.au/foi/main.htm>.

Two requests under the FOI Act were received during the reporting period.

**Table 1: Requests under the FOI Act**

	2022/23	2021/22	2020/21
Information requested/provided under s 196I <sup>1</sup>	3	3	5
Requests received	9	5	7
Invalid requests	0	0	0
Requests granted	6	5	6
Requests refused	3	0	1
Requests completed <sup>2</sup>	9	5	7

- Section 196I of the VEA which provides for eligible persons and organisations to access documents containing information considered by the Authority as part of an investigation, is the Authority's preferred mechanism for providing information and incurs no charge. In some cases not all aspects of a request can be addressed under s 196I. In 2022-2023 all requests under s 196I could be granted.
- Some requests completed may have been dealt with in a number of ways (e.g., some information requested being provided under s 196I, some information requested being refused in part as exempt and access granted to other information requested). Where no documents are available, the FOI act considers this to be a refusal. Accordingly, the number of completed requests may not always equate to the total numbers in each column.

# Statements of Principles

## Determinations

At its formal meetings during 2022/23, the Authority determined a total of 115 SOPs. The various categories of SOPs determined are set out in Table 2, and the specific SOPs repealed and determined are detailed in Appendix 2.

**Table 2: Statements of Principles**

Action	2022/23	2021/22	2020/21
Repealed SOPs <sup>1</sup>	94	78	98
Re-issued SOPs <sup>2,3</sup>	94	78	96
SOPs issued for new conditions <sup>4</sup>	9	10	12
Amended SOPs <sup>5</sup>	11	20	19
Other instruments determined <sup>6</sup>	0	3	1
Total number of SOPs determined	114	108	127

- 1 The figures cited refer only to SOPs which are the Principal Instrument. Amending SOPs are automatically repealed pursuant to section 48 of the Legislation Act 2003.
- 2 The description and definition of the kind of injury, disease or death with which the SOP is concerned may vary slightly from that of the repealed SOP due to changes in accepted nomenclature and developments in medical science.
- 3 An investigation may be conducted into some of the contents of a SOP (s 196B(7A) of the VEA). This may result in an amendment to only one of the SOPs for a particular kind of injury, disease or death.
- 4 This figure includes the Veterans' Entitlements (Statements of Principles definition of 'one pack year') amendment determination.
- 5 This figure includes the amended SOP for Restless Legs. As the amendment was administrative in nature no Notice of Investigation issued in respect of this amendment.
6. This is the number of investigations that resulted in relevant declarations that a SOP would not be determined or amended in accordance with ss 196B(6) & (9) of the VEA.

Since its inception, the Authority has determined 2925 SOPs, with 368 particular kinds of injury or disease currently covered by SOPs.

## Investigations and reviews

Under s 196E of the VEA the Repatriation Commission, the Military Rehabilitation and Compensation Commission, an ex-service person or eligible dependant, an organisation representing veterans or their dependants, or a person eligible to make a claim under the MRCA may request the Authority to carry out an investigation in respect of a particular kind of injury, disease or death, or to review the contents of a SOP. Subsection 196B(7A) of the VEA allows the Authority, at its discretion, to review some, rather than all of the contents of a SOP. Those reviews which the Authority determined should be restricted to some of the contents of the relevant SOP are referred to as "focused reviews".

**Table 3: Overview of investigations and reviews**

Category	2022/23	2021/22	2020/21
Investigations notified <sup>1</sup>	3	6	4
Legislation Act reviews notified <sup>2</sup>	26	58	41
Focused reviews notified <sup>3</sup>	2	11	33
Total investigations and reviews notified	31	75	78
Total investigations and reviews completed <sup>4</sup>	57	58	65
Average time taken in days to complete <sup>5</sup>	370 (395)	282 (345)	240 (273)
Focused reviews completed	6	14	11
Average time in days taken to complete focused reviews	120	131	74
Investigations and reviews notified in previous reporting periods and yet to be completed <sup>7</sup>	17	25	8
Investigations and reviews notified in reporting period and yet to be completed <sup>6</sup>	25	61	61
Total investigations and reviews outstanding	42	86	69
Requests for investigation or review refused	11	10	17

- 1 An investigation is undertaken pursuant to s 196B(4) to determine whether a SOP may be determined.
- 2 These figures refer only to reviews of all of the contents of the particular SOPs prior to their repeal pursuant to the sunset provisions in s 50 of the Legislation Act.
- 3 A focused review is undertaken pursuant to s 196B(7A) and is restricted to some of the contents of a previously determined SOP.
- 4 These figures include all investigations and reviews completed, including focused reviews.
- 5 Time taken is measured from date of Gazette notice of investigation to day of commencement of SOP determined, or to date of Gazette notice of Declaration that no SOP or Amendment SOP is to be determined, and expressed in days. The initial figure is the average time taken for all investigations and reviews. The average time taken for full investigations and full reviews (that is, excluding focused reviews) follows in brackets.
- 6 The investigations and reviews advertised but not finalised as at 30 June 2023 are detailed in Appendix 3.

**Table 4: Outcome of investigations and reviews**

Subject of investigation or review	Outcome
1. Chronic lymphocytic leukaemia/small lymphocytic lymphoma	Previous Statements of Principles concerning Chronic lymphocytic leukaemia/small lymphocytic lymphoma repealed and new Statements of Principles determined concerning mature B-cell lymphoid leukaemia and small lymphocytic lymphoma.
2. Creutzfeld-Jakob disease	Previous Statements of Principles concerning Creutzfeld-Jakob disease repealed and new Statements of Principles determined
3. malignant neoplasm of the anus and anal canal	Previous Statements of Principles concerning malignant neoplasm of the anus and anal canal repealed and new Statements of Principles determined.
4. epilepsy	Previous Statements of Principles concerning epilepsy repealed and new Statements of Principles determined.
5. steatohepatitis	Previous Statements of Principles concerning steatohepatitis repealed and new Statements of Principles determined.
6. allergic contact dermatitis*	Amendment Statements of Principles concerning allergic contact dermatitis determined.
7. conjunctivitis*	Amendment Statements of Principles concerning conjunctivitis determined.
8. asthma*	Amendment Statements of Principles concerning asthma determined
9. definition of ‘pack year’* (this determination amends 37 separate SOPs for 19 conditions which refer to “ pack year” )	Veterans’ Entitlements (Statements of Principles definition of ‘one pack year’) amendment determination.
10. acute stress disorder	Previous Statements of Principles concerning acute stress disorder repealed and new Statements of Principles determined.
11. posttraumatic stress disorder	Previous Statements of Principles concerning posttraumatic stress disorder repealed and new Statements of Principles determined.
12. diaphragmatic hernia	New Statements of Principles concerning diaphragmatic hernia determined.
13. leptospirosis	Previous Statements of Principles concerning leptospirosis repealed and new Statements of Principles determined.



Subject of investigation or review	Outcome
14. malignant neoplasm of unknown primary site	Previous Statements of Principles concerning malignant neoplasm of unknown primary site repealed and new Statements of Principles determined.
15. pleural plaque	Previous Statements of Principles concerning pleural plaque repealed and new Statements of Principles determined.
16. portal vein thrombosis	New Statements of Principles concerning portal vein thrombosis determined.
17. rotator cuff syndrome	Previous Statements of Principles concerning rotator cuff syndrome repealed and new Statements of Principles determined.
18. allergic rhinitis	Previous Statements of Principles concerning allergic rhinitis repealed and new Statements of Principles determined.
19. restless legs syndrome	Previous Statements of Principles concerning restless legs syndrome repealed and new Statements of Principles determined
20. gingivitis*	Amendment Statements of Principles concerning gingivitis determined.
21. atrial fibrillation and atrial flutter	Previous Statements of Principles concerning atrial fibrillation and atrial flutter repealed and new Statements of Principles determined.
22. malignant neoplasm of the prostate	Previous Statements of Principles concerning malignant neoplasm of the prostate repealed and new Statements of Principles determined.
23. epicondylitis	Previous Statements of Principles concerning epicondylitis repealed and new Statements of Principles determined.
24. warts	Previous Statements of Principles concerning warts repealed and new Statements of Principles determined.
25. vascular neurocognitive disorder	Previous Statements of Principles concerning vascular neurocognitive disorder repealed and new Statements of Principles determined.
26. cervical spondylosis	Previous Statements of Principles concerning cervical spondylosis repealed and new Statements of Principles determined.
27. thoracic spondylosis	Previous Statements of Principles concerning thoracic spondylosis repealed and new Statements of Principles for Thoracolumbar spondylosis determined.

Subject of investigation or review	Outcome
28. lumbar spondylosis	Previous Statements of Principles concerning lumbar spondylosis repealed and new Statements of Principles for Thoracolumbar spondylosis determined.
29. mitral valve prolapse	Previous Statements of Principles concerning mitral valve prolapse repealed and new Statements of Principles determined.
30. chronic obstructive pulmonary disease	Previous Statements of Principles concerning chronic obstructive pulmonary disease repealed and new Statements of Principles determined.
31. periodic limb movement disorder	Previous Statements of Principles concerning periodic limb movement disorder repealed and new Statements of Principles determined.
32. plantar fibromatosis	New Statements of Principles concerning plantar fibromatosis determined.
33. decompression illness	Previous Statements of Principles concerning decompression illness repealed and new Statements of Principles determined.
34. herpes zoster	Previous Statements of Principles concerning herpes zoster repealed and new Statements of Principles determined for shingles and postherpetic neuralgia determined.
35. retinal burn	New Statements of Principles concerning retinal burn determined.
36. chickenpox	Previous Statements of Principles concerning chickenpox repealed and new Statements of Principles determined.
37. albinism	Previous Statements of Principles concerning albinism repealed and new Statements of Principles determined
38. alpha-1 antitrypsin deficiency	Previous Statements of Principles concerning alpha-1 antitrypsin deficiency repealed and new Statements of Principles determined.
39. autosomal dominant polycystic kidney disease	New Statements of Principles concerning autosomal dominant polycystic kidney disease determined.
40. Gaucher's disease	Previous Statements of Principles concerning Gaucher's disease repealed and new Statements of Principles determined concerning Gaucher disease.
41. haemophilia	Previous Statements of Principles concerning haemophilia repealed and new Statements of Principles determined.

Subject of investigation or review	Outcome
42. hereditary spherocytosis	Previous Statements of Principles concerning hereditary spherocytosis repealed and new Statements of Principles determined.
43. multiple osteochondromatosis	Previous Statements of Principles concerning multiple osteochondromatosis repealed and new Statements of Principles determined.
44. von Willebrand's disease	Previous Statements of Principles concerning von Willebrand's disease repealed and new Statements of Principles for von Willebrand disease determined.
45. Wilson's disease	Previous Statements of Principles concerning Wilson's disease repealed and new Statements of Principles for Wilson disease determined.
46. Huntington's chorea	Previous Statements of Principles concerning Huntington's chorea repealed and new Statements of Principles for Huntington disease determined.
47. Marfan syndrome	Previous Statements of Principles concerning Marfan syndrome repealed and new Statements of Principles for Marfan syndrome determined
48. osteogenesis imperfecta	Previous Statements of Principles concerning osteogenesis imperfecta repealed and new Statements of Principles determined.
49. melioidosis	Previous Statements of Principles concerning melioidosis repealed and new Statements of Principles determined.
50. chronic myeloid leukaemia	Previous Statements of Principles concerning chronic myeloid leukaemia repealed and new Statements of Principles determined.
51. external burn*	Amendment Statements of Principles concerning external burn determined.
52. Paget's disease of bone	Previous Statements of Principles concerning Paget's disease of bone repealed and new Statements of Principles for Paget disease of bone determined.
53. Pulmonary Barotrauma	Previous Statements of Principles concerning Pulmonary Barotrauma repealed and new Statements of Principles determined.
54. intervertebral disc prolapse	Previous Statement of Principles concerning intervertebral disc prolapse repealed and new Statements of Principles for cervical intervertebral disc prolapse and thoracolumbar intervertebral disc prolapse determined.

Subject of investigation or review	Outcome
55. Hodgkin's lymphoma	Previous Statements of Principles concerning Hodgkin's lymphoma repealed and new Statements of Principles for Hodgkin lymphoma determined.
56. peripheral neuropathy	Previous Statements of Principles concerning peripheral neuropathy repealed and new Statements of Principles determined.
57. malignant neoplasm of the stomach	Previous Statements of Principles concerning malignant neoplasm of the stomach repealed and new Statements of Principles determined.

[\*] This investigation was restricted to the notified focus of the review of the relevant SOPs as indicated.

In summary, the Authority commenced the 2022/23 year with 68 investigations outstanding. During the course of the year, the Authority notified 31 further investigations, completed 57 investigations and as at 30 June 2023 had 42 ongoing investigations.

## Distribution

The shift in the method of distributing SOPs has continued during the reporting period. Since the establishment of the Authority website, most individuals and/or organisations access the SOPs through the website. SOPs continue to be physically distributed to 12 organisations and individuals.

Since 1 January 2005, all new SOPs determined by the Authority have been lodged with the Attorney-General's Department for registration on the Federal Register of Legislation (FRL), and subsequent tabling in both Houses of Parliament. The FRL website (<http://www.legislation.gov.au>) is the repository of the authoritative version of the Authority's determinations.

# Reviews by the Specialist Medical Review Council

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The VEA provides that the Repatriation Commission, the Military Rehabilitation and Compensation Commission, an ex-service person or an eligible dependant, an organisation representing veterans or a person eligible to make a claim under the MRCA may ask the Specialist Medical Review Council (SMRC) to review:

- some or all of the contents of a SOP; or
- a decision of the Authority not to make or amend a SOP in respect of a particular kind of injury, disease or death; or
- a decision by the Authority under s 196C(4) of the VEA not to carry out an investigation in respect of a particular kind of injury, disease or death.

## Reviews

In the period 1 July 2022 to 30 June 2023, the Authority received one request for review by the SMRC concerning Hashimoto Thyroiditis.

# Department of Veterans' Affairs

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Although the Authority is separate and independent of the DVA in its decision making, the Department provided the Authority with assistance and support during the year including the staff necessary to assist the Authority (s 196T of the VEA).

As in previous years, for the purposes of ss 120A(2) and 120B(2) of the VEA, the Authority consulted with DVA in order to ascertain what kinds of injury, disease or death were the most frequently claimed and the number of claims outstanding. The Department also assisted the Authority by providing Corporate Services support in the areas of Human Resource and Payroll Services, Financial Services, Office Services and Information Technology Services.

## Ex-Service Organisations, Veterans and Members

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The Authority has a policy of regular meetings with leading office bearers and officials involved with the compensation claims system, as well as accepting invitations to attend congresses of the major Ex-Service Organisations (ESOs) throughout the year. The Authority also regularly receives a number of enquires about the SOPs and their operation from ESOs, veterans and serving members.

The Authority's Chairperson and Principal Medical Officer attended the Vietnam Veteran's Association of Australia, National Congress on 11 May 2023.

# Financial

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A summary of cash expenditure incurred by the Authority in 2022/23 with comparison to 2021/22 and 2020/21 is detailed in Table 5.

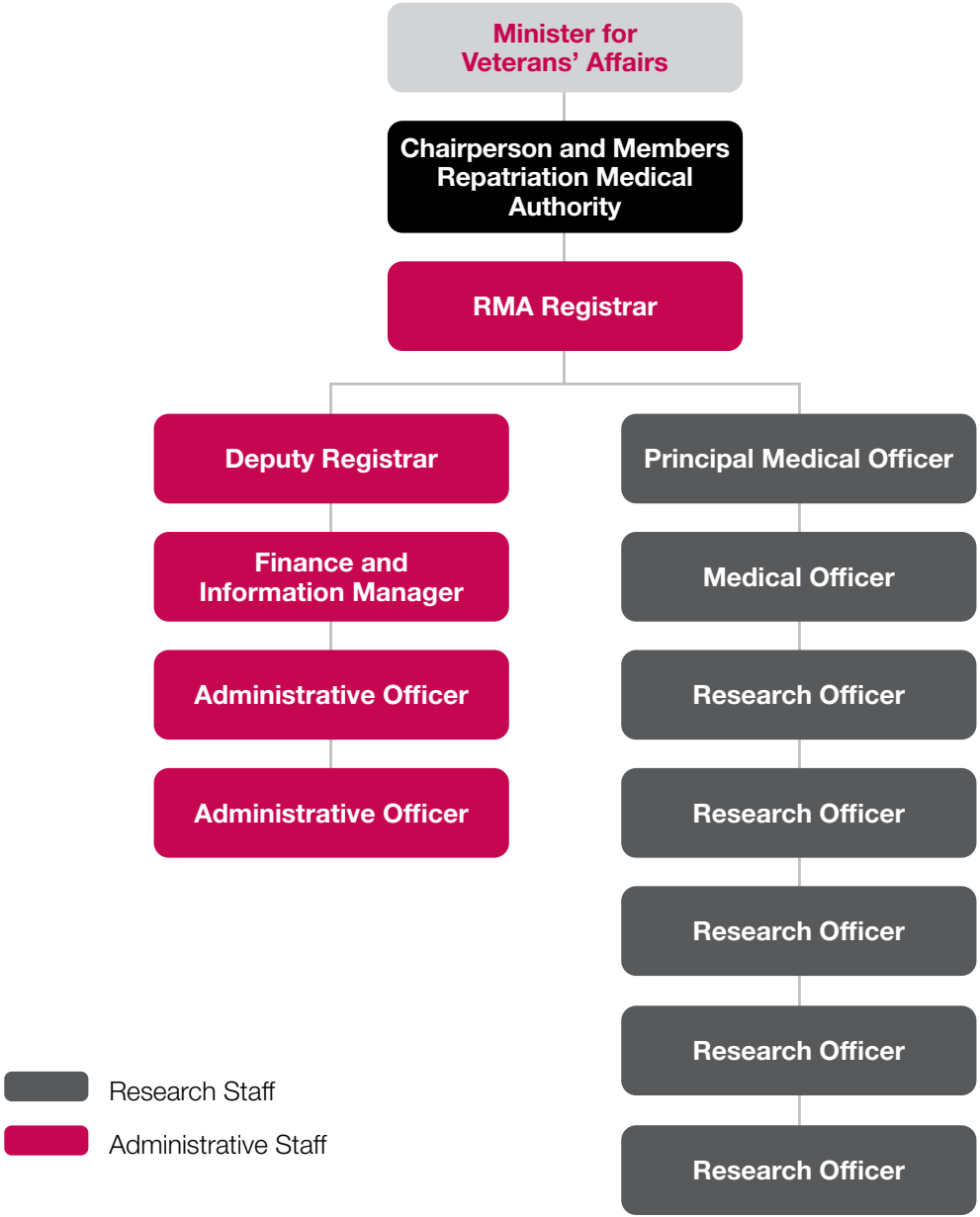
Financial information prepared on an accrual basis is included in the DVA Financial Statements.

**Table 5: Financial expenditure**

Item	2022/23	2021/22	2020/21
Salary and related expenses	<b>\$1,863,967.00</b>	<b>\$2,060,671.00</b>	\$2,111,929.00
Administrative expenses	<b>\$50,778.00</b>	<b>\$31,858.00</b>	\$30,848.00
Legal expenses	\$0	\$0.00	\$1,056.00
<b>Total expenditure</b>	<b>\$1,914,745.00</b>	<b>\$2,092,529.00</b>	<b>\$2,143,833.00</b>

# Appendices

## Appendix 1: RMA Secretariat staffing structure



Note: A number of the positions are staffed on 'a part-time basis'.



## Appendix 2: Statements of Principles determined 2022/23

Instrument No.	Title	Date Determined	Other Comments
78 & 79/2022	1) lymphoid leukaemia and small lymphocytic lymphoma	02/08/2022	78 repeals 84/2014 79 repeals 85/2014
80 & 81/2022	2) Creutzfeld-Jakob disease	02/08/2022	80 repeals 76/2014 81 repeals 77/2014
82 & 83/2022	3) malignant neoplasm of the anus and anal canal	02/08/2022	82 repeals 51/2013 83 repeals 52/2013
84 & 85/2022	4) epilepsy	02/08/2022	84 repeals 75/2013 85 repeals 76/2013
86 & 87/2022	5) steatohepatitis	02/08/2022	86 repeals 79/2013 87 repeals 80/2013
88 & 89/2022	6) allergic contact dermatitis	02/08/2022	88 amends 1/2021 89 amends 2/2021
90 & 91/2022	7) conjunctivitis	02/08/2022	90 amends 76/2020 91 amends 77/2020
92 & 93/2022	8) asthma	02/08/2022	92 amends 31/2020 93 amends 32/2020
94/2022	9) Veterans' Entitlements (Statements of principles- 'one pack year' definition) Amendment determination 2022	02/08/2022	new
95 & 96/2022	10) acute stress disorder	04/10/2022	95 repeals 41/2014 96 repeals 42/2014
97 & 98/2022	11) posttraumatic stress disorder	04/10/2022	97 repeals 82/2014 98 repeals 83/2014
99 & 100/2022	12) diaphragmatic hernia	04/10/2022	New condition
101 & 102/2022	13) leptospirosis	04/10/2022	101 repeals 94/2015 102 repeals 95/2015
103 & 104/2022	14) malignant neoplasm of unknown primary site	04/10/2022	103 repeals 80/2014 104 repeals 81/2014
105 & 106/2022	15) pleural plaque	04/10/2022	105 repeals 45/2014 106 repeals 46/2014
107 & 108/2022	16) portal vein thrombosis	04/10/2022	New condition
109 & 110/2022	17) rotator cuff syndrome	04/10/2022	109 repeals 100/2014 110 repeals 101/2014
111 & 112/2022	18) allergic rhinitis	04/10/2022	111 repeals 22/2014 112 repeals 23/2014
113 & 114/2022	19) restless legs syndrome	04/10/2022	113 repeals 20/2014 114 repeals 21/2014
115 & 116/2022	20) gingivitis	04/10/2022	115 amends 17/2022 116 amends 18/2022

<b>Instrument No.</b>	<b>Title</b>	<b>Date Determined</b>	<b>Other Comments</b>
1&2 /2023	21) atrial fibrillation and atrial flutter	06/12/2022	1 repeals 49/2014 2 repeals 50/2014
3&4/2023	22) malignant neoplasm of the prostate	06/12/2022	3 repeals 53/2014 4 repeals 54/2014
5&6/2023	23) epicondylitis	06/12/2022	5 repeals 7/2015 6 repeals 8/2015
7&8/2023	24) warts	07/02/2023	15 repeals 70/2014 16 repeals 71/2014
9 & 10/2023	25) vascular neurocognitive disorder	07/02/2023	9 repeals 78/2014 10 repeals 79/2014
11 & 12/2023	26) cervical spondylosis	07/02/2023	11 repeals 66/2014 12 repeals 67/2014
13 & 14/2023	27) thoracolumbar spondylosis	07/02/2023	13 repeals 64 & 62 /2014 14 repeals 65 & 63 /2014
15 & 16/2023	28) mitral valve prolapse	07/02/2023	15 repeals 43/2014 16 repeals 44/2014
17 & 18/2023	29) chronic obstructive pulmonary disease	07/02/2023	17 repeals 37 of 2014 18 repeals 38 of 2014
19 & 20/2023	30) periodic limb movement disorder	07/02/2023	19 repeals 26/2014 20 repeals 27/2014
21 & 22/2023	31) plantar fibromatosis	04/04/2023	New condition
23 & 24/2023	32) decompression illness	04/04/2023	23 repeals 13/2015 24 repeals 14/2015
25 & 26/2023	33) retinal burn	04/04/2023	New condition
27 & 28/2023	34) shingles and postherpetic neuralgia	04/04/2023	47 repeals 47/2015 48 repeals 48/2015
29 & 30/2023	35) chickenpox	04/04/2023	29 repeals 87/2015 30 repeals 88/2015
31 & 32/2023	36) albinism	04/04/2023	31 repeals 19/2015 32 repeals 20/2015
33 & 34/2023	37) alpha-1 antitrypsin deficiency	04/04/2023	33 repeals 29/2015 34 repeals 30/2015
35 & 36/2023	38) autosomal dominant polycystic kidney disease	04/04/2023	35 repeals 39/2015 36 repeals 40/2015
37 & 38/2023	39) Gaucher disease	04/04/2023	37 repeals 27/2015 38 repeals 28/2015
39 & 40/2023	40) haemophilia	04/04/2023	39 repeals 23/2015 40 repeals 24/2015

<b>Instrument No.</b>	<b>Title</b>	<b>Date Determined</b>	<b>Other Comments</b>
41 & 42/2023	41) hereditary spherocytosis	04/04/2023	41 repeals 67/2015 42 repeals 68/2015
43 & 44 /2023	42) multiple osteochondromatosis	04/04/2023	43 repeals 43/2015 44 repeals 44/2015
45 & 46/2023	43) von Willebrand disease	04/04/2023	45 repeals 41/2015 46 repeals 42/2015
47 & 48/2023	44) Wilson disease	04/04/2023	47 repeals 33/2015 48 repeals 34/2015
49 & 50/2023	45) Huntington disease	04/04/2023	49 repeals 37/2015 50 repeals 38/2015
51 & 52/2023	46) Marfan syndrome	04/04/2023	51 repeals 25/2015 52 repeals 26/2015
53 & 54 /2023	47) osteogenesis imperfecta	04/04/2023	53 repeals 35/2015 54 repeals 36/2015
55 & 56/2023	48) melioidosis	04/04/2023	55 repeals 60/2014 56 repeals 61/2014
57 & 58/2023	49) chronic myeloid leukaemia	04/04/2023	57 repeals 57/2014 58 repeals 58/2014
59 & 60/2023	50) external burn	04/04/2023	59 amends 110/2015 60 amends 111/2015
61/2023	51) restless legs syndrome	04/04/2023	61 amends 111/2022
62 & 63/2023	52) Paget disease of bone	06/06/2023	62 repeals 49/2015 63 repeals 50/2015
64 & 65/2023	53) Pulmonary Barotrauma	06/06/2023	64 repeals 15/2015 65 repeals 16/2015
66 & 67/2023	54) cervical intervertebral disc prolapse	06/06/2023	66 repeals 43/2016 67 repeals 44/2016
68 & 69/2023	55) thoracolumbar intervertebral disc prolapse	06/06/2023	68 repeals 43/2014 69 repeals 44/2014
70 & 71/2023	56) Hodgkin lymphoma	06/06/2023	70 repeals 35/2016 71 repeals 36/2016
72 & 73/2023	57) peripheral neuropathy	06/06/2023	72 repeals 74/2014 73 repeals 75/2014
74 & 75/2023	58) malignant neoplasm of the stomach	06/06/2023	74 repeals 58/2014 75 repeals 59/2014

### Appendix 3: Outstanding investigations and reviews as at 30/06/2023

The following investigations and reviews were notified in the Government Notices Gazette on the date indicated, but had not been finalised as at 30 June 2023.

Reviews listed in Table 6 refer to action undertaken by the Authority pursuant to ss 196B(7) of the VEA. S 196B(7) provides for the review of the entirety of a SOP.

**Table 6: Outstanding reviews pursuant to s 196B(7)**

Review	Instrument No.	Date of Gazettal
1) Achilles tendinopathy and bursitis	Nos. 96 & 97/2025	01/11/2022
2) acute myeloid leukaemia	Nos. 71 & 72/2015	01/11/2022
3) anxiety disorder	Nos. 102 & 103/2014	01/05/2022
4) arachnoid cyst	Nos. 91 & 92/2015	01/11/2022
5) cardiomyopathy	Nos. 85 & 86/2015	01/11/2022
6) cerebrovascular accident	Nos. 65 & 66/2015	01/11/2022
7) Charcot-Marie-Tooth disease	Nos. 21 & 22/2015	10/05/2022
8) depressive disorder	Nos. 83 & 84/2015	01/11/2022
9) external burn	Nos. 110 & 111/2015	01/11/2022
10) fracture	Nos. 94 & 95/2015	04/01/2023
11) gastric ulcer and duodenal ulcer	Nos. 61 & 62/2015	01/11/2022
12) hallux valgus	Nos. 99 & 99/2015	01/11/2022
13) hepatitis A	Nos. 63 & 64/2015	01/11/2022
14) hepatitis E	Nos. 112 & 113 /2015	01/11/2022
15) horseshoe kidney	Nos. 31 & 32/2015	10/05/2022
16) ingrowing nail	Nos. 106 & 107/2015	01/11/2022
17) lipoma	Nos. 100 & 101/2015	01/11/2022
18) malignant melanoma of the skin	Nos. 102 & 103/2015	01/11/2022
19) Malignant neoplasm of the bile duct	Nos. 69 & 70/2015	01/11/2022
20) Malignant neoplasm of the gallbladder	Nos. 89 & 90/2015	01/11/2022
21) Malignant neoplasm of the breast	Nos. 96 & 97/2014	10/05/2022
22) Malignant neoplasm of the lung	Nos. 92 & 93/2014	10/05/2022
23) Malignant neoplasm of the salivary gland	Nos. 57 & 58/2015	10/05/2022
24) Malignant neoplasm of the small intestine	Nos. 1&2/2015	02/11/2021
25) Malignant neoplasm of the testis and paratesticular tissues	Nos. 3 & 4/2015	10/05/2022
26) Meniere's disease	Nos. 108 & 109/2015	01/11/2022
27) mesothelioma	Nos. 104 & 105/2015	04/01/2023
28) myasthenia gravis	Nos.75 & 76/2015	04/01/2023
29) myelodysplastic syndrome	Nos. 73 & 74/2015	04/01/2023
30) neoplasm of the pituitary gland	Nos. 53 & 54/2015	10/05/2022
31) osteomyelitis	Nos. 90 & 91/2014	10/05/2022

Review	Instrument No.	Date of Gazettal
32) osteoporosis	Nos. 98 & 99/2014	10/05/2022
33) plantar fasciitis	Nos 51 & 52/2015	10/05/2022
34) seborrhoeic keratosis	Nos. 55 & 56/2015	10/05/2022
35) shin splints	Nos. 9 & 10/2015	10/05/2022
36) soft tissue sarcoma	Nos. 5 & 6/2015	10/05/2022
37) tardive dyskinesia	New condition	28/04/2023
38) tinea	Nos. 11 & 12/2015	10/05/2022
39) trigeminal neuralgia	Nos.77 & 78/2015	04/01/2023
40) trigeminal neuropathy	Nos. 79 & 80/2015	04/01/2023
41) trochanteric bursitis and gluteal tendinopathy	Nos. 45 & 46/2015	10/05/2022
42) tuberculosis	Nos. 81&82/2015	01/11/2022



# Glossary of terms

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BOP	Balance of Probabilities
DVA	Department of Veterans' Affairs
ESO	Ex-Service Organisation
FAQs	Frequently Asked Questions
FOI	Freedom of Information
FRL	Federal Register of Legislation
FTE	Full-Time Equivalent
IPS	Information Publication Scheme
MRCA	<i>Military Rehabilitation and Compensation Act 2004</i>
RH	Reasonable Hypothesis
RMA	Repatriation Medical Authority
SMRC	Specialist Medical Review Council
SOP	Statement of Principles
VEA	<i>Veterans' Entitlements Act 1986</i>

