



Australian Government

Repatriation Medical Authority

Twenty-second Annual Report
2015/2016

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ISSN 1327-7278

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Minister for Veterans' Affairs
Minister for Defence Personnel
Minister Assisting the Prime Minister for Cyber Security
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 2016.

Yours sincerely

A handwritten signature in black ink, appearing to read 'N. Saunders', written in a cursive style.

Professor Nicholas Saunders AO
Chairperson

21 September 2016

Level 8, 259 Queen Street, Brisbane 4000

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Executive Statement by the Chairperson

The Repatriation Medical Authority (the Authority) farewelled its long-standing member and Deputy Chair Professor Andrew Wilson on 30 September 2015. Andrew was first appointed to the Authority in September 2002 and has played a vital role in extending, developing and refining the Statements of Principles (SOPs) system. He has had a lengthy involvement with veterans' representatives at a large number of gatherings and presentations over the years, particularly RMA Forums, where he greatly assisted the ex-service community's understanding of and support for the work of the Authority.

On behalf of his colleagues, I extend our acknowledgement and gratitude for Andrew's work and wish him well in his role as the Chair of the Pharmaceutical Benefits Advisory Committee.

Membership

Notwithstanding Andrew's departure, the Authority continued to benefit from a stable membership. Professor Jenny Doust joined the Authority in October 2015. Her expertise in the areas of clinical epidemiology and evidence-based practice, and extensive experience as a member of the Pharmaceutical Benefits Advisory Committee, Medical Services Advisory Committee and other expert bodies have enabled her to immediately contribute. Professor John Kaldor's term of appointment expired in February 2016, and his re-appointment by the Minister for a further 3 year term was welcome. I would like to acknowledge and thank all my colleagues for the continued quality of their contributions and deliberations.

Workloads and work practices

I have previously reported the Authority's success in reducing our large backlog of investigations over the 2013-14 and 2014-15 reporting periods, as a result of a range of initiatives. This reporting period has once again been an extremely busy year for the Authority, reflected in the number of investigations notified and completed, and SOPs produced. Despite a significant increase in the number of investigations and reviews notified, we further reduced the number of outstanding investigations to 40.

The reduced backlog has certainly enhanced the Authority's capacity to undertake reviews of SOPs in a timely manner, with a reduction of more than 30% in the average time taken to complete a review (dropping from 939 to 642 days). This measure will reduce even further over the next year.

The Authority now has the capacity to pursue consistency across conditions and proactively incorporate the most up-to-date medical science as it becomes available. Focussed reviews were undertaken of a range of haematological conditions to examine benzene as a causal factor, and the role of statins as a possible causal factor in a number of tendinopathy conditions was investigated. Ten investigations were notified in relation to injuries or diseases not covered by SOPs, which are expected to result in new SOPs being issued in the near future.

The two standards of proof

During the year the Authority became aware as a result of correspondence, requests for review and reports in the media of apparent widespread misunderstanding of the two standards of proof

provided for in the VEA and MRCA. These standards apply to claims for compensation by veterans and serving members. The Authority is also required by the legislation to apply two standards of proof when determining the contents of SOPs. For each condition two SOPs are determined.

The legislation requires that the Authority utilise the same body of evidence differently for both standards of proof. For a factor to be included in the “reasonable hypothesis” SOP, the sound medical-scientific evidence must **indicate** (or point to) a causal association between a risk factor and the disease or injury in question. For the “balance of probabilities” standard of proof, the sound medical-scientific evidence must show that it is **more probable than not** that there is a causal association between a risk factor and the disease.

The standard of proof will often lead to factors being included in the “reasonable hypothesis” SOP with much weaker evidence than is required for inclusion in the ‘balance of probabilities’ SOP. The “reasonable hypothesis” SOP will often contain more causal factors and/or the specified exposure contained in a factor may be easier to satisfy. The result is that it is generally easier for veterans and members with operational service to successfully claim that a medical condition was caused by their service.

Considerable efforts have been made over the year to raise awareness of why the two SOPs vary, via website material, information provided in response to queries and requests, and presentations to stakeholders. I believe such efforts will need to be continued, as misunderstanding continues to manifest.

Digital Transition

Following stakeholder consultation and testing, the Authority launched a new website in October 2015. The new website provides a range of improvements for users, including enhanced accessibility, greater functionality and expanded content. The site also utilises a more user-friendly Content Management System for the staff who maintain and operate the website.

The website allows visitors to search for SOPs in a number of ways, incorporates a wide range of common terms for conditions which identify the relevant SOP, and provides an expanded range of documentation about a condition which can be accessed through a single web page for each condition. The new website also enables on-line lodgement of requests and submissions.

The Authority moved to exclusive use of digital records in 2013, and continued its work over the reporting period to convert outstanding paper records to digital form for retention in its Electronic Document and Records Management System (HP TRIM). It was very pleasing to note that the most recent National Archives of Australia (NAA) assessment of our digital records management performance ranked the Authority’s performance above all other Australian Government agencies bar two. The Authority is continuing to work with NAA to finalise a Records Authority, which will clarify which records are classified as ‘retain as national archives’ and enable transfer of such records to the NAA.

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. Their commitment and expertise is essential to the operations of the Authority.



Professor Nicholas Saunders AO
Chairperson

Background and Function

A move towards a formal review of the compensation program was prompted by the 1992 Auditor-General's report on the compensation provided to veterans and their dependants by the Department of Veterans' Affairs (DVA); the High Court case of Bushell; 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 of those factors 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 of those factors 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.

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:

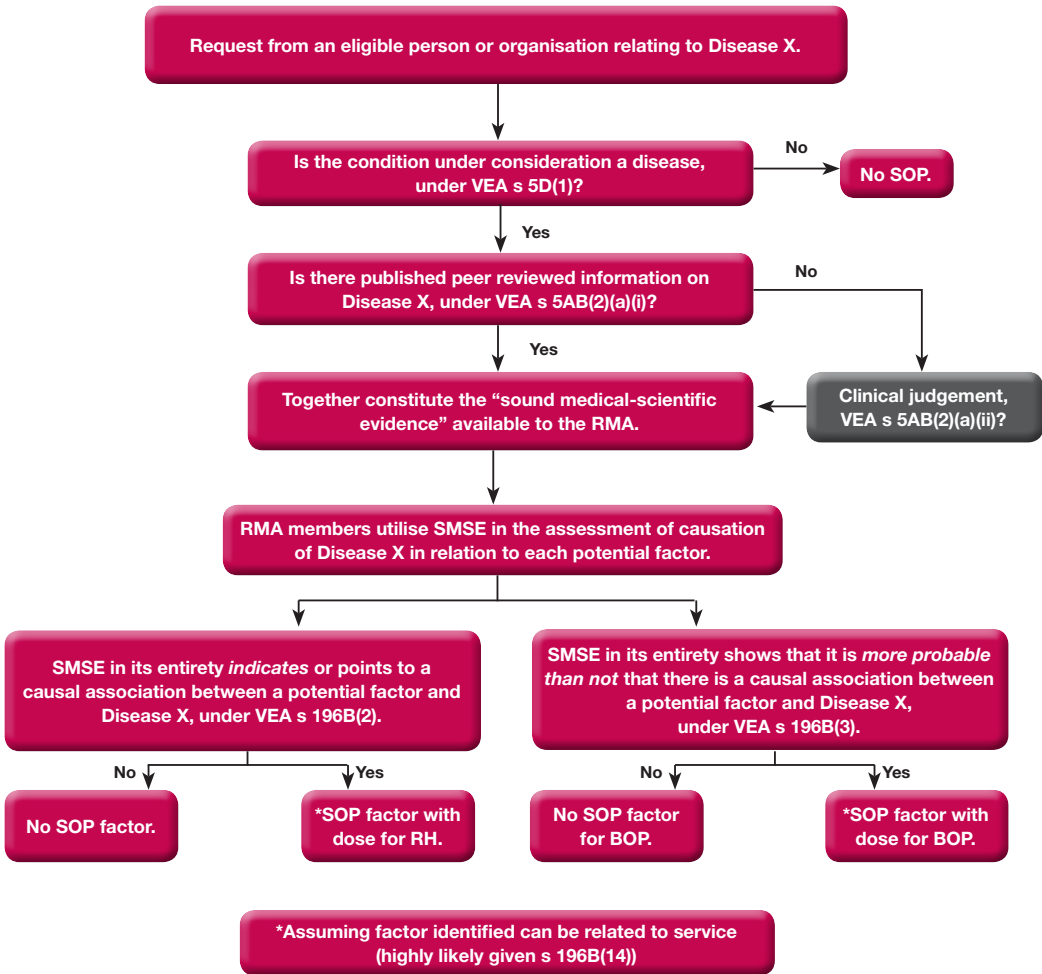
1. the information:
 - (i) is consistent with material relating to medical science that has been published in a medical or scientific publication and has been, in the opinion of the Repatriation Medical Authority, subjected to a peer review process; or
 - (ii) in accordance with generally accepted medical 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 on 16 March 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



The Authority

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 members during the 2015/16 reporting period were Professors Nick Saunders AO (Chairperson), Andrew Wilson (ceased 30 September 2015), Gerard Byrne, Flavia Cicuttini, Jenny Doust (commenced 1 October 2015) and John Kaldor.



Professor Nicholas Saunders AO, MD, Hon LLD, 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 of South Australia, 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 part-time Chief Commissioner of the Tertiary Education Quality and Standards Agency.

Professor Saunders' term of appointment is to 30 June 2017.



Professor Andrew Wilson, BMed Sci, MBBS (Hons), PhD, FRACP, FFAPHM. Professor Wilson is Director of the Menzies Centre for Health Policy in the Faculty of Medicine, University of Sydney. In addition to his academic career, Professor Wilson has worked in senior public sector roles in the NSW Health Department as Chief Health Officer and the Queensland Health Department as Deputy Director-General, Policy, Strategy and Resourcing.

Professor Wilson's term of appointment ceased on 30 September 2015.



Professor Gerard Byrne, BSc(Med), MBBS (Hons), PhD, FRANZCP. Professor Byrne is Head of the Discipline of Psychiatry within the School of 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 2017.



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 2017.



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 2019.

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 Determinations 2014/03 and 2015/20 (the latter Determination having effect from 1 January 2016). The Remuneration Tribunal reviews the rates annually. The provisions applying to travel on official business are contained in Remuneration Tribunal Determinations 2013/16 and 2015/11 (the latter Determination having effect from 30 August 2015).

Meetings

The Authority held six meetings in Brisbane during 2015/16 on the following dates:

August 4 & 5	February 9
September 29	April 5 & 6
December 1 & 2	June 7 & 8

In accordance with the legislation, 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 2015/16, staffing of the Secretariat equated to 10.28 FTE (Full-Time Equivalent) positions. There are no Senior Executive Service positions in the RMA Secretariat.

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 website continues to be refined and improved to increase the range, accessibility and timeliness of services to clients and stakeholders. A new version of the website was launched in October 2015. Features of the new website include:

- being easy to access and view on smart phones and tablets;
- a comprehensive site map to enhance navigation of the site;
- an expanded 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;
- current and past versions of SOPs, Explanatory Statements tabled in Parliament and other important documents regarding a disease or injury are available on a single page specific to each condition; and
- significant improvements to the capacity to search the site for SOPs of interest.

Website visitors can search the new website by SOP number, year of determination, the name of the condition or ICD code. Hundreds of commonly used terms for medical conditions can now be used to search to find the applicable SOP, and a further search facility added to the SOPs page enables visitors to search current SOPs by factor.

Website visitor numbers have declined slightly prior to and immediately following the launch of the new website, although have generally returned to similar levels to the preceding year since February 2016. The reasons for the variations are unclear. The website received more than 74 000 unique visits over the course of the year.

As part of the new website, the website subscriber service was updated. Subscribers to the website receive notification of all changes to the website, including outcomes of meetings, SOPs determined and investigations advertised or completed. Past subscribers were contacted and asked to re-subscribe to ensure the integrity of the list and continued interest in receiving email notifications. As at 30 June 2016, there were 445 subscribers receiving updates.

The Authority views 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>.

No requests under the FOI Act were received during the reporting period.

Table 1: Requests under the FOI Act

	2015/16	2014/15	2013/14
Requests received	0	1	2
Information provided under s 196I ¹	0	0	1
Invalid requests	0	0	0
Requests granted	0	1	2
Requests refused (in full or part)	0	0	0
Requests completed ²	0	1	2

- 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 2015/16, the Authority determined a total of 104 SOPs. The various categories of SOPs determined are set out in Table 2, and the specific SOPs revoked and determined are detailed in Appendix 2.

Table 2: Statements of Principles

Action	2015/16	2014/15	2013/14
Revoked SOPs ¹	78	122	78
Re-issued SOPs ²	78	114	76
SOPs issued for new conditions	8	4	12
Amendment SOPs	18	5	15
Total number of SOPs determined	104	129 ³	103

- 1 The figures cited refer only to SOPs which are the principal instrument, and do not include any amending instruments which may have also been revoked as a consequence of the principal instrument being revoked.
- 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 (revoked) SOP.
- 3 This figure includes 6 instruments of revocation which were issued revoking SOPs previously determined, on the basis that the kind of injury, disease or death with which the SOP was concerned could not be related to service.

Since its inception, the Authority has determined 2324 SOPs, with 325 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	2015/16	2014/15	2013/14
Investigations notified ¹	10	4	1
Reviews notified ²	21	19	3
Focussed reviews notified ³	18	4	16
Total investigations and reviews notified	49	27	20
Total investigations and reviews completed ⁴	59	74	53
Average time taken to complete (days) ⁵	815 (642)	1036 (939)	962 (850)
Focussed reviews completed	16	7	7
Average time taken to complete focussed reviews (days) ⁵	205	238	238
Investigations and reviews notified in previous reporting periods and yet to be completed ⁶	7	25	82
Investigations and reviews notified in reporting period and yet to be completed ⁶	33	25	15
Total investigations and reviews outstanding	40	50	97
Requests for investigation or review refused	30	14	7

- 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. Six (6) focussed reviews were subsequently re-advertised with a broadened scope of review, but the subsequent re-advertising has not been included in the number reported.
- 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 date of effect of SOP determined, or to date of Gazette notice of Declaration that no SOP is to be determined, and expressed in days. This figure initially excludes focussed reviews. The average time taken for all investigations and reviews follows in brackets.
- 6 The investigations and reviews advertised but not finalised as at 30 June 2016 are detailed in Appendix 3.

Table 4: Outcome of investigations and reviews

Subject of investigation or review	Outcome
1. fracture	Previous Statements of Principles concerning fracture revoked and new Statements of Principles determined
2. Achilles tendinopathy and bursitis	Previous Statements of Principles concerning Achilles tendinopathy and bursitis revoked and new Statements of Principles determined
3. hallux valgus	Previous Statements of Principles concerning hallux valgus revoked and new Statements of Principles determined

Subject of investigation or review	Outcome
4. lipoma	Previous Statements of Principles concerning lipoma revoked and new Statements of Principles determined [N.B. Amendment Statements of Principles concerning lipoma determined to rectify a clerical error identified after the lodgement of the new Statements of Principles.]
5. malignant melanoma of the skin	Previous Statements of Principles concerning malignant melanoma of the skin revoked and new Statements of Principles determined
6. mesothelioma	Previous Statements of Principles concerning mesothelioma revoked and new Statements of Principles determined
7. ingrowing nail	Previous Statements of Principles concerning ingrowing nail revoked and new Statements of Principles determined
8. Meniere's disease	Previous Statements of Principles concerning Meniere's disease revoked and new Statements of Principles determined
9. external burn	Previous Statements of Principles concerning external burn revoked and new Statements of Principles determined
10. hepatitis E	Previous Statements of Principles concerning hepatitis E revoked and new Statements of Principles determined
11. pterygium	Previous Statements of Principles concerning pterygium revoked and new Statements of Principles determined
12. pinguecula	Previous Statements of Principles concerning pinguecula revoked and new Statements of Principles determined
13. malignant neoplasm of the oesophagus	Previous Statements of Principles concerning malignant neoplasm of the oesophagus revoked and new Statements of Principles determined
14. dental caries	Previous Statements of Principles concerning dental caries revoked and new Statements of Principles determined
15. loss of teeth	Previous Statements of Principles concerning loss of teeth revoked and new Statements of Principles determined
16. discoid lupus erythematosus	New Statements of Principles determined concerning discoid lupus erythematosus

Subject of investigation or review	Outcome
17. chronic obstructive pulmonary disease (dust and recurrent lower respiratory tract infection*)	Amendment Statements of Principles concerning chronic obstructive pulmonary disease determined
18. ischaemic heart disease	Previous Statements of Principles concerning ischaemic heart disease revoked and new Statements of Principles determined
19. peritoneal adhesions	Previous Statements of Principles concerning peritoneal adhesions revoked and new Statements of Principles determined
20. external bruise	Previous Statements of Principles concerning external bruise revoked and new Statements of Principles determined
21. non-melanotic malignant neoplasm of the skin	Previous Statements of Principles concerning non-melanotic malignant neoplasm of the skin revoked and new Statements of Principles determined
22. myopia, hypermetropia and astigmatism	Previous Statements of Principles concerning myopia, hypermetropia and astigmatism revoked and new Statements of Principles determined
23. malignant neoplasm of the endometrium	Previous Statements of Principles concerning malignant neoplasm of the endometrium revoked and new Statements of Principles determined
24. eating disorder	Previous Statements of Principles concerning eating disorder revoked and new Statements of Principles determined
25. diverticular disease of the colon	Previous Statements of Principles concerning diverticular disease of the colon revoked and new Statements of Principles determined
26. benign prostatic hyperplasia	Previous Statements of Principles concerning benign prostatic hyperplasia revoked and new Statements of Principles determined
27. polymyalgia rheumatica	Previous Statements of Principles concerning polymyalgia rheumatica revoked and new Statements of Principles determined
28. systemic lupus erythematosus	Previous Statements of Principles concerning systemic lupus erythematosus revoked and new Statements of Principles determined
29. adjustment disorder	Previous Statements of Principles concerning adjustment disorder revoked and new Statements of Principles determined
30. Lyme disease	New Statements of Principles determined concerning Lyme disease

Subject of investigation or review	Outcome
31. diabetes mellitus (smoking and passive smoking*)	Amendment Statements of Principles concerning diabetes mellitus determined
32. depressive disorder (a severe, chronic medical condition*)	Amendment Statements of Principles concerning depressive disorder determined
33. aplastic anaemia (benzene and the definition of “being exposed to benzene”*)	Amendment Statements of Principles concerning aplastic anaemia determined
34. acute myeloid leukaemia (benzene*)	Amendment Statements of Principles concerning acute myeloid leukaemia determined
35. myelodysplastic syndrome (benzene*)	Amendment Statements of Principles concerning myelodysplastic syndrome determined
36. acute lymphoblastic leukaemia (benzene and the definition of “being exposed to benzene” *) #	Amendment Statement of Principles concerning acute lymphoblastic leukaemia
37. chronic lymphocytic leukaemia/small lymphocytic lymphoma (benzene and the definition of “being exposed to benzene”*) #	Amendment Statement of Principles concerning chronic lymphocytic leukaemia/small lymphocytic lymphoma determined
38. myeloma (benzene and the definition of “being exposed to benzene”*) #	Amendment Statement of Principles concerning myeloma determined
39. non-Hodgkin’s lymphoma (benzene and the definition of “being exposed to benzene” *) #	Amendment Statement of Principles concerning non-Hodgkin’s lymphoma determined
40. malignant neoplasm of the prostate (dieldrin*)	Declaration that the sound medical-scientific evidence available is not sufficient to justify an amendment to the Statements of Principles concerning malignant neoplasm of the prostate
41. benign neoplasm of the eye and adnexa	Previous Statements of Principles concerning benign neoplasm of the eye and adnexa revoked and new Statements of Principles determined
42. intervertebral disc prolapse	Previous Statements of Principles concerning intervertebral disc prolapse revoked and new Statements of Principles determined
43. opisthorchiasis	Previous Statements of Principles concerning opisthorchiasis revoked and new Statements of Principles determined
44. clonorchiasis	Previous Statements of Principles concerning clonorchiasis revoked and new Statements of Principles determined
45. malignant neoplasm of the urethra	Previous Statements of Principles concerning malignant neoplasm of the urethra revoked and new Statements of Principles determined
46. cholelithiasis	Previous Statements of Principles concerning cholelithiasis revoked and new Statements of Principles determined

Subject of investigation or review	Outcome
47. cut, stab, abrasion and laceration	Previous Statements of Principles concerning cut, stab, abrasion and laceration revoked and new Statements of Principles determined
48. Parkinson's disease and parkinsonism	Previous Statements of Principles concerning Parkinson's disease and parkinsonism revoked and new Statements of Principles determined for Parkinson's disease and secondary parkinsonism
49. optochiasmatic arachnoiditis	New Statements of Principles determined concerning optochiasmatic arachnoiditis
50. sarcoidosis	Previous Statements of Principles concerning sarcoidosis revoked and new Statements of Principles determined
51. otosclerosis	Previous Statements of Principles concerning otosclerosis revoked and new Statements of Principles determined
52. spasmodic torticollis	Previous Statements of Principles concerning spasmodic torticollis revoked and new Statements of Principles determined
53. suicide and attempted suicide	Previous Statements of Principles concerning suicide and attempted suicide revoked and new Statements of Principles determined
54. Barrett's oesophagus	New Statements of Principles determined concerning Barrett's oesophagus
55. rotator cuff syndrome (statins*)	Declaration that the sound medical-scientific evidence available is not sufficient to justify an amendment to the Statements of Principles concerning rotator cuff syndrome
56. Achilles tendinopathy and bursitis (statins*)	Declaration that the sound medical-scientific evidence available is not sufficient to justify an amendment to the Statements of Principles concerning Achilles tendinopathy and bursitis
57. epicondylitis (statins*)	Declaration that the sound medical-scientific evidence available is not sufficient to justify an amendment to the Statements of Principles concerning epicondylitis
58. patellar tendinopathy (statins*)	Declaration that the sound medical-scientific evidence available is not sufficient to justify an amendment to the Statements of Principles concerning patellar tendinopathy

Subject of investigation or review	Outcome
59. trochanteric bursitis and gluteal tendinopathy (statins*)	Declaration that the sound medical-scientific evidence available is not sufficient to justify an amendment to the Statements of Principles concerning trochanteric bursitis and gluteal tendinopathy

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

[#] This investigation was only undertaken in relation to the SOP determined under s 196B(2) of the VEA.

As at 30 June 2016, the Authority had received thirty (30) requests for review under s 196E(1)(f) of the VEA in response to which it decided not to carry out an investigation. These decisions not to carry out a review were made under s 196CA. In each of these requests, written reasons were provided to the person or organisation making the request.

In summary, the Authority commenced the 2015/16 year with 50 investigations outstanding. During the course of the year, the Authority notified 49 further investigations, completed 59 investigations and as at 30 June 2016 had ongoing investigations in respect of 40 conditions. Five of those ongoing investigations are in relation to some (rather than all) of the contents of the relevant SOPs.

The Authority declined to undertake 30 investigations over the 12-month period.

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 are distributed to 13 organisations and individuals. Of the 13 recipients, 9 receive paper copies and 4 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 Legislative Instruments (FRLI), and subsequent tabling in both Houses of Parliament. From 5 March 2016 renamed the Federal Register of Legislation (FRL), 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

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 2015 to 30 June 2016, the Authority received the following advice in relation to the status of reviews being conducted by the SMRC pursuant to s 196Y of the VEA:

1. Fibrosing interstitial lung disease

In November 2013 the SMRC advised the Authority that a request for review had been received in relation to SOPs concerning fibrosing interstitial lung disease, Instrument Nos. 53 and 54 of 2013. Notification of this review appeared in the Government Notices Gazette of 12 March 2014. In the Government Notices Gazette of 11 December 2015, the SMRC notified its Declaration No. 27 in relation to this review.

Declaration 27 & 28 in relation to the reviews concerning fibrosing interstitial lung disease and asbestosis stated that:

1. In relation to the Repatriation Medical Authority (the RMA) Statement of Principles No. 53 of 2013 concerning fibrosing interstitial lung disease and death from fibrosing interstitial lung disease, made under subsections 196B (2) of the *Veterans' Entitlements Act 1986* (the VEA), the Specialist Medical Review Council (the Council) under subsection 196W of the VEA:

DECLARES that the sound medical-scientific evidence available to the RMA is insufficient to justify an amendment to the Statement of Principles to existing factors, or to include a new factor or factors for;

asbestos bodies and pleural plaque; or

shorter periods of exposure to respirable asbestos fibres.

2. In relation to the RMA Statement of Principles No. 54 of 2013 concerning fibrosing interstitial lung disease and death from fibrosing interstitial lung disease, made under subsections 196B (3) of the VEA, the Council under subsection 196W of the VEA:

DECLARES that the sound medical-scientific evidence available to the RMA is insufficient to justify an amendment to the Statement of Principles to existing factors, or to include a new factor or factors for;

asbestos bodies and pleural plaque; or
shorter periods of exposure to respirable asbestos fibres.

2. Asbestosis

In November 2013 the SMRC advised the Authority that a request for review had been received in relation to SOPs concerning asbestosis, Instrument Nos. 55 and 56 of 2013. Notification of this review appeared in the Government Notices Gazette of 12 March 2014. In the Government Notices Gazette of 11 December 2015, the SMRC notified its Declaration No. 28 in relation to this review.

Declaration 27 & 28 in relation to the reviews concerning fibrosing interstitial lung disease and asbestosis stated that:

3. In relation to the RMA Statement of Principles No. 55 of 2013 concerning asbestosis and death from asbestosis, made under subsections 196B (2) of the VEA, the Council under subsection 196W of the VEA:

DECLARES that the sound medical-scientific evidence available to the RMA is insufficient to justify an amendment to the Statement of Principles to existing factors, or to include a new factor or factors for;

asbestos bodies and pleural plaque; or

shorter periods of exposure to respirable asbestos fibres.

4. In relation to the RMA Statement of Principles No. 56 of 2013 concerning asbestosis and death from asbestosis, made under subsections 196B (3) of the VEA, the Council under subsection 196W of the VEA:

DECLARES that the sound medical-scientific evidence available to the RMA is insufficient to justify an amendment to the Statement of Principles to existing factors, or to include a new factor or factors for;

asbestos bodies and pleural plaque; or

shorter periods of exposure to respirable asbestos fibres.

3. Chronic multisymptom illness

In August 2014 the SMRC advised the Authority that a request for review had been received in relation to SOPs, Instrument Nos. 55 and 56 of 2014, concerning chronic multisymptom illness. Notification of this review appeared in the Government Notices Gazette of 28 August 2014. As at 30 June 2016, the Authority had not been advised of the outcome of the review.

4. Malignant neoplasm of the prostate

In August 2014 the SMRC advised the Authority that a request for review had been received in relation to SOPs, Instrument Nos. 53 and 54 of 2014, concerning malignant neoplasm of the prostate. Notification of this review appeared in the Government Notices Gazette of 25 August 2014. As at 30 June 2016, the Authority had not been advised of the outcome of the review.

5. Myasthenia gravis

In September 2015 the SMRC advised the Authority that a request for review had been received in relation to SOPs, Instrument Nos. 75 and 76 of 2015, concerning myasthenia gravis. Notification of this review appeared in the Government Notices Gazette of 18 September 2015. In the Government Notices Gazette of 24 May 2016, the SMRC notified its Declaration No. 29 in relation to this review.

Declaration 29 stated that:

In relation to the Repatriation Medical Authority (the RMA) Statement of Principles No. 75 and No. 76 of 2015 concerning Myasthenia Gravis, made under subsection 196B of the *Veterans' Entitlements Act 1986* (the VEA), the Specialist Medical Review Council (the Council) under subsection 196W(5) of the VEA:

DECLARES that there was no sound medical-scientific evidence on which the RMA could have relied to amend either of the Statements of Principles to include a factor or factors for exposure to ionising radiation and the clinical onset and/or clinical worsening of myasthenia gravis.

6. Lyme disease

In June 2016 the SMRC advised the Authority that a request for review had been received in relation to SOPs, Instrument Nos. 25 and 26 of 2016, concerning Lyme disease. Notification of this review appeared in the Government Notices Gazette of 10 June 2016. As at 30 June 2016, the Authority had not been advised of the outcome of the review.

Department of Veterans' Affairs

Although the Authority is separate and independent of the DVA, 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 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
RSL – Victorian State Congress	Melbourne, Victoria	1 July 2015	Chairperson and Registrar
RSL – South Australian/NT State Congress	Adelaide, South Australia	4 July 2015	Chairperson and Registrar
Legacy National Pensions Committee Annual General Meeting	Canberra, ACT	3 August 2015	Chairperson and Registrar
RSL - National Congress	Brisbane, Queensland	22 September 2015	Chairperson and Registrar
RSL – WA State Congress	Perth, Western Australia	10 October 2015	Registrar
RSL - Tasmanian State Congress	Launceston, Tasmania	21 May 2016	Chairperson and Registrar
Vietnam Veterans' Association National Congress	Canberra, ACT	26 May 2016	Registrar
RSL - NSW State Congress	Sydney, New South Wales	24 May 2016	Chairperson and Registrar
RSL - National Congress	Melbourne, Victoria	6 June 2016	Registrar
RSL – ACT Branch Congress	Canberra, ACT	10 June 2016	Registrar
RSL – WA State Congress	Perth, Western Australia	18 June 2016	Chairperson and Registrar
RSL - Queensland State Congress	Brisbane, Queensland	24-25 June 2016	Chairperson and Registrar

Financial

A summary of cash expenditure incurred by the Authority in 2015/16 with comparison to 2014/15 and 2013/14 is detailed in Table 6.

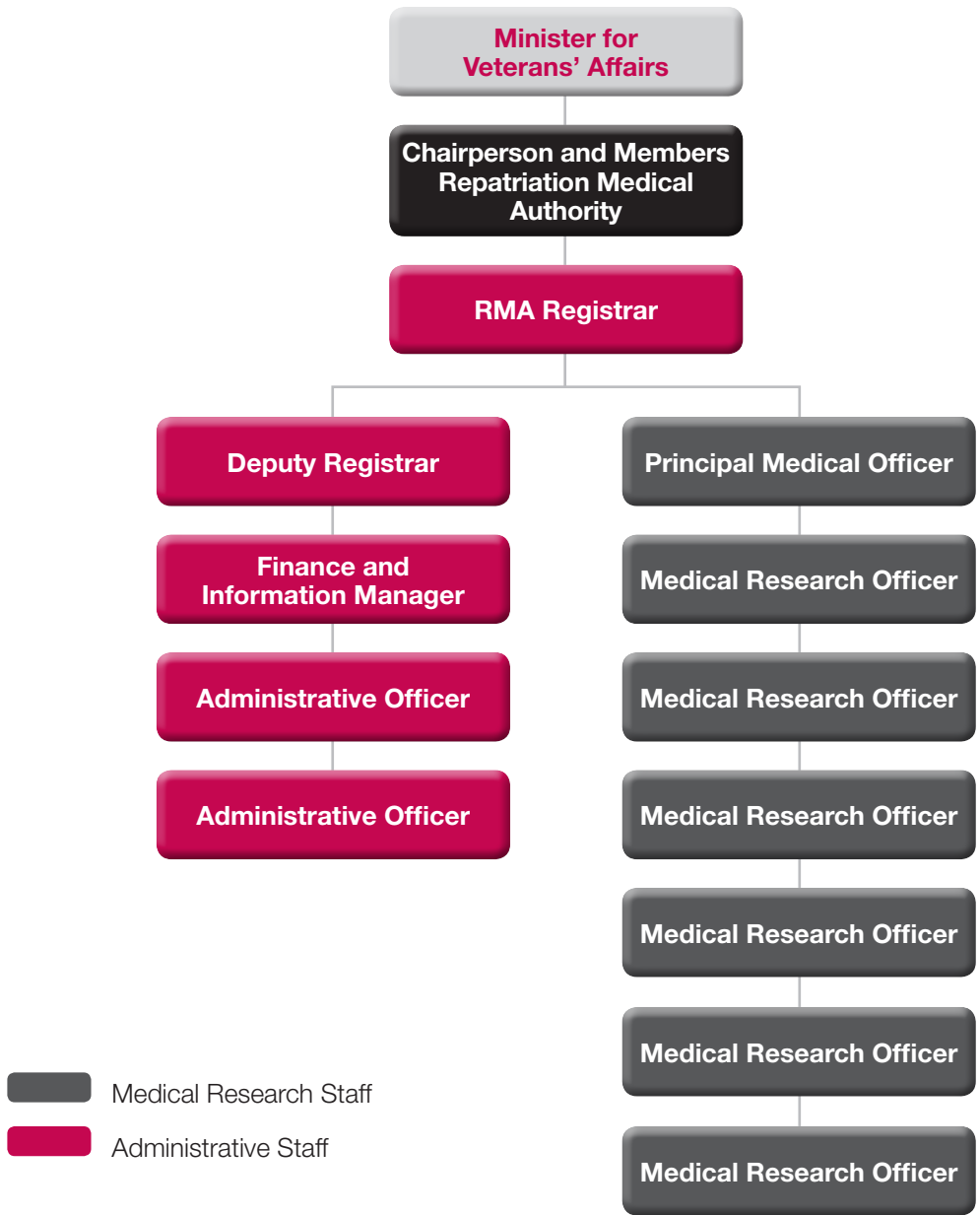
Financial information prepared on an accrual basis is included in the DVA Financial Statements.

Table 6: Financial expenditure

Item	2015/16	2014/15	2013/14
Salary and related expenses	\$1 599 544	\$1 630 471	\$1 580 955
Administrative expenses	\$119 589	\$151 978	\$265 599
Legal expenses	\$65 326	\$206 761	\$70 684
Total expenditure	\$ 1 784 459	\$1 989 210	\$1 917 238

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 2015/16

2015

Instrument No.	Title	Effective Date	Other Comments
94 & 95/2015	fracture	21/09/2015	94 revokes 53/2006 95 revokes 54/2006
96 & 97/2015	Achilles tendinopathy and bursitis	21/09/2015	96 revokes 37/2007 97 revokes 38/2007
98 & 99/2015	hallux valgus	21/09/2015	98 revokes 91/2007 99 revokes 92/2007
100 & 101/2015	lipoma	21/09/2015	100 revokes 97/2007 101 revokes 98/2007
102 & 103/2015	malignant melanoma of the skin	21/09/2015	102 revokes 79/2007 103 revokes 80/2007
104 & 105/2015	mesothelioma	21/09/2015	104 revokes 83/2007 105 revokes 84/2007
106 & 107/2015	ingrowing nail	21/09/2015	106 revokes 93/2007 107 revokes 94/2007
108 & 109/2015	Meniere's disease	21/09/2015	108 revokes 59/2006 109 revokes 60/2006
110 & 111/2015	external burn	21/09/2015	110 revokes 41/2006 111 revokes 42/2006
112 & 113/2015	hepatitis E	21/09/2015	112 revokes 31/2007 113 revokes 32/2007
114 & 115/2015	lipoma	21/09/2015	114 amends 100/2015 115 amends 101/2015
116 & 117/2015	pterygium	16/11/2015	116 revokes 75/2007 117 revokes 76/2007
118 & 119/2015	pinguecula	16/11/2015	118 revokes 77/2007 119 revokes 78/2007
120 & 121/2015	malignant neoplasm of the oesophagus	16/11/2015	120 revokes 41/2007, as amended 121 revokes 42/2007, as amended
122 & 123/2015	dental caries	16/11/2015	122 revokes 71/2007 123 revokes 72/2007

Instrument No.	Title	Effective Date	Other Comments
124 & 125/2015	loss of teeth	16/11/2015	124 revokes 73/2007, as amended 125 revokes 74/2007, as amended
126 & 127/2015	discoid lupus erythematosus	16/11/2015	New condition
128 & 129/2015	chronic obstructive pulmonary disease	16/11/2015	128 amends 37/2014 129 amends 38/2014

2016

Instrument No.	Title	Effective Date	Other Comments
1 & 2/2016	ischaemic heart disease	25/01/2016	1 revokes 89/2007, as amended 2 revokes 90/2007, as amended
3 & 4/2016	peritoneal adhesions	25/01/2016	3 revokes 103/2007 4 revokes 104/2007
5 & 6/2016	external bruise	25/01/2016	5 revokes 109/2007 6 revokes 110/2007
7 & 8/2016	non-melanotic malignant neoplasm of the skin	04/04/2016	7 revokes 81/2007, as amended 8 revokes 82/2007, as amended
9 & 10/2016	myopia, hypermetropia and astigmatism	04/04/2016	9 revokes 69/2007 10 revokes 70/2007
11 & 12/2016	malignant neoplasm of the endometrium	04/04/2016	11 revokes 99/2007, as amended 12 revokes 100/2007, as amended
13 & 14/2016	eating disorder	04/04/2016	13 revokes 47/2008, as amended 14 revokes 48/2008, as amended
15 & 16/2016	diverticular disease of the colon	04/04/2016	15 revokes 13/2008, as amended 16 revokes 14/2008
17 & 18/2016	benign prostatic hyperplasia	04/04/2016	17 revokes 19/2008 18 revokes 20/2008

Instrument No.	Title	Effective Date	Other Comments
19 & 20/2016	polymyalgia rheumatica	04/04/2016	19 revokes 23/2008 20 revokes 24/2008
21 & 22/2016	systemic lupus erythematosus	04/04/2016	21 revokes 85/2007, as amended 22 revokes 86/2007, as amended
23 & 24/2016	adjustment disorder	04/04/2016	23 revokes 37/2008, as amended 24 revokes 38/2008, as amended
25 & 26/2016	Lyme disease	04/04/2016	New condition
27 & 28/2016	diabetes mellitus	04/04/2016	27 amends 89/2011, as amended 28 amends 90/2011, as amended
29 & 30/2016	depressive disorder	04/04/2016	29 amends 83/2015 30 amends 84/2015
31 & 32/2016	aplastic anaemia	04/04/2016	31 amends 51/2015 32 amends 51/2012
33 & 34/2016	acute myeloid leukaemia	04/04/2016	33 amends 71/2015 34 amends 72/2015
35 & 36/2016	myelodysplastic syndrome	04/04/2016	35 amends 73/2015 36 amends 74/2015
37/2016	acute lymphoblastic leukaemia	04/04/2016	37 amends 75/2012
38/2016	chronic lymphocytic leukaemia/small lymphocytic lymphoma	04/04/2016	38 amends 84/2014
39/2016	myeloma	04/04/2016	39 amends 69/2012
40/2016	non-Hodgkin's lymphoma	04/04/2016	40 amends 28/2010
41 & 42/2016	benign neoplasm of the eye and adnexa	23/05/2016	41 revokes 33/2008, as amended 42 revokes 34/2008, as amended

Instrument No.	Title	Effective Date	Other Comments
43 & 44/2016	intervertebral disc prolapse	23/05/2016	43 revokes 39/2007, as amended 44 revokes 40/2007, as amended
45 & 46/2016	opisthorchiasis	23/05/2016	45 revokes 111/2007 46 revokes 112/2007
47 & 48/2016	clonorchiasis	23/05/2016	47 revokes 113/2007 48 revokes 114/2007
49 & 50/2016	malignant neoplasm of the urethra	23/05/2016	49 revokes 1/2008, as amended 50 revokes 2/2008, as amended
51 & 52/2016	cholelithiasis	23/05/2016	51 revokes 7/2008 52 revokes 8/2008
53 & 54/2016	cut, stab, abrasion and laceration	23/05/2016	53 revokes 3/2008 54 revokes 4/2008
55 & 56/2016	Parkinson's disease and secondary parkinsonism	23/05/2016	55 revokes 65/2007 concerning Parkinson's disease and parkinsonism, as amended 56 revokes 66/2007 concerning Parkinson's disease and parkinsonism
57 & 58/2016	optochiasmatic arachnoiditis	23/05/2016	New condition
59 & 60/2016	sarcoidosis	25/07/2016	59 revokes 115/2007 60 revokes 116/2007
61 & 62/2016	otosclerosis	25/07/2016	61 revokes 119/2007 62 revokes 120/2007
63 & 64/2016	spasmodic torticollis	25/07/2016	63 revokes 21/2008 64 revokes 22/2008
65 & 66/2016	suicide and attempted suicide	25/07/2016	65 revokes 11/2010 66 revokes 12/2010
67 & 68/2016	Barrett's oesophagus	25/07/2016	New condition

Appendix 3: Outstanding investigations and reviews as at 30/06/2016

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 2016.

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. The amendments to the VEA introduced in 2007 give the Authority the discretion to limit the scope of a review. The Authority refers to such 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
antiphospholipid syndrome	01/09/2015
bruxism	09/12/2015
ganglion	09/12/2015
incisional hernia	09/12/2015
umbilical hernia	09/12/2015
Scheuermann's disease	09/12/2015
female sexual dysfunctions	09/12/2015
complex regional pain syndrome	15/03/2016
retrolisthesis	03/05/2016

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

Reviews	Instrument Nos.	Date of Gazettal
cirrhosis of the liver	107 & 108 of 2007, as amended	12/05/2015
presbyopia	117 & 118 of 2007	12/05/2015
ascariasis	62 & 63 of 2008	12/05/2015
hookworm disease	64 & 65 of 2008	12/05/2015
schizophrenia	15 of 2009, as amended, & 16 of 2009	30/06/2015
malignant neoplasm of the brain	58 & 59 of 2008, as amended	01/09/2015
analgesic nephropathy	29 & 30 of 2008	02/10/2015
smallpox	31 & 32 of 2008	02/10/2015
acquired cataract	39 & 40 of 2008, as amended	02/10/2015

Reviews	Instrument Nos.	Date of Gazettal
haemorrhoids	41 & 42 of 2008	02/10/2015
sickle-cell disorder	43 & 44 of 2008	02/10/2015
relapsing polychondritis	45 & 46 of 2008	02/10/2015
hepatitis B	52 & 53 of 2008	02/10/2015
hepatitis C	54 & 55 of 2008	02/10/2015
hepatitis D	56 & 57 of 2008	02/10/2015
fibromuscular dysplasia	60 & 61 of 2008	02/10/2015
animal envenomation	66 & 67 of 2008	02/10/2015
rheumatoid arthritis	68 & 69 of 2008	03/05/2016
personality disorder	70 & 71 of 2008, as amended	03/05/2016
immune thrombocytopaenic purpura	72 & 73 of 2008	03/05/2016
alcohol use disorder	1 & 2 of 2009, as amended	03/05/2016
substance use disorder	3 & 4 of 2009, as amended	03/05/2016
accommodation disorder	5 & 6 of 2009	03/05/2016
thromboangiitis obliterans	7 & 8 of 2009	03/05/2016
chilblains	9 & 10 of 2009	03/05/2016
cardiac myxoma	11 & 12 of 2009	03/05/2016

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

Focussed Reviews	Focus of Review	Instrument Nos.	Date of Gazettal
anxiety disorder	definition of condition & mefloquine	102 & 103 of 2014	30/06/2015
panic disorder	definition of condition & mefloquine	68 & 69 of 2009	30/06/2015
malignant neoplasm of the bladder	phenoxyherbicides/dioxin (Agent Orange)	96 & 97 of 2011	03/05/2016
otitic barotrauma	change in ambient barometric pressure	35 & 36 of 2012	05/07/2016
sinus barotrauma	change in ambient barometric pressure	49 & 50 of 2010	05/07/2016

Glossary of terms

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
FRLI	Federal Register of Legislative Instruments
FTE	Full-time equivalent
IPS	Information Publication Scheme
MRCA	<i>Military Rehabilitation and Compensation Act 2004</i>
NAA	National Archives of Australia
RH	reasonable hypothesis
RMA	Repatriation Medical Authority
SMRC	Specialist Medical Review Council
SOP	Statement of Principles
VEA	<i>Veterans' Entitlements Act 1986</i>

