



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

Twenty-fifth Annual Report  
**2018/2019**

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ISSN 1327-7278

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The Hon. Darren Chester MP  
Minister for Veterans' Affairs  
Minister for Defence Personnel  
Minister Assisting the Prime Minister for the Centenary of ANZAC  
Parliament House  
CANBERRA ACT 2600

Dear Minister

On behalf of the Repatriation Medical Authority, I am pleased to submit this report for the year ending 30 June 2019.

Yours sincerely

A handwritten signature in black ink, appearing to read 'N. Saunders'.

Professor Nicholas Saunders AO  
Chairperson

03 October 2019

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Level 8, 259 Queen Street, Brisbane 4000

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# Executive Statement by the Chairperson

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The Repatriation Medical Authority (the Authority) completed its twenty-fifth year of operation in 2018-19 having again experienced a busy year. The Authority finalised investigations for 74 conditions in the course of the year, determining 137 Statements of Principles (SOPs) including SOPs for three new conditions (trigger finger, de Quervain tendinopathy and chronic insomnia disorder).

There are now 698 SOPs on the Federal Register of Legislation covering some 349 diseases and injuries related to service.

## Workloads

Over the reporting period 74 investigations were completed and 137 SOPs determined. The Authority is a small agency of 11 full-time and part-time staff. This year despite staff absences on long service leave and the need to give reasonable opportunities and time for stakeholders to make submissions and provide feedback, the time taken for completion of reviews was maintained at around 13 months.

## Mental health – stressor factors

As military service expands in scope and character the Authority is concerned to ensure that the expression of the medical-scientific evidence reflected in the SOP factors is kept current.

A good example of this is found in the Authority's review of the category 1B stressor factor which appears in some 37 SOPs. The category 1B stressor factor deals with exposure to severe traumatic events including being an eyewitness to a person being killed or critically injured and being an eyewitness to, or participating in, the clearance of critically injured casualties. It was originally researched and formulated in 2004-2005. Published sound medical-scientific evidence was synthesised and used to define each stressor category.

The Authority determined revised definitions of the terms “category 1B stressor”, “eyewitness” and “corpse” in these factors. These amendments operate to include drone operators who view traumatic events while excluding ordinary media coverage of any such events. They also clarify the meaning of ‘corpse’ to include ‘the human remains or body parts of one or more persons who have met a violent or horrific death’.

## Productivity Commission inquiry

On 14 December 2018 the Productivity Commission released its *Draft Report – A Better Way to Support Veterans*. The Authority was pleased to note the Productivity Commission's support for its work as outlined in the report.

At the Commission's invitation the Authority provided additional submissions on matters raised in the report including the feasibility of the Authority publishing its research to the broader public as opposed to making it available to stakeholders under s 196I of the *Veterans' Entitlements Act 1986* (the VEA), and the current potential for the Authority to fund and guide medical and epidemiological research into unique veteran health issues.

In respect of the latter proposed recommendation the members of the Authority, having considerable experience in the conduct of research projects, provided advice as to whether that would be better done by the Authority or at a portfolio level by an organisation that has broad knowledge of military service and veterans' health issues. The Authority would obviously be able to assist that body and suggest topics of importance to the determination of SOPs.

The Productivity Commission released its Inquiry report - *A Better Way to Support Veterans* on 4 July 2019. The Commission endorsed the SOP system describing it as 'robust and effective' and recommended the Authority reduce the time taken for reviews. The Authority noted the recommendation for the establishment of an Expert Committee on Veteran Research to which it can contribute.

The Authority was also pleased to see the focus in the Report on issues around separation from the armed forces. The sound medical-scientific evidence around this issue had led the Authority in 2018 to amend the category 2 stressors to insert a note to bring to the attention of ex-serving Defence Force members, their dependants and their representatives, and decision-makers, that category 2 psychosocial stressors may manifest years after separation from service and are yet still related to separation.

Cognisant of the Commission's other recommendations the Authority is now taking steps to routinely publish a full bibliography of the peer reviewed literature or other sound medical scientific evidence used to create or update the relevant SOPs.

## Anti-malarial drugs

On 17 September 2018 the Specialist Medical Review Council (SMRC) on review endorsed the Authority's earlier decision not to make SOPs for "chemically-acquired brain injury caused by mefloquine, tafenoquine or primaquine". The SMRC declared that it was not satisfied on the balance of probabilities that "chemically-acquired brain injury caused by mefloquine, tafenoquine or primaquine" was a particular kind of injury or disease within the meaning of the VEA.

On 15 October 2018 Dr Justine Ward, Principal Medical Officer and Paul Murdoch, then Registrar of the Authority and I attended before The Senate Foreign Affairs, Defence and Trade References Committee on the *Use of the Quinoline anti-malarial drugs Mefloquine and Tafenoquine in the Australian Defence Force*. The Committee's Report was tabled on December 2018.

## Passing of former members

The Authority noted with sadness the passing of former members, Professor Beverley Raphael AM on 21 September 2018 and Professor John Duggan AM on 28 September 2018.

## RMA Secretariat

On behalf of my fellow Members, I would like to express our appreciation for the efforts of all of the staff of the RMA Secretariat in providing support and assistance to the Authority. The year saw the retirement of our long serving Registrar Paul Murdoch whose expertise had been of considerable benefit to the Authority. We wish him well in his future endeavours and welcome his replacement as Registrar and Legal Adviser, Martin Hanson, formerly a lawyer with the Australian Government Solicitor.



Professor Nicholas Saunders AO  
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 pension.

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.”

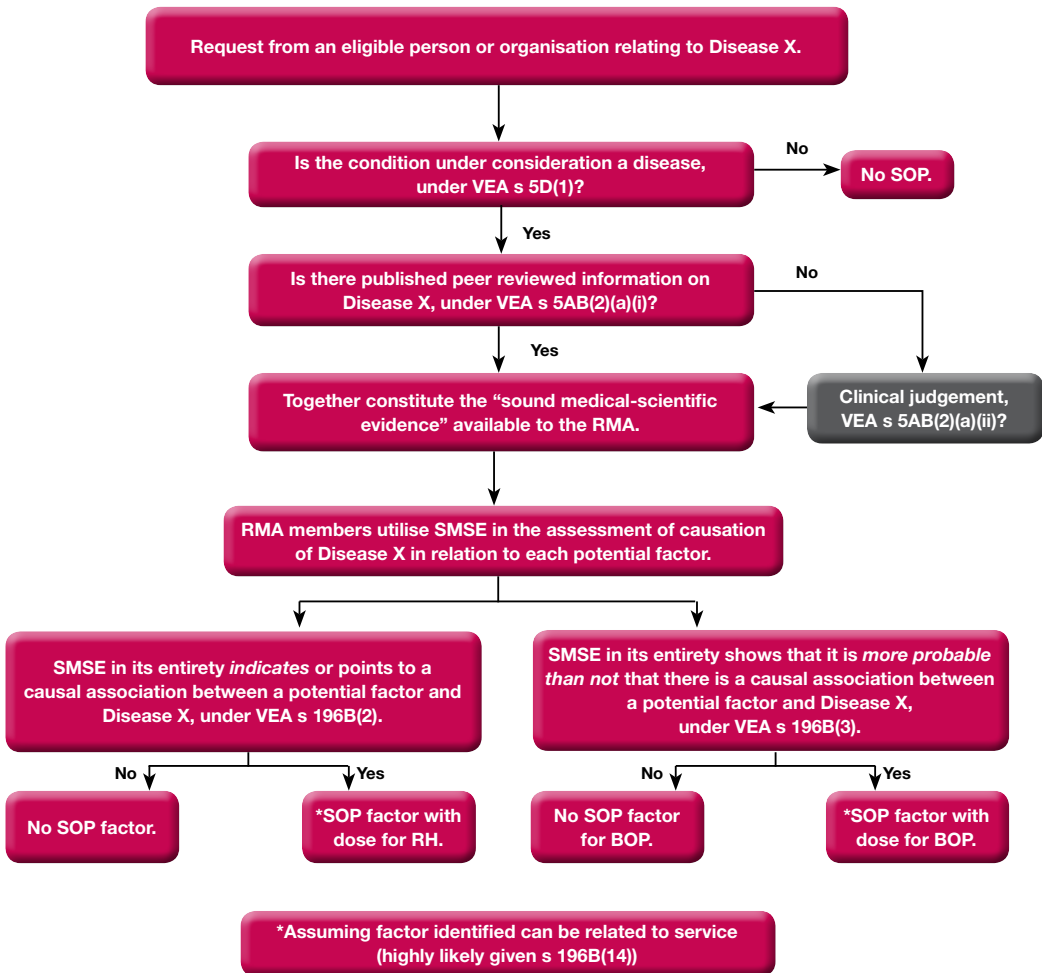
The *Veterans' Affairs Legislation Amendment (Statements of Principles and Other Measures) Act 2007*, which commenced in 2007, provided the Authority with the discretionary power to determine whether a review of the contents of an existing SOP would be undertaken in relation to some or all of the contents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



**Figure 1: Determination of Statements of Principles**



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

# 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 Authority's membership was unchanged for the 2018/19 reporting period. It was constituted by Professor Nick Saunders AO as Chairperson, with Professors Gerard Byrne, Flavia Cicuttini, Jenny Doust and John Kaldor as Members. A new three year term of appointment for Professor Kaldor commenced on 1 February 2019.



**Professor Nicholas Saunders** AO, MD, Hon LLD (Monash), Hon FAHSM, retired as Vice-Chancellor and President of the University of Newcastle, Australia in late 2011. He was previously Dean of the Faculty of Medicine, Nursing and Health Sciences at Monash University, Head of the Faculty of Health Sciences and Dean of the School of Medicine at Flinders University, and Professor of Medicine at the University of Newcastle.

Professor Saunders has served on many national committees and councils relevant to higher education, research and health care. He is currently the part-time Chief Commissioner of the Tertiary Education Quality and Standards Agency.

Professor Saunders' term of appointment is to 30 June 2021.



**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 2022.



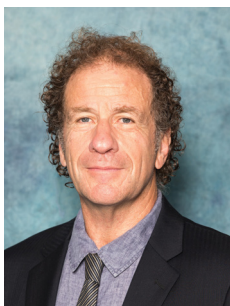
**Professor Flavia Cicuttini**, MBBS, PhD, FRACP, MSc (Lond), DLSHTM, FAFPHM. Professor Cicuttini is Head of Rheumatology, Alfred Hospital and Head of Musculoskeletal Unit, School of Epidemiology and Preventive Medicine, Monash University. Professor Cicuttini leads an active research group aimed at developing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

Professor Cicuttini's term of appointment is to 30 June 2021.



**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 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. She is a member of the Medical Services Advisory Committee and the Diagnostic Imaging Clinical Committee of the Medicare Benefits Schedule (MBS) review.

Professor Doust's term of appointment is to 30 September 2020.



**Professor John Kaldor**, PhD. Professor Kaldor is a Professor of Epidemiology and NHMRC Senior Principal Research Fellow at the Kirby Institute, University of New South Wales, where he has worked for over 25 years. Previously Professor Kaldor was with the International Agency for Research on Cancer, in Lyon, France. He is a past President of the Australasian Epidemiological Association (1996-2000). Professor Kaldor has active research interests in public health interventions, particularly as they relate to infectious diseases.

Professor Kaldor's term of appointment is to 1 February 2022.

## 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 2018*. The Remuneration Tribunal reviews the rates annually. The provisions applying to travel on official business are contained in the *Remuneration Tribunal Determination 2017/15 - Official Travel by Office Holders and Remuneration Tribunal (Official Travel) Determination 2018*, the latter Determination having effect from 27 August 2018.

## Meetings

The Authority held meetings in Brisbane during 2018/19 on the following dates:

7 & 8 August 2018	12 & 13 February 2019
9 & 10 October 2018	9 April 2019
11 & 12 December 2018	4 & 5 June 2019

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 2018/19, staffing of the Secretariat equated to 10.5 FTE (Full-Time Equivalent) positions.

## Website

The Authority 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 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 218,358 unique visits over the course of the 2018/19 year. As at 30 June 2019, there were 619 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>.

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

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

	2018/19	2017/18	2016/17
Requests received	3	6	0
Information provided under s 196I <sup>1</sup>	2	3	1
Invalid requests	0	0	0
Requests granted	3	5	0
Requests refused (in full or part)	2	0	0
Requests completed <sup>2</sup>	3	5	1

- 1 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.
- 2 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). Accordingly, the number of completed requests may not equate to the total numbers in each column.

# Statements of Principles

## Determinations

At its formal meetings during 2018/19, the Authority determined a total of 136 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	2018/19	2017/18	2016/17
Repealed SOPs <sup>1,4</sup>	74	60	46
Re-issued SOPs <sup>2</sup>	76	60	46
SOPs issued for new conditions	6	22	18
Amended SOPs <sup>3,4</sup>	55	9	13
Other instruments determined <sup>5</sup>	4	2	0
Total number of SOPs determined	137	93	77

- 1 The figures cited refer only to SOPs which are the principal instrument, and do not include the associated amending instruments which may have also been repealed
- 2 The definition of the kind of injury, disease or death with which the SOP is concerned may vary slightly from that of the previous (repealed) SOP.
- 3 The Instrument *Veterans' Entitlements (Statements of Principles—Category 1B Stressor) Amendment Determination 2018 (No. 87 of 2018)* amended 37 SOPs which contained a category 1B stressor factor to effectively include drone operators who view traumatic events while excluding ordinary media coverage of any such events whilst also clarifying the meaning of 'corpse' to include 'the human remains or body parts of one or more persons who have met a violent or horrific death'. These 37 amended instruments, which are listed in Appendix 3, are also included in the amended SOPs figure. Other than these instruments, 17 amended SoPs were determined in the period.
- 4 The Instruments *Amendment Statement of Principles concerning motor neurone disease Nos 88 & 99 of 2018* amended the Instrument *motor neurone disease No. 67 of 2013* in accordance with the direction given by *Specialist Medical Review Council Declaration No. 31 of 20 June 2018*. These two instruments are also included in the amended SOPs figure.
- 5 The Instrument *Veterans' Entitlements (Repeal of Expired Amendment Statements of Principles) Determination No. 2 2018 (No. 89 of 2018)* repealed 16 redundant Amendment SOPs deemed by the Office of Parliamentary Counsel to still be extant. These 16 repealed instruments are not included in the repealed SOPs figure nor is this instrument included in the numbers of SOPs determined though the instrument is described in Appendix 2 which lists the instruments determined in the period. Otherwise this number reflects the investigations that resulted in relevant declarations that a SOP would not be determined or amended in accordance with ss 196B(6) & (7) of the VEA.

Since its inception, the Authority has determined 2628 SOPs, with 349 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 persons 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. The commencement of the *Veterans' Affairs Legislation Amendment (Statements of Principles and Other Measures) Act 2007*, which came into effect on 16 March 2007, allows the Authority, at its discretion, to review some, rather than all of the contents of a SOP, if it is so minded.



Those reviews which the Authority determined should be restricted to some of the contents of the relevant SOP are referred to as “focussed reviews”.

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

Category	2018/19	2017/18	2016/17
Investigations notified <sup>1</sup>	5	5	10
Reviews notified	39	41	32
Focussed reviews notified <sup>3</sup>	29	29	112
Total investigations and reviews notified	73	75	154
Total investigations and reviews completed <sup>4</sup>	74	111	43
Average time taken in days to complete <sup>5</sup>	297 (448)	414 (451)	365 (401)
Focussed reviews completed	27	69	6
Average time in days taken to complete focussed reviews <sup>5, 6</sup>	70 (137)	220	230
Investigations and reviews notified in previous reporting periods and yet to be completed <sup>7</sup>	11	7	7
Investigations and reviews notified in reporting period and yet to be completed <sup>7</sup>	41	66	102
Total investigations and reviews outstanding	52	73	109
Requests for investigation or review refused	6	13	10

- 1 An investigation is undertaken pursuant to s 196B(4) to determine whether a SOP may be determined.
- 2 A review is undertaken pursuant to s 196B(7) generally to consider the contents of a previously determined SOP. These figures refer only to reviews of all of the contents of the particular SOPs.
- 3 A focussed review is undertaken pursuant to s 196B(7A), at the discretion of the Authority, and is restricted to some of the contents of a previously determined SOP.
- 4 These figures include all investigations and reviews completed, including focussed 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 focussed reviews) follows in brackets.
- 6 The average time was reduced as Instrument *Veterans’ Entitlements (Statements of Principles—Category 1B Stressor) Amendment Determination 2018 (No. 87 of 2018)* amended 37 SOPs which contained a category 1B stressor factor. The figure in brackets is for the amended SoPs other than these.
- 7 The investigations and reviews advertised but not finalised as at 30 June 2019 are detailed in Appendix 4.

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

Subject of investigation or review	Outcome
1. adrenal insufficiency	Previous Statements of Principles concerning adrenal insufficiency repealed and new Statements of Principles determined
2. sinusitis	Previous Statements of Principles concerning sinusitis repealed and new Statements of Principles determined
3. reactive arthritis	Previous Statements of Principles concerning reactive arthritis repealed and new Statements of Principles determined
4. scrub typhus	Previous Statements of Principles concerning scrub typhus repealed and new Statements of Principles determined
5. bronchiolitis obliterans organising pneumonia	Previous Statements of Principles concerning bronchiolitis obliterans organising pneumonia repealed and new Statements of Principles determined
6. malignant neoplasm of the breast (breastfeeding)*	Amendment Statements of Principles concerning malignant neoplasm of the breast determined
7. loss of teeth (tooth wear)*	Amendment Statements of Principles concerning loss of teeth determined
8. tooth wear (vomiting)*	Amendment Statements of Principles concerning tooth wear determined
9-29. (21 conditions covering 38 SOPs containing category 1B stressor factors re eyewitness & corpse/casualty )*	<i>The Veterans' Entitlements (Statements of Principles – Category 1B Stressor) Amendment Determination 2018</i> (Instrument No. 87 of 208) amended 37 Statements of Principles which contained a factor relating to category 1B stressor (see Appendix 3)
30-31. stenosing tenosynovitis (in particular trigger finger/thumb & de Quervain's tenosynovitis)	New Statements of Principles determined concerning trigger finger, and De Quervain tendinopathy
32. chronic insomnia disorder	New Statements of Principles determined concerning chronic insomnia disorder
33. sarcoidosis (cancer and cancer treatment)*	Amendment Statements of Principles concerning sarcoidosis determined
34. non-Hodgkin's lymphoma	Previous Statements of Principles concerning non-Hodgkin's lymphoma repealed and new Statements of Principles determined concerning non-Hodgkin lymphoma

Subject of investigation or review	Outcome
35. concussion	Previous Statements of Principles concerning concussion repealed and new Statements of Principles determined
36. moderate to severe traumatic brain injury	Previous Statements of Principles concerning moderate to severe traumatic brain injury repealed and new Statements of Principles determined
37. human T-cell lymphotropic virus type-1	Previous Statements of Principles concerning human T-cell lymphotropic virus type-1 repealed and new Statements of Principles determined concerning human T-cell lymphotropic virus type-1 infection
38. migraine (head trauma)*	Amendment Statements of Principles concerning migraine determined under s 196B(2) (Reasonable Hypothesis)  Declaration that the sound medical-scientific evidence available is not sufficient to justify an amendment to the Statement of Principles concerning migraine determined under s 196B(3) (Balance of Probabilities)
39. xerostomia	Declaration that the sound medical-scientific evidence indicates that xerostomia is not a disease or injury and hence no new statements of principles concerning xerostomia have been determined
40. osteoarthritis (imaging)*	Amendment Statements of Principles concerning osteoarthritis determined
41. chondromalacia patella	Previous Statements of Principles concerning chondromalacia patella repealed and new Statements of Principles determined
42. iliotibial band syndrome	Previous Statements of Principles concerning iliotibial band syndrome repealed and new Statements of Principles determined
43. human immunodeficiency virus	Previous Statements of Principles concerning human immunodeficiency virus repealed and new Statements of Principles determined concerning human immunodeficiency virus infection
44. internal derangement of the knee	Previous Statements of Principles concerning internal derangement of the knee repealed and new Statements of Principles determined

Subject of investigation or review	Outcome
45. Dupuytren's disease	Previous Statements of Principles concerning Dupuytren's disease repealed and new Statements of Principles determined concerning Dupuytren disease
46. hypopituitarism	Previous Statements of Principles concerning hypopituitarism repealed and new Statements of Principles determined
47. aortic aneurysm (passive smoking)*	Amendment Statements of Principles concerning aortic aneurysm determined
48. methaemoglobinaemia	Previous Statements of Principles concerning methaemoglobinaemia repealed and new Statements of Principles determined
49. dental malocclusion	Previous Statements of Principles concerning dental malocclusion repealed and new Statements of Principles determined
50. acute articular cartilage tear	Previous Statements of Principles concerning acute articular cartilage tear repealed and new Statements of Principles determined
51. sinus barotrauma	Previous Statements of Principles concerning sinus barotrauma repealed and new Statements of Principles determined
52. acute meniscal tear of the knee	Previous Statements of Principles concerning acute meniscal tear of the knee repealed and new Statements of Principles determined
53. pilonidal sinus	Previous Statements of Principles concerning pilonidal sinus repealed and new Statements of Principles determined
54. blepharitis	Previous Statements of Principles concerning blepharitis repealed and new Statements of Principles determined
55. chronic pruritus ani	Previous Statements of Principles concerning chronic pruritus ani repealed and new Statements of Principles determined
56. Alzheimer-type dementia	Previous Statements of Principles concerning Alzheimer-type dementia repealed and new Statements of Principles determined concerning Alzheimer disease and neurocognitive disorder with Lewy bodies
57. subdural haematoma	Previous Statements of Principles concerning subdural haematoma repealed and new Statements of Principles determined
58. morbid obesity (definition)*	Amendment Statements of Principles concerning morbid obesity determined

Subject of investigation or review	Outcome
59. rapidly progressive crescentic glomerulonephritis	Previous Statements of Principles concerning rapidly progressive crescentic glomerulonephritis repealed and new Statements of Principles determined
60. heel bursitis	Previous Statements of Principles concerning heel bursitis repealed and new Statements of Principles determined concerning posterior adventitial heel bursitis
61. poisoning and toxic reaction from plants and fungi	Previous Statements of Principles concerning poisoning and toxic reaction from plants and fungi repealed and new Statements of Principles determined concerning poisoning from plants or fungi
62. rheumatic heart disease	Previous Statements of Principles concerning rheumatic heart disease repealed and new Statements of Principles determined
63. acute rheumatic fever	Previous Statements of Principles concerning acute rheumatic fever repealed and new Statements of Principles determined
64. dislocation	Previous Statements of Principles concerning dislocation repealed and new Statements of Principles determined concerning dislocation of a joint and subluxation of a joint
65. joint instability	Previous Statements of Principles concerning joint instability repealed and new Statements of Principles determined
66. gout	Previous Statements of Principles concerning gout repealed and new Statements of Principles determined
67. schistosomiasis	Previous Statements of Principles concerning schistosomiasis repealed and new Statements of Principles determined
68. strongyloidiasis	Previous Statements of Principles concerning strongyloidiasis repealed and new Statements of Principles determined
69. irritable bowel syndrome	Previous Statements of Principles concerning irritable bowel syndrome repealed and new Statements of Principles determined
70. subarachnoid haemorrhage	Previous Statements of Principles concerning subarachnoid haemorrhage repealed and new Statements of Principles determined
71. renal stone disease	Previous Statements of Principles concerning renal stone disease repealed and new Statements of Principles determined

Subject of investigation or review	Outcome
72. malignant melanoma of the skin (firefighting)*	Declaration that there is insufficient sound medical-scientific evidence to justify an amendment to the Statement of Principles concerning malignant melanoma of the skin under s 196CA(1)(b)
73. psoriasis (stressors)*	Declaration that there is insufficient sound medical-scientific evidence to justify an amendment to the Statement of Principles concerning psoriasis under s 196CA(1)(b)
74. monoclonal gammopathy of undetermined significance	Declaration that the sound medical-scientific evidence indicates that monoclonal gammopathy of undetermined significance is not a disease or injury and hence no new statements of principles concerning gulf war illness have been determined

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

As at 30 June 2019, the Authority had received six (6) requests for review under s196E (1)(f) of the VEA to which it decided not to carry out an investigation. Five decisions not to carry out a review were made under s 196CA. One decision not to carry out an investigation was made under s 196E in respect of a request referring to ‘Gulf War syndrome’ as the Authority determined that the request did not specify a ‘particular kind of injury, disease or death’ which the Authority could investigate. Following each of the six decisions written reasons were provided to the person or organisation making the request.

In summary, the Authority commenced the 2018/19 year with 74 investigations outstanding. During the course of the year, the Authority notified 52 further investigations, completed 74 investigations and as at 30 June 2019 had 52 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. Of the 12 recipients, eight receive paper copies and four receive CD copies.

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 2018 to 30 June 2019, the Authority did not receive any advice from the SMRC that a request for review had been received by that body nor does the SMRC have any ongoing reviews underway or decisions outstanding.

## Direction – Amendment SOP – motor neurone disease

On 21 June 2018 the SMRC had given a direction to the Authority in accordance with s 196W of the VEA to amend the SoP No. 67 of 2013 concerning motor neurone disease. The Authority in accordance with s 196B(10) of the VEA amended that SoP as directed by determining *Amendment Statement of Principles No. 88 of 2018 concerning motor neurone disease*.

# 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.

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

The Authority continued its 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. These meetings enable an exchange of information about current issues being dealt with by the Authority and address matters of interest that may be raised by ESOs. Meetings where the Authority was represented are listed in Table 5 below.

**Table 5: Ex-Service Organisation meetings attended**

Ex-Service Organisation	Location	Date	Authority Representative/s
Legacy – National Pensions Committee Annual General Meeting	Canberra, ACT	2 August 2018	Chairperson, Registrar and Principal Medical Officer
RSL – National Veterans Affairs Committee	Canberra, ACT	1 November 2018	Chairperson and Registrar
Vietnam Veterans' Association National Congress	Canberra, ACT	16 May 2019	Chairperson and Registrar
RSL – Tasmania Branch Congress	Launceston, TAS	18 May 2019	Chairperson and Registrar
RSL – ACT Branch Congress	Canberra, ACT	7 June 2019	Chairperson and Registrar
RSL – Western Australia Branch Congress	Perth, WA	15 June 2019	Chairperson and Registrar

The Chairperson and the Registrar also attended the Veterans Review Board Biennial Conference on 12 June 2019 and jointly presented a paper on the Category 2 Stressors.

# Financial

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A summary of cash expenditure incurred by the Authority in 2018/19 with comparison to 2017/18 and 2016/17 is detailed in Table 6.

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

**Table 6: Financial expenditure**

Item	2018/19	2017/18	2016/17
Salary and related expenses	\$1 849 166	\$1 839 723	\$1 757 581
Administrative expenses	\$96 689	\$112 251	\$107 987
Legal expenses	\$87 158	\$70 184	\$77 514
<b>Total expenditure</b>	<b>\$2 033 013</b>	<b>\$2 022 158</b>	<b>\$1 757 581</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 2018/2019

Instrument No.	Title	Effective Date	Other Comments
71 & 72/2018	adrenal insufficiency	24/09/2018	71 repeals 74/2009 72 repeals 75/2009
73 & 74/2018	sinusitis	24/09/2018	73 repeals 9/2010 74 repeals 10/2010
75 & 76/2018	reactive arthritis	24/09/2018	75 repeals 26/2010 76 repeals 27/2010
77 & 78/2018	scrub typhus	24/09/2018	77 repeals 72/2009 78 repeals 73/2009
79 & 80/2018	bronchiolitis obliterans organising pneumonia	24/09/2018	79 repeals 62/2009 80 repeals 63/2009
81 & 82/2018	malignant neoplasm of the breast	24/09/2018	81 amends 58/2017 82 amends 59/2017
83 & 84/2018	loss of teeth	24/09/2018	83 amends 124/2014 84 amends 125/2015
85 & 86/2018	tooth wear	24/09/2018	85 amends 85/2018 86 amends 86/2018
87/2018	Veterans' Entitlements (Statements of Principles – category 1B stressor) Amendment Determination 2018	24/09/2018	87 amends 37 SOPS covering different conditions, listed in Appendix 3
88/2018	motor neurone disease	21/6/2018	88 amends 67/2013 (SMRC Direction)
89/2018	Veterans' Entitlements (Repeal of Expired Amendment Statements of Principles) Determination No. 2 2018 (No. 89 of 2018)	29/10/2018	Repealed 16 redundant Amendment SOPs deemed still extant whose principal instruments had been revoked
90 & 91/2018	non-Hodgkin lymphoma	26/11/2018	90 repeals 28/2010, 58/2017, 40/2016, 93/2015, 86/2014 91 repeals 29/2010, 87/2014
92 & 93/2018	concussion	26/11/2018	92 repeals 64/2012 93 repeals 65/2012
94 & 95/2018	moderate to severe traumatic brain injury	26/11/2018	94 repeals 62/2012 95 repeals 63/2012
96 & 97/2018	human T-cell lymphotropic virus type-1 infection	26/11/2018	96 repeals 7/2010 97 repeals 8/2010
98/2018	migraine	26/11/2018	98 amends 7/2018



<b>Instrument No.</b>	<b>Title</b>	<b>Effective Date</b>	<b>Other Comments</b>
99/2018	motor neurone disease	26/1/2018	99 amends 88/2018 (correction to text only)
1 & 2/2019	chondromalacia patella	28/1/2019	1 repeals 79/2010 2 repeals 80/2010
3 & 4/2019	iliotibial band syndrome	28/1/2019	3 repeals 34/2010 4 repeals 35/2010
5 & 6/2019	human immunodeficiency virus infection	28/1/2019	5 repeals 5/2010 6 repeals 6/2010
7 & 8/2019	internal derangement of the knee	28/1/2019	7 repeals 51/2010 8 repeals 52/2010
9 & 10/2019	Dupuytren disease	28/1/2019	9 repeals 57/2010 10 repeals 58/2010
11 & 12/2019	hypopituitarism	28/01/2019	11 repeals 19/2013 12 repeals 20/2013
13 & 14/2019	sarcoidosis	28/1/2019	13 amends 59/2016 14 amends 60/2016
15 & 16/2019	localised sclerosis	23/07/2018	15 amends 61/2018, repeals 66/2009 (correction to text only) 16 amends 62/2018, repeals 67/2009 (correction to text only)
17 & 18/2019	methaemoglobinaemia	25/03/2019	17 repeals 47/2010 18 repeals 48/2010
19 & 20/2019	dental malocclusion	25/03/2019	19 repeals 17/2011 20 repeals 18/2011
21 & 22/2019	acute articular cartilage tear	25/03/2019	21 repeals 53/2010 22 repeals 54/2010
23 & 24/2019	sinus barotrauma	25/03/2019	23 repeals 49/2010, 17/2017 24 repeals 50/2010, 18/2017
25 & 26/2019	acute meniscal tear of the knee	25/03/2019	25 repeals 55/2010 26 repeals 56/2010
27 & 28/2019	pilonidal sinus	25/03/2019	27 repeals 71/2010 28 repeals 72/2010
29 & 30/2019	blepharitis	25/03/2019	29 repeals 63/2010 30 repeals 64/2010
31 & 32/2019	chronic pruritus ani	25/03/2019	31 repeals 75/2010 32 repeals 76/2010

<b>Instrument No.</b>	<b>Title</b>	<b>Effective Date</b>	<b>Other Comments</b>
33 & 34/2019	Alzheimer disease	25/03/2019	33 repeals 22/2010, 17/2014, 58/2017 34 repeals 23/2010, 18/2014
35 & 36/2019	neurocognitive disorder with Lewy bodies	25/03/2019	New condition
37 & 38/2019	chronic insomnia disorder	25/3/2019	New condition
39 & 40/2019	trigger finger	25/3/2019	New condition
41 & 42/2019	de Quervain tendinopathy	25/3/2019	New condition
43 & 44/2019	subdural haematoma	25/3/2019	43 amends 33/2011 44 amends 34/2011
45 & 46/2019	rapidly progressive crescentic glomerulonephritis	27/05/2019	45 repeals 81/2010 46 repeals 82/2010
47 & 48/2019	posterior adventitial heel bursitis	27/05/2019	47 repeals 77/2010 48 repeals 78/2010
49 & 50/2019	poisoning from plants or fungi	27/05/2019	49 repeals 84/2010 50 repeals 85/2010
51 & 52/2019	rheumatic heart disease	27/05/2019	51 repeals 19/2011 52 repeals 20/2011
53 & 54/2019	acute rheumatic fever	8/5/2018	53 repeals 23/2011 54 repeals 24/2011
55 & 56/2019	dislocation of a joint and subluxation of a joint	27/05/2019	55 repeals 24/2010 56 repeals 25/2010
57 & 58/2019	joint instability	27/05/2019	57 repeals 32/2010 58 repeals 33/2010
59 & 60/2019	gout	27/05/2019	59 repeals 30/2010 60 repeals 31/2010
61 & 62/2019	schistosomiasis	22/07/2019	61 repeals 86/2010 62 repeals 87/2010
63 & 64/2019	strongyloidiasis	22/07/2019	63 repeals 88/2010 64 repeals 89/2010
65 & 66/2019	irritable bowel syndrome	22/07/2019	65 repeals 27/2011 66 repeals 28/2011
67 & 68/2019	subarachnoid haemorrhage	22/07/2019	67 repeals 67/2010 68 repeals 68/2010
69 & 70/2019	renal stone disease	22/07/2019	69 repeals 65/2010 70 repeals 66/2010
71 & 72/2019	aortic aneurysm	22/07/2019	71 amends 9/2012 72 amends 10/2012
73 & 74/2019	osteoarthritis	22/07/2019	73 amends 61/2017 74 amends 62/2017
75 & 76/2019	morbid obesity	22/07/2019	75 amends 5/2014 76 amends 6/2014

**Appendix 3: Statements of Principles amended by Veterans' Entitlements (Statements of Principles – Category 1B Stressor) Amendment Determination 2018 (No. 87 of 2018).**

<b>Statement of Principles</b>	<b>Amended Instrument No.</b>
Statement of Principles concerning acute stress disorder No. 41 of 2014	F2014L00469
Statement of Principles concerning acute stress disorder No. 42 of 2014	F2014L00470
Statement of Principles concerning anxiety disorder No. 102 of 2014, as amended	F2016C00973
Statement of Principles concerning anxiety disorder No. 103 of 2014, as amended	F2016C00974
Statement of Principles concerning cerebrovascular accident No. 65 of 2015, as amended	F2017C00874
Statement of Principles concerning chronic multisymptom illness No. 55 of 2014	F2014L00524
Statement of Principles concerning gastric ulcer and duodenal ulcer No. 61 of 2015, as amended	F2017C00762
Statement of Principles concerning gingivitis No. 45 of 2013	F2013L01121
Statement of Principles concerning gingivitis No. 46 of 2013	F2013L01124
Statement of Principles concerning inflammatory bowel disease No. 19 of 2012	F2012L00449
Statement of Principles concerning multiple sclerosis No. 100 of 2011, as amended	F2017C00837
Statement of Principles concerning multiple sclerosis No. 101 of 2011	F2011L01738
Statement of Principles concerning posttraumatic stress disorder No. 82 of 2014	F2014L01144
Statement of Principles concerning posttraumatic stress disorder No. 83 of 2014	F2014L01145
Statement of Principles concerning psoriasis No. 31 of 2012	F2012L00938
Statement of Principles concerning adjustment disorder (Reasonable Hypothesis) (No. 23 of 2016)	F2016L00269
Statement of Principles concerning adjustment disorder (Balance of Probabilities) (No. 24 of 2016)	F2016L00270
Statement of Principles concerning cardiomyopathy (No. 85 of 2015), as amended	F2017C00845
Statement of Principles concerning cardiomyopathy (No. 86 of 2015), as amended	F2017C00844
Statement of Principles concerning depressive disorder (No. 83 of 2015), as amended	F2016C00271

<b>Statement of Principles</b>	<b>Amended Instrument No.</b>
Statement of Principles concerning depressive disorder (No. 84 of 2015), as amended	F2016C00273
Statement of Principles concerning eating disorder (Reasonable Hypothesis) (No. 13 of 2016)	F2016L00261
Statement of Principles concerning eating disorder (Balance of Probabilities) (No. 14 of 2016)	F2016L00264
Statement of Principles concerning female sexual dysfunction (Reasonable Hypothesis) (No. 95 of 2016)	F2016L01677
Statement of Principles concerning female sexual dysfunction (Balance of Probabilities) (No. 96 of 2016)	F2016L01684
Statement of Principles concerning ischaemic heart disease (Reasonable Hypothesis) (No. 1 of 2016), as amended	F2017C00851
Statement of Principles concerning ischaemic heart disease (Balance of Probabilities) (No. 2 of 2016), as amended	F2017C00852
Statement of Principles concerning schizophrenia (Reasonable Hypothesis) (No. 83 of 2016)	F2016L01682
Statement of Principles concerning schizophrenia (Balance of Probabilities) (No. 84 of 2016)	F2016L01685
Statement of Principles concerning suicide and attempted suicide (Reasonable Hypothesis) (No. 65 of 2016), as amended	F2018C00189
Statement of Principles concerning suicide and attempted suicide (Balance of Probabilities) (No. 66 of 2016), as amended	F2018C00152
Statement of Principles concerning alcohol use disorder (Reasonable Hypothesis) (No. 48 of 2017)	F2017L01045
Statement of Principles concerning alcohol use disorder (Balance of Probabilities) (No. 49 of 2017)	F2017L01046
Statement of Principles concerning personality disorder (Reasonable Hypothesis) (No. 17 of 2018)	F2018L00205
Statement of Principles concerning personality disorder (Balance of Probabilities) (No. 18 of 2018)	F2018L00208
Statement of Principles concerning substance use disorder (Reasonable Hypothesis) (No. 59 of 2017)	F2017L01444
Statement of Principles concerning substance use disorder (Balance of Probabilities) (No. 60 of 2017)	F2017L01445

## Appendix 4: Outstanding investigations and reviews as at 30/06/2019

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 2019.

The Investigations listed in Table 7 refer to action undertaken by the Authority pursuant to s 196B(4) of the VEA to determine whether a SOP may be determined, that is, there is no existing SOP for the injury or disease.

Reviews and focussed reviews listed in Tables 8 and 9 refer to action undertaken by the Authority pursuant to ss 196B(7) and 196B(7A) of the VEA, respectively. S 196B(7) provides for the review of the entirety of a SoP while s 196B(7A) grants a discretion to the Authority to limit the scope of a SoP review. The Authority refers to these latter reviews as “focussed reviews” and they are listed in Table 9. The scope of each focussed review is also shown.

**Table 7: Outstanding investigations pursuant to s 196B(4)**

Investigations	Date of Gazettal
1. Osteonecrosis	7/05/19

**Table 8: Outstanding reviews pursuant to s 196B(7)**

Review	Instrument No.	Date of Gazettal
1. anal fissure	73 & 74/2010	14/11/17
2. Ross River virus infection	90 & 91/2010	27/04/18
3. Morton's metatarsalgia	92 & 93/2010	27/04/18
4. coeliac disease	1 & 2/2011	27/04/18
5. varicocele	3 & 4/2011	27/04/18
6. sensorineural hearing loss	5 & 6/2011	27/04/18
7. conductive hearing loss	7 & 8/2011	27/04/18
8. Kaposi's sarcoma	9 & 10/2011	27/04/18
9. polyarteritis nodosa	11&12/2011	27/04/18
10. microscopic polyangiitis	13 & 14/2011	27/04/18
11. malignant neoplasm of the liver	21 & 22/2011	27/04/18
12. obstructive and reflux nephropathy	31 & 32/2011	6/11/18
13. malignant neoplasm of the nasopharynx	25 & 26/2011	6/11/18
14. acoustic neuroma	29 & 30/2011	6/11/18
15. subdural haematoma	33 & 34/2011	6/11/18
16. retinal vascular occlusive disease	83 & 84/2011	6/11/18
17. acute pancreatitis	85 & 86/2011	6/11/18
18. extrinsic allergic alveolitis	87 & 88/2011	6/11/18
19. diabetes mellitus	89 & 90/2011	6/11/18
20. sprain and strain	94 & 95/2011	6/11/18
21. malignant neoplasm of the bladder	96 & 97/2011	6/11/18

Review	Instrument No.	Date of Gazettal
22. malignant neoplasm of the renal pelvis and ureter	98 & 99/2011	6/11/18
23. multiple sclerosis	87 & 88/2018	6/11/18
24. renal artery atherosclerotic disease	102 & 103/2011	6/11/18
25. chronic pancreatitis	104 & 105/2011	6/11/18
26. malignant neoplasm of bone and articular cartilage	106 & 107/2011	6/11/18
27. photocontact dermatitis	108 & 109/2011	6/11/18
28. irritant contact dermatitis	110 & 111/2011	6/11/18
29. allergic contact dermatitis	112 & 113/2011	6/11/18
30. patellar tendinopathy	114 & 115/2011	6/11/18
31. spinal adhesive arachnoiditis	116 & 117/2011	6/11/18
32. anosmia	118 & 119/2011	6/11/18
33. varicose veins of the lower limb	120 & 121/2011	7/05/19
34. conjunctivitis	1 & 2/2012	7/05/19
35. acute infectious mononucleosis	3 & 4/2012	7/05/19
36. psoriatic arthropathy	5 & 6/2012	7/05/19
37. adhesive capsulitis of the shoulder	7 & 8/2012	7/05/19
38. aortic aneurysm	9 & 10/2012	7/05/19
39. dementia pugilistica	11 & 12/2012	7/05/19
40. dengue fever	3 & 14/2012	7/05/19
41. non-aneurysmal aortic atherosclerotic disease	15 & 16/2012,	7/05/19
42. chloracne	17 & 18/2012	7/05/19
43. inflammatory bowel disease	19 & 20/2012	7/05/19
44. haemochromatosis	21 & 22/2012	7/05/19
45. atherosclerotic peripheral vascular disease	23 & 24/2012	7/05/19
46. angle-closure glaucoma	25 & 26/2012	7/05/19
47. open-angle glaucoma	27 & 28/2012	7/05/19
48. chronic venous insufficiency of the lower limb	29 & 30/2012	7/05/19
49. chronic multisymptom illness	55 & 56/2014	7/05/19

**Table 9: Outstanding reviews pursuant to s 196B(7A)**

Focussed Reviews	Instrument No.	Date of Gazettal notice
1. hypertension (exposure to phenoxyherbicides/dioxin (Agent Orange))	63 & 64/2013	7/05/19
2. cervical spondylosis (carrying loads positioned between the neck and shoulder)	66 & 67/2014	7/05/19







# 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>

