



**Australian Government**  

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**Repatriation Medical Authority**

Twenty-fourth Annual Report  
**2017/2018**

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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 2018.

Yours sincerely

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

Professor Nicholas Saunders AO  
Chairperson

5 October 2018

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# Executive Statement by the Chairperson

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The Repatriation Medical Authority (the Authority) again experienced a busy year in 2017/18. In addition to reviewing a large number of existing SOPs, SOPs for 11 new conditions were determined. This is the largest increase in conditions covered by SOPs in any 12 month period since the SOP system was first established in the mid-1990s. The new conditions included musculo-skeletal injuries (popliteal entrapment syndrome, knee bursitis and olecranon bursitis), dental conditions (tooth wear and temporomandibular disorder) and infections (Zika virus infection).

## Workloads

Over the reporting period 111 investigations were completed and 93 SOPs determined. The success over recent years in reducing the large backlog of investigations through various initiatives enabled the Authority to maintain the average time required to complete an investigation or review of a SOP to slightly more than 12 months. Much of this time relates to periods for public notification of investigations and their outcomes, as well as providing reasonable opportunities and time for stakeholders to make submissions and provide feedback.

A further initiative introduced during the reporting period which aided the timely finalisation of large numbers of focussed reviews is the development and use of ‘omnibus’ legislative instruments to implement the outcomes of reviews concerning a factor or definition common to a range of SOPs. The *Veterans’ Entitlements (Statements of Principles – Cumulative Equivalent Dose) Amendment Determination 2017* (Instrument 58 of 2017) was determined in August 2017. It amended 124 Statements of Principles which contained a factor relating to ionising radiation. Similar ‘omnibus’ determinations have since been determined on several occasions. This approach ensures consistency in factor terminology across conditions, as well as improving efficiency in translating the findings from reviews into SOPs.

The Authority was pleased that the review of the ‘sunsetting’ provisions contained in the *Legislation Act 2003* resulted in recommendations to retain the provisions. The ever-expanding nature of medical-science means that regular review of the literature on which legislative instruments such as SOPs are based is desirable. The Authority lodged several submissions to the review supporting the retention of a 10 year period as an appropriate maximum period of time within which the SOPs must be reviewed.

## Mental health

Mental health issues have again featured prominently in the Authority’s deliberations during 2017/18. Reviews in full or part of six mental health SOPs were completed, and the most recent version of the mental health manual (The Diagnostic and Statistical Manual of Mental Disorders Fifth Edition - DSM-5) has now been incorporated into all mental health SOPs.

A wide range of SOPs contain factors relating to category 1B stressors. As at 30 June 2018, the Authority was in the process of finalising a review of these SOPs to ensure they each contained consistent definitions of the terms “category 1B stressor”, “eyewitness” and “corpse”.

## Suicide

The Authority completed a further focussed review of the SOPs concerning suicide and attempted suicide during the year, finalising the review in February 2018. Separation from the Australian Defence Force (ADF) was investigated as a 'circumstance of service' which could link the development of category 2 psychosocial stressors with subsequent suicide or attempted suicide. The sound medical-scientific evidence available to the Authority established a clear link between separation, the onset of these stressors potentially years after separation, and subsequent suicide or attempted suicide.

To give the link explicit recognition in the SOPs, a note was inserted to draw to the attention of claimants, their representatives, and decision-makers that category 2 psychosocial stressors may manifest years after separation from service and that these stressors may be related to the circumstance of separation.

## Mefloquine

The anti-malarial drug mefloquine has continued to be the subject of extensive concern for many veterans and ADF members. The drug was added to the reasonable hypothesis SOP for a further condition (toxic retinopathy). SOPs for fifteen conditions now include mefloquine as a causal factor.

During the reporting period the Authority also undertook a careful investigation of whether chemically-acquired brain injury could be linked to the use of mefloquine, tafenoquine or primaquine. The Authority declared that it could not make SOPs concerning chemically-acquired brain injury caused by mefloquine, tafenoquine or primaquine. The Authority concluded there is insufficient sound medical-scientific evidence that the drugs cause chronic brain injury. It also declared that there is insufficient sound medical-scientific evidence that there is a characteristic and persistent pattern of signs and symptoms following exposure to the drugs that could be determined to be a particular kind of disease of, or injury to, the brain.

## Productivity Commission inquiry

In August 2017 the Senate Foreign Affairs, Defence and Trade References Committee released the findings from its inquiry into suicide by veterans and ex-service personnel. The Committee's report, *The Constant Battle: Suicide by Veterans*, contained some 24 recommendations. On 24 October the Government announced its agreement to 22 of these recommendations (with agreement in principle to the remaining two recommendations). A key recommendation proposed a reference to the Productivity Commission to review the legislative framework of compensation and rehabilitation for service member and veterans.

On 27 March 2018 the (then) Treasurer released the Terms of Reference of his request to the Productivity Commission to undertake an inquiry into the system of compensation and rehabilitation for veterans (Serving and Ex-serving Australian Defence Force members). In its examination of whether the current system of compensation and rehabilitation for veterans is fit for purpose now and into the future, the Commission was asked to look at the use of the SOPs as a means to contribute to consistent decision-making based on sound medical-scientific evidence.

The Authority has participated in a number of meetings and discussions with the Commission and its staff, and prepared a submission in response to an Issues Paper released by the Commission in May 2018. The submission provided advice on the background and rationale for the current methods of developing SOPs and addressed issues raised in the Issues Paper with regard to the SOPs. We look forward to the Commission's draft report and public hearings over the coming year.

## 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 and much appreciated.

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

Professor Nicholas Saunders AO

Chairperson

# Background and Function

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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:

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

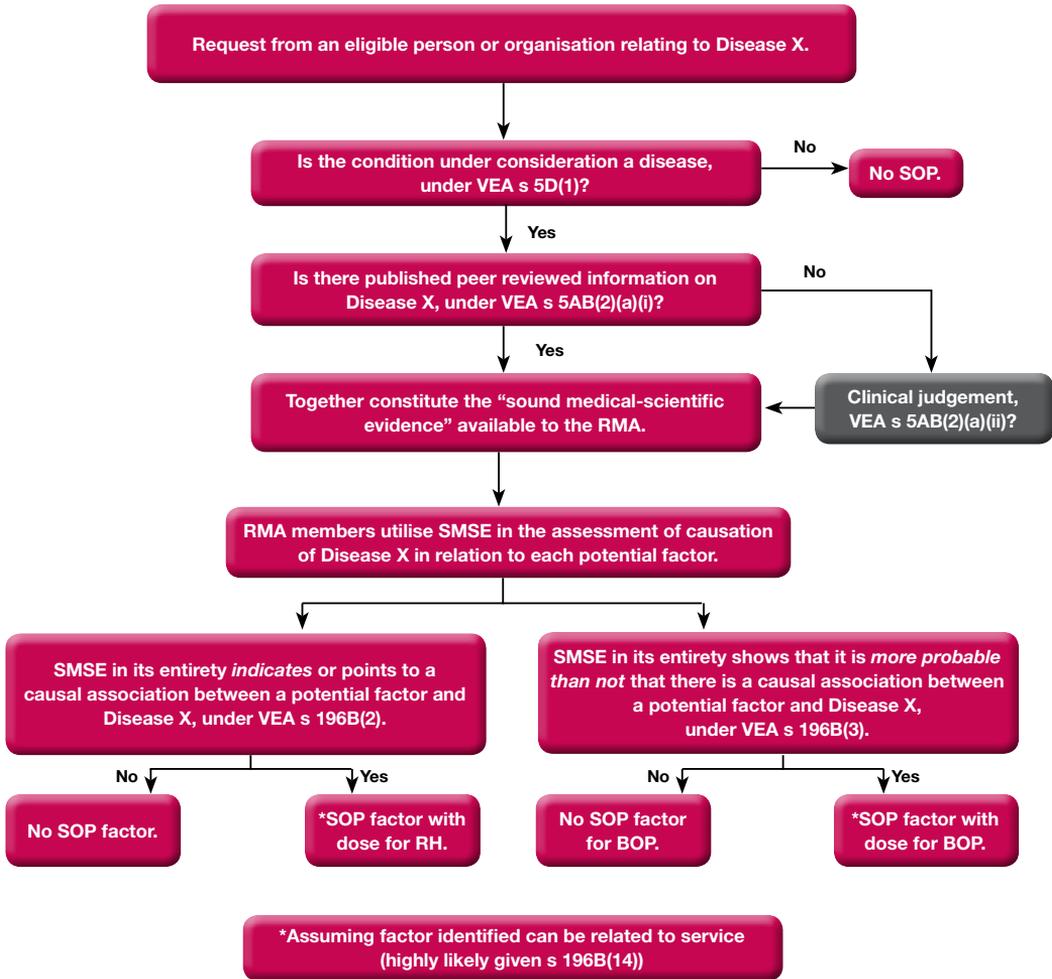
in the case of information about how that kind of injury, disease or death may be caused – meets the applicable criteria for assessing causation currently applied in the field of epidemiology.”

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**



# 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 2017/18 reporting period. It constituted Professor Nick Saunders AO as Chairperson, with Professors Gerard Byrne, Flavia Cicuttini, Jenny Doust and John Kaldor as Members. New terms of appointment for each of Professor Saunders, Professor Byrne and Professor Cicuttini commenced on 1 July 2017.



**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 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 2017/10. The Remuneration Tribunal reviews the rates annually. The provisions applying to travel on official business are contained in Remuneration Tribunal Determinations 2016/07 and 2017/15 (the latter Determination having effect from 27 August 2017).

## Meetings

The Authority held meetings in Brisbane during 2017/18 on the following dates:

1 & 2 August 2017      6 & 7 February 2018  
10 & 11 October 2017    10 & 11 April 2018  
5 & 6 December 2017    5 & 6 June 2018

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 2017/18, staffing of the Secretariat equated to 11 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. 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.

During the reporting period further improvements to the capacity to search the site for SOPs of interest were put in place. Website visitors can now search the website by SOP number, year of determination, the name of the condition or ICD code. Hundreds of commonly used terms for medical conditions can be utilised to find the appropriate SOP, and a further search facility enables visitors to search current SOPs by factor.

The website received more than 114 000 unique visits over the course of the 2017/18 year. As at 30 June 2018, there were 570 subscribers receiving updates, a 3.2% increase over the previous year. 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>.

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

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

	2017/18	2016/17	2015/16
Requests received	6	0	0
Information provided under s 196I <sup>1</sup>	3	1	0
Invalid requests	0	0	0
Requests granted	5	0	0
Requests refused (in full or part)	0	0	0
Requests completed <sup>2</sup>	5	1	0

- 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 2017/18, the Authority determined a total of 93 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	2017/18	2016/17	2015/16
Revoked SOPs <sup>1,4</sup>	60	46	78
Re-issued SOPs <sup>2</sup>	60	46	78
SOPs issued for new conditions	22	18	8
Amended SOPs <sup>3</sup>	9	13	18
Other instruments determined <sup>3,4</sup>	2	0	0
Total number of SOPs determined	93	77	104

- 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 The Instrument *Veterans' Entitlements (Statements of Principles – Cumulative Equivalent Dose) Amendment Determination 2017* (Instrument 58 of 2017) amended 124 SOPs which contained a factor relating to ionising radiation. These 124 amended instruments, which are listed in Appendix 3, are not included in the amended SOPs figure.
- 4 The Instrument *Veterans' Entitlements (Repeal of Expired Amendment Statements of Principles) Determination 2018* (Instrument 52 of 2018) repealed 55 redundant Amendment SOPs deemed by the Office of Parliamentary Counsel to still be extant. These 55 repealed instruments are not included in the revoked SOPs figure.

Since its inception, the Authority has determined 2 491 SOPs, with 345 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	2017/18	2016/17	2015/16
Investigations notified <sup>1</sup>	5	10	10
Reviews notified <sup>2</sup>	41	32	21
Focussed reviews notified <sup>3</sup>	29	112	18
Total investigations and reviews notified	75	154	49
Total investigations and reviews completed <sup>4</sup>	111	43	59
Average time taken to complete (days) <sup>5</sup>	414 (451)	365 (401)	642 (815)
Focussed reviews completed	69	6	16
Average time taken to complete focussed reviews (days) <sup>5</sup>	220	230	205
Investigations and reviews notified in previous reporting periods and yet to be completed <sup>6</sup>	7	7	7
Investigations and reviews notified in reporting period and yet to be completed <sup>6</sup>	66	102	33
Total investigations and reviews outstanding	73	109	40
Requests for investigation or review refused	13	10	30

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 investigations and reviews advertised but not finalised as at 30 June 2018 are detailed in Appendix 4.

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

Subject of investigation or review	Outcome
1. influenza	Previous Statements of Principles concerning influenza revoked and new Statements of Principles determined
2. malaria	Previous Statements of Principles concerning malaria revoked and new Statements of Principles determined
3. alcohol use disorder	Previous Statements of Principles concerning alcohol use disorder revoked and new Statements of Principles determined
4. rheumatoid arthritis	Previous Statements of Principles concerning rheumatoid arthritis revoked and new Statements of Principles determined
5. tooth wear (that is, dental attrition, dental abrasion and dental erosion)	New Statements of Principles determined concerning tooth wear
6. popliteal entrapment syndrome	New Statements of Principles determined concerning popliteal entrapment syndrome
7. benign paroxysmal positional vertigo	New Statements of Principles determined concerning benign paroxysmal positional vertigo
8. The definition of the term “cumulative equivalent dose” referred to in the ionising radiation factor contained in 124 Statements of Principles (listed in Appendix 3)	<i>The Veterans’ Entitlements (Statements of Principles – Cumulative Equivalent Dose) Amendment Determination 2017</i> (Instrument No. 58 of 2017) amended 124 Statements of Principles which contained a factor relating to ionising radiation.
9. chemically-acquired brain injury caused by mefloquine, tafenoquine or primaquine	Declaration that there is insufficient sound medical-scientific evidence that exposure to mefloquine, tafenoquine or primaquine causes chronic brain injury
10. substance use disorder	Previous Statements of Principles concerning substance use disorder revoked and new Statements of Principles determined
11. osteoarthritis	Previous Statements of Principles concerning osteoarthritis revoked and new Statements of Principles determined
12. immune thrombocytopaenic purpura	Previous Statements of Principles concerning immune thrombocytopaenic purpura revoked and new Statements of Principles determined for immune thrombocytopaenia
13. ulnar nerve entrapment at the elbow	New Statements of Principles determined concerning ulnar neuropathy at the elbow

Subject of investigation or review	Outcome
14. cerebral meningioma	Previous Statements of Principles concerning cerebral meningioma revoked and new Statements of Principles determined
15. malignant neoplasm of the cerebral meninges	Previous Statements of Principles concerning malignant neoplasm of the cerebral meninges revoked and new Statements of Principles determined
16. immersion foot	Previous Statements of Principles concerning immersion foot revoked and new Statements of Principles determined for non-freezing cold injury
17. migraine	Previous Statements of Principles concerning migraine revoked and new Statements of Principles determined
18. malignant neoplasm of the ovary	Previous Statements of Principles concerning malignant neoplasm of the ovary revoked and new Statements of Principles determined
19. frostbite	Previous Statements of Principles concerning frostbite revoked and new Statements of Principles determined
20. hepatitis C	Previous Statements of Principles concerning hepatitis C revoked and new Statements of Principles determined
21. Zika virus infection	New Statements of Principles determined concerning Zika virus infection
22. personality disorder	Previous Statements of Principles concerning personality disorder revoked and new Statements of Principles determined
23. toxic maculopathy	Previous Statements of Principles concerning toxic maculopathy revoked and new Statements of Principles determined for toxic retinopathy
24. accidental hypothermia	Previous Statements of Principles concerning accidental hypothermia revoked and new Statements of Principles determined
25. Guillain-Barre syndrome	Previous Statements of Principles concerning Guillain-Barre syndrome revoked and new Statements of Principles determined
26. systemic sclerosis	Previous Statements of Principles concerning systemic sclerosis revoked and new Statements of Principles determined
27. malignant neoplasm of the eye	Previous Statements of Principles concerning malignant neoplasm of the eye revoked and new Statements of Principles determined

Subject of investigation or review	Outcome
28. chilblains	Previous Statements of Principles concerning chilblains revoked and new Statements of Principles determined
29. Baker's cyst	New Statements of Principles determined concerning popliteal cyst
30. suicide and attempted suicide (experiencing a category 2 stressor; & experiencing a problem with a long-term relationship *)	Amendment Statements of Principles concerning suicide and attempted suicide determined
31. tension-type headache	Previous Statements of Principles concerning tension-type headache revoked and new Statements of Principles determined
32. herpes simplex	Previous Statements of Principles concerning herpes simplex revoked and new Statements of Principles determined
33. electrical injury	Previous Statements of Principles concerning electrical injury revoked and new Statements of Principles determined
34. Cushing's syndrome	Previous Statements of Principles concerning Cushing's syndrome revoked and new Statements of Principles determined for Cushing syndrome
35. central serous retinopathy	New Statements of Principles determined concerning central serous chorioretinopathy
36. temporomandibular joint dysfunction	New Statements of Principles determined concerning temporomandibular disorder
37. mesenteric panniculitis	New Statements of Principles determined concerning mesenteric panniculitis
38. malignant neoplasm of the pancreas (exposure to DDT *)	<p>Amendment Statements of Principles concerning malignant neoplasm of the pancreas determined under s 196B(2) (Reasonable Hypothesis)</p> <p>Declaration that the sound medical-scientific evidence available is not sufficient to justify an amendment to the Statement of Principles concerning malignant neoplasm of the pancreas determined under s 196B(3) (Balance of Probabilities)</p>
39. bipolar disorder	Previous Statements of Principles concerning bipolar disorder revoked and new Statements of Principles determined
40. panic disorder	Previous Statements of Principles concerning panic disorder revoked and new Statements of Principles determined

Subject of investigation or review	Outcome
41. cluster headache	Previous Statements of Principles concerning cluster headache revoked and new Statements of Principles determined
42. macular degeneration	Previous Statements of Principles concerning macular degeneration revoked and new Statements of Principles determined
43. localised sclerosis	Previous Statements of Principles concerning localised sclerosis revoked and new Statements of Principles determined
44. olecranon bursitis	New Statements of Principles determined concerning olecranon bursitis
45. knee bursitis	New Statements of Principles determined concerning knee bursitis
46. lumbar spondylosis (carrying loads, and lifting loads *)	Amendment Statements of Principles concerning lumbar spondylosis determined
47. thoracic spondylosis (carrying loads, and lifting loads *)	Amendment Statements of Principles concerning thoracic spondylosis determined

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

As at 30 June 2018, the Authority had received thirteen (13) requests for review under s 196E(1)(f) of the VEA in response to which it decided not to carry out an investigation. Ten decisions not to carry out a review were made under s 196CA. Three decisions not to carry out an investigation were made under s 196E in respect of separate requests variously referring to ‘multiple autoimmune syndrome’, ‘asymmetric gait’ and ‘unspecified dementia’, as the Authority considered that in each instance the request did not specify a ‘particular kind of injury, disease or death’ which the Authority could investigate. In each of the 13 decisions, written reasons were provided to the person or organisation making the request.

In summary, the Authority commenced the 2017/18 year with 109 investigations outstanding. During the course of the year, the Authority notified 76 further investigations, completed 111 investigations and as at 30 June 2018 had 74 ongoing investigations. Twenty-one (21) of those ongoing investigations concern a focussed review of the use of the terms ‘eyewitness’, and ‘corpse’ and ‘casualty’ in the plural contained in the definition of ‘category 1B stressor’ contained in 35 SOPs which include an category 1B stressor factor, covering 21 conditions.

The Authority declined to undertake 13 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 continue to be physically distributed to 12 organisations and individuals. Of the 12 recipients, 8 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 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 2017 to 30 June 2018, 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. Gulf War syndrome

In August 2014 the SMRC advised the Authority that a request for review had been received in relation to the Authority's decision of April 2014 not to make SOPs concerning Gulf War syndrome. Notification of this review appeared in the Government Notices Gazette of 28 August 2014.

As at 30 June 2018, the Authority had not been advised of the outcome of this review.

### 2. 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 2018, the Authority had not been advised of the outcome of this review.

### 3. Motor neurone disease

In October 2017 the SMRC advised the Authority that a request for review had been received in relation to a decision of 7 June 2017 not to amend SOPs, Instrument Nos. 67 and 68 of 2013, concerning motor neurone disease. Notification of this review appeared in the Government Notices Gazette of 9 October 2017.

On 21 June 2018 the SMRC advised that it had completed its review. Declaration 31 in respect of the review concerning motor neurone disease stated that:

In relation to the Repatriation Medical Authority (RMA) Statements of Principles **Nos. 67 and 68 concerning motor neurone disease** made under subsections 196B of the *Veterans' Entitlements Act 1986* (the VEA), the Council under subsection 196W(5) of the VEA:

DECLARES that there is insufficient sound medical-scientific evidence on which the RMA could have relied to include in the Statements of Principles the following factors:

- having a moderate to severe traumatic brain injury more than one year before the clinical onset of motor neurone disease; and
- having received at least 250 blows to the head while participating in a high impact contact activity, where these blows occurred more than one year before the clinical onset of motor neurone disease.

And accordingly:

DECLARES that Statement of Principles No. 68 of 2013 should not be amended to include those factors; AND

DIRECTS the RMA to amend Statement of Principles No. 67 of 2013 by removing factors 6. (b) and (c).

DECLARES that there is no sound medical-scientific evidence on which the RMA could have relied to amend the Statements of Principles to include the following factor(s):

- smoking at least ten pack-years of cigarettes, or the equivalent thereof in other tobacco products coupled with having received at least 250 blows to the head while participating in a high contact activity, where the smoking and blows to the head occurred more than one year before the clinical onset of motor neurone disease.

The Authority at its first meeting after receiving the SMRC decision determined Amendment Statement of Principles concerning motor neurone disease No. 88 of 2018 in accordance with the above direction.

#### **4. Chemically acquired brain injury caused by mefloquine, tafenoquine or primaquine**

In October 2017 the SMRC advised the Authority that a request for review had been received in relation to a decision of 2 August 2017 not to make SOPs concerning chemically acquired brain injury caused by mefloquine, tafenoquine or primaquine. Notification of this review appeared in the Government Notices Gazette of 29 August 2017.

As at 30 June 2018, the Authority had not been advised of the outcome of this review.

#### **5. Rheumatoid arthritis**

In November 2017 the SMRC advised the Authority that a request for review had been received in relation to SOPs, Instrument Nos. 50 and 51 of 2017, concerning rheumatoid arthritis. Notification of this review appeared in the Government Notices Gazette of 20 November 2017.

As at 30 June 2018, the Authority had not been advised of the outcome of this review.

# Department of Veterans' Affairs

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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 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
RSL – Victorian State Congress	Melbourne, VIC	5 July 2017	Chairperson and Registrar
Legacy – National Pensions Committee Annual General Meeting	Canberra, ACT	3 August 2017	Principal Medical Officer
RSL – National Congress	Canberra, ACT	21 September 2017	Registrar
RSL – ACT Branch Congress	Canberra, ACT	23 March 2018	Chairperson and Registrar
Defence Force Welfare Association – meeting with officeholders	Canberra, ACT	29 March 2018	Chairperson and Registrar
Vietnam Veterans’ Association National Congress	Canberra, ACT	11 May 2018	Chairperson and Registrar
RAAF Association – National Board	Melbourne, VIC	29 May 2018	Chairperson and Registrar
RSL - Queensland State Congress	Cairns, QLD	23 & 24 June 2018	Chairperson and Registrar
RSL - Victorian State Congress	Melbourne, VIC	27 June 2018	Registrar

# Financial

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A summary of cash expenditure incurred by the Authority in 2017/18 with comparison to 2016/17 and 2015/16 is detailed in Table 6.

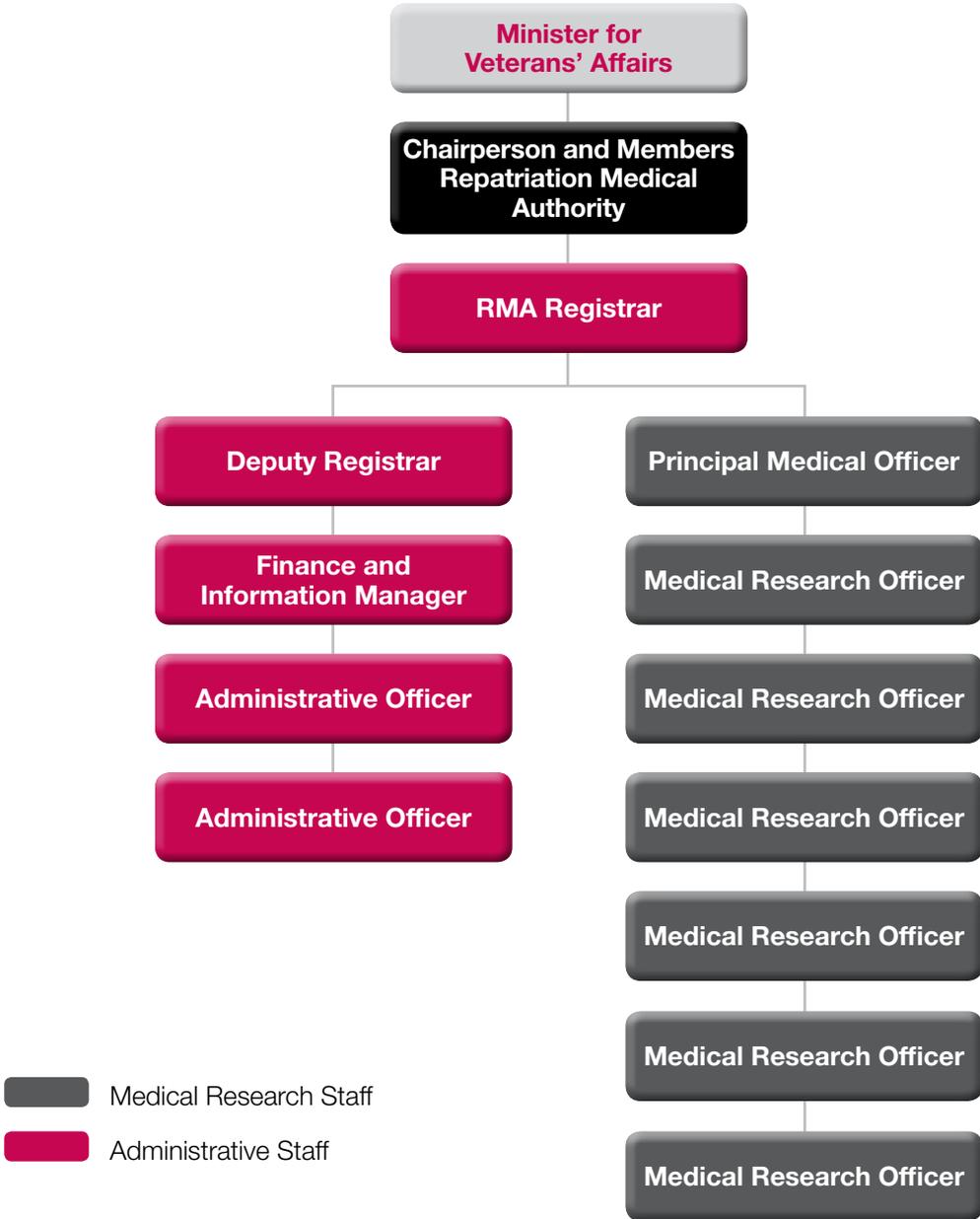
Financial information prepared on an accrual basis is included in the DVA Financial Statements.

**Table 6: Financial expenditure**

Item	2017/18	2016/17	2015/16
Salary and related expenses	\$1 839 723	\$1 757 581	\$1 599 544
Administrative expenses	\$112 251	\$107 987	\$119 589
Legal expenses	\$70 184	\$77 514	\$65 326
<b>Total expenditure</b>	<b>\$2 022 158</b>	<b>\$1 757 581</b>	<b>\$ 1 784 459</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 2017/18

### 2017

Instrument No.	Title	Effective Date	Other Comments
44 & 45/2017	influenza	18/09/2017	44 revokes 58/2009 45 revokes 59/2009
46 & 47/2017	malaria	18/09/2017	46 revokes 60/2009 47 revokes 61/2009
48 & 49/2017	alcohol use disorder	18/09/2017	48 revokes 1/2009 49 revokes 2/2009
50 & 51/2017	rheumatoid arthritis	18/09/2017	50 revokes 68/2008 51 revokes 69/2008
52 & 53/2017	tooth wear	18/09/2017	New condition
54 & 55/2017	popliteal entrapment syndrome	18/09/2017	New condition
56 & 57/2017	benign paroxysmal positional vertigo	18/09/2017	New condition
58/2017	Veterans' Entitlements (Statements of Principles – Cumulative Equivalent Dose) Amendment Determination 2017	18/09/2017	58 amends 124 SOPs covering 65 different conditions, listed in appendix 3
59 & 60/2017	substance use disorder	4/12/2017	59 revokes 3/2009 60 revokes 4/2009
61 & 62/2017	osteoarthritis	4/12/2017	61 revokes 13/2010 62 revokes 14/2010
63 & 64/2017	immune thrombocytopenia	4/12/2017	63 revokes 72/2008 64 revokes 73/2008
65 & 66/2017	ulnar neuropathy at the elbow	4/12/2017	New condition

## 2018

Instrument No.	Title	Effective Date	Other Comments
1 & 2/2018	cerebral meningioma	29/01/2018	1 revokes 19/2009 2 revokes 20/2009
3 & 4/2018	malignant neoplasm of the cerebral meninges	29/01/2018	3 revokes 21/2009 4 revokes 22/2009
5 & 6/2018	non-freezing cold injury	29/01/2018	5 revokes 25/2009 6 revokes 26/2009
7 & 8/2018	migraine	29/01/2018	7 revokes 56/2009 8 revokes 57/2009
9 & 10/2018	malignant neoplasm of the ovary	29/01/2018	9 revokes 70/2009 10 revokes 71/2009
11 & 12/2018	frostbite	29/01/2018	11 revokes 23/2009 12 revokes 24/2009
13 & 14/2018	hepatitis C	29/01/2018	13 revokes 54/2009 14 revokes 55/2009
15 & 16/2018	Zika virus infection	29/01/2018	New condition
17 & 18/2018	personality disorder	2/04/2018	17 revokes 70/2008 18 revokes 71/2008
19 & 20/2018	toxic retinopathy	2/04/2018	19 revokes 39/2009 20 revokes 40/2009
21 & 22/2018	accidental hypothermia	2/04/2018	21 revokes 17/2010 22 revokes 18/2010
23 & 24/2018	Guillain-Barre syndrome	2/04/2018	23 revokes 59/2013 24 revokes 60/2013
25 & 26/2018	systemic sclerosis	2/04/2018	25 revokes 64/2009 26 revokes 65/2009
27 & 28/2018	malignant neoplasm of the eye	2/04/2018	27 revokes 15/2010 28 revokes 16/2010
29 & 30/2018	chilblains	2/04/2018	29 revokes 9/2009 30 revokes 10/2009
31 & 32/2018	popliteal cyst	2/04/2018	New condition
33 & 34/2018	suicide and attempted suicide	2/04/2018	33 amends 65/2016 34 amends 66/2016
35 & 36/2018	malignant neoplasm of the ovary	29/01/2018	35 amends 9/2018 36 amends 10/2018
37 & 38/2018	tension-type headache	28/05/2018	37 revokes 1/2010 38 revokes 2/2010
39 & 40/2018	herpes simplex	28/05/2018	39 revokes 3/2010 40 revokes 4/2010
41 & 42/2018	electrical injury	28/05/2018	41 revokes 31/2009 42 revokes 32/2009

<b>Instrument No.</b>	<b>Title</b>	<b>Effective Date</b>	<b>Other Comments</b>
43 & 44/2018	Cushing syndrome	28/05/2018	43 revokes 33/2009 44 revokes 34/2009
45 & 46/2018	central serous chorioretinopathy	28/05/2018	New condition
47 & 40/2018	temporomandibular disorder	28/05/2018	New condition
49 & 50/2018	mesenteric panniculitis	28/05/2018	New condition
51/2018	malignant neoplasm of the pancreas	28/05/2018	51 amends 73/2013
52/2017	Veterans' Entitlements (Repeal of Expired Amendment Statements of Principles) Determination 2018	28/05/2018	52 repeals 55 redundant Amendment SOPs previously revoked
53 & 54/2018	bipolar disorder	23/07/2018	53 revokes 27/2009 54 revokes 28/2009
55 & 56/2018	panic disorder	23/07/2018	55 repeals 68/2009 56 repeals 69/2009
57 & 58/2018	cluster headache	23/07/2018	57 revokes 20/2010 58 revokes 21/2010
59 & 60/2018	macular degeneration	23/07/2018	59 repeals 13/2009 60 repeals 14/2009
61 & 62/2018	localised sclerosis	23/07/2018	61 revokes 66/2009 62 revokes 67/2009
63 & 64/2018	olecranon bursitis	23/07/2018	New condition
65 & 66/2018	knee bursitis	23/07/2018	New condition
67 & 68/2018	lumbar spondylosis	23/07/2018	67 amends 62/2014 68 amends 63/2014
69 & 70/2018	thoracic spondylosis	23/07/2018	69 amends 64/2014 70 amends 65/2014

### **Appendix 3: Statements of Principles amended by *Veterans' Entitlements (Statements of Principles – Cumulative Equivalent Dose) Amendment Determination 2017***

<b>Statement of Principles</b>	<b>Amended Instrument No.</b>
acoustic neuroma	Instrument Numbers 29 & 30/2011
acquired cataract	Instrument Numbers 87 & 88/2016
acute lymphoblastic leukaemia	Instrument Numbers 75 & 76/2012
acute myeloid leukaemia	Instrument Numbers 71 & 72/2015
adenocarcinoma of the kidney	Instrument Numbers 9 & 10/2013
Alzheimer-type dementia	Instrument Number 22/2010
angle-closure glaucoma	Instrument Numbers 25 & 26/2012
aortic stenosis	Instrument Numbers 21 & 22/2013
atherosclerotic peripheral vascular disease	Instrument Numbers 23 & 24/2012
benign neoplasm of the eye and adnexa	Instrument Numbers 41 & 42/2016
cardiomyopathy	Instrument Numbers 85 & 86/2015
carotid arterial disease	Instrument Numbers 37 & 38/2012
cerebral meningioma	Instrument Numbers 19 & 20/2009
cerebrovascular accident	Instrument Numbers 65 & 66/2015
chronic gastritis and chronic gastropathy	Instrument Numbers 25 & 26/2013
chronic myeloid leukaemia	Instrument Numbers 47 & 48/2014
chronic pancreatitis	Instrument Numbers 104 & 105/2011
cirrhosis of the liver	Instrument Number 1/2017
erectile dysfunction	Instrument Numbers 43 & 44/2013
external burn	Instrument Numbers 110 & 111/2015
fibrosing interstitial lung disease	Instrument Numbers 53 & 54/2013
gastric ulcer and duodenal ulcer	Instrument Numbers 61 & 62/2015
goitre	Instrument Numbers 23 & 24/2013
Grave's disease	Instrument Numbers 33 & 34/2013
Hashimoto's thyroiditis	Instrument Numbers 31 & 32/2013
heart block	Instrument Numbers 1 & 2/2014
hypothyroidism	Instrument Numbers 29 & 30/2013
ischaemic heart disease	Instrument Numbers 1 & 2/2016
malignant neoplasm of the bile duct	Instrument Numbers 69 & 70/2015
malignant neoplasm of the bladder	Instrument Numbers 96 & 97/2011
malignant neoplasm of bone and articular cartilage	Instrument Numbers 106 & 107/2011
malignant neoplasms of the brain	Instrument Numbers 85 & 86/2016
malignant neoplasm of the breast	Instrument Numbers 96 & 97/2014

<b>Statement of Principles</b>	<b>Amended Instrument No.</b>
malignant neoplasm of the cerebral meninges	Instrument Numbers 21 & 22/2009
malignant neoplasm of the colorectum	Instrument Numbers 37 & 38/2013
malignant neoplasm of the endometrium	Instrument Numbers 11 & 12/2016
malignant neoplasm of the gallbladder	Instrument Numbers 89 & 90/2015
malignant neoplasm of the liver	Instrument Numbers 21 & 22/2011
malignant neoplasm of the lung	Instrument Numbers 92 & 93/2014
malignant neoplasm of the oesophagus	Instrument Numbers 120 & 121/2015
malignant neoplasm of the ovary	Instrument Numbers 70 & 71/2009
malignant neoplasm of the renal pelvis and ureter	Instrument Numbers 98 & 99/2011
malignant neoplasm of the salivary gland	Instrument Numbers 57 & 58/2015
malignant neoplasm of the stomach	Instrument Numbers 58 & 59/2014
malignant neoplasm of the thyroid gland	Instrument Numbers 39 & 40/2014
malignant neoplasm of unknown primary site	Instrument Numbers 80 & 81/2014
mesothelioma	Instrument Numbers 104 & 105/2015
multiple sclerosis	Instrument Number 100/2011
myelodysplastic syndrome	Instrument Numbers 73 & 74/2015
myeloma	Instrument Number 69/2012
narcolepsy	Instrument Numbers 7 & 8/2014
neoplasm of the pituitary gland	Instrument Number 53/2015
non-aneurysmal aortic atherosclerotic disease	Instrument Numbers 15 & 16/2012
non-Hodgkin's lymphoma	Instrument Number 28/2010
non-melanotic malignant neoplasm of the skin	Instrument Numbers 7 & 8/2016
open-angle glaucoma	Instrument Numbers 27 & 28/2012
optochiasmatic arachnoiditis	Instrument Numbers 57 & 58/2016
osteomyelitis	Instrument Numbers 90 & 91/2014
otitis externa	Instrument Numbers 58 & 59/2012
otitis media	Instrument Numbers 51 & 52/2014
peritoneal adhesions	Instrument Numbers 3 & 4/2016
renal artery atherosclerotic disease	Instrument Numbers 102 & 103/2011
soft tissue sarcoma	Instrument Numbers 5 & 6/2015
tinnitus	Instrument Numbers 33 & 34/2012
trigeminal neuropathy	Instrument Numbers 79 & 80/2015

## Appendix 4: Outstanding investigations and reviews as at 30/06/2018

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 2018.

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
1. xerostomia	13/03/2018

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

Review	Instrument No.	Date of Gazettal
1. bronchiolitis obliterans organising pneumonia	62 & 63/2009	19/10/2016
2. scrub typhus	68 & 69 of 2008	19/10/2016
3. adrenal insufficiency	74& 75/2009	19/10/2016
4. hypopituitarism	76 & 77/2009	19/10/2016
5. human immunodeficiency virus	5 & 6/2010	19/10/2016
6. human T-cell lymphotropic virus type-1	7 & 8/2010	19/10/2016
7. sinusitis	9 & 10/2010	19/10/2016
8. Alzheimer-type dementia	22 & 23/2010	14/11/2017
9. dislocation	24 & 25/2010	14/11/2017
10. reactive arthritis	26 & 27/2010	14/11/2017
11. non-Hodgkin's lymphoma	28 & 29/2010	14/11/2017
12. gout	30 & 31/2010	14/11/2017
13. joint instability	32 & 33/2010	14/11/2017
14. iliotibial band syndrome	34 & 35/2010	14/11/2017
15. methaemoglobinaemia	47 & 48/2010	14/11/2017
16. sinus barotrauma	49 & 50 of 2010	14/11/2017
17. internal derangement of the knee	51 & 52/2010	14/11/2017
18. acute articular cartilage tear	53 & 54/2010	14/11/2017
19. acute meniscal tear of the knee	55 & 56/2010	14/11/2017
20. Dupuytren's disease	57 & 58/2010	14/11/2017
21. blepharitis	63 & 64/2010	14/11/2017
22. renal stone disease	65 & 66/2010	14/11/2017

Review	Instrument No.	Date of Gazettal
23. subarachnoid haemorrhage	67 & 68/2010	14/11/2017
24. pilonidal sinus	71 & 72/2010	14/11/2017
25. anal fissure	73 & 74/2010	14/11/2017
26. chronic pruritus ani	75 & 76/2010	14/11/2017
27. heel bursitis	77 & 78/2010	14/11/2017
28. chondromalacia patella	79 & 80/2010	14/11/2017
29. rapidly progressive crescentic glomerulonephritis	81 & 82/2010	14/11/2017
30. dental malocclusion	17 & 18/2011	14/11/2017
31. concussion	64 & 65/2012	9/01/2018
32. moderate to severe traumatic brain injury	62 & 63/2012	9/01/2018
33. poisoning and toxic reaction from plants and fungi	84 & 85/2010	8/05/2018
34. schistosomiasis	86 & 87/2010	8/05/2018
35. strongyloidiasis	88 & 89/2010	8/05/2018
36. Ross River virus infection	90 & 91/2010	8/05/2018
37. Morton's metatarsalgia	92 & 93/2010	8/05/2018
38. coeliac disease	1 & 2/2011	8/05/2018
39. varicocele	3 & 4/2011	8/05/2018
40. sensorineural hearing loss	5 & 6/2011	8/05/2018
41. conductive hearing loss	7 & 8/2011	8/05/2018
42. Kaposi's sarcoma	9 & 10/2011	8/05/2018
43. polyarteritis nodosa	11 & 12/2011	8/05/2018
44. microscopic polyangiitis	13 & 14/2011	8/05/2018
45. rheumatic heart disease	19 & 20/2011	8/05/2018
46. malignant neoplasm of the liver	21 & 22/2011	8/05/2018
47. acute rheumatic fever	23 & 24/2011	8/05/2018

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

Focussed Reviews	Instrument No.	Date of Gazettal
1. posttraumatic stress disorder (use of 'corpse' & 'casualty' in the plural in definition of category 1B stressor)	82 & 83/2014	9/01/2018 <sup>1</sup>
2. tooth wear (vomiting)	52 & 53/2017	13/03/2018
3. malignant neoplasm of the breast (breastfeeding)	96 & 97/2016	13/03/2018
4. loss of teeth (tooth wear)	124 & 125/2015	13/03/2018
5. migraine (head trauma)	7 & 8/2018	3/07/2018
6. acute stress disorder (use of term 'eye witness', including use of 'corpse' & 'casualty' in the plural in definition of category 1B stressor)	41 & 42/2014	3/07/2018

Focused Reviews	Instrument No.	Date of Gazette <sup>1</sup>
7. adjustment disorder (use of term 'eye witness', including use of 'corpse' & 'casualty' in the plural in definition of category 1B stressor)	23 & 24/2016	3/07/2018
8. alcohol use disorder (use of term 'eye witness', including use of 'corpse' & 'casualty' in the plural in definition of category 1B stressor)	48 & 49/2017	3/07/2018
9. anxiety disorder (use of term 'eye witness', including use of 'corpse' & 'casualty' in the plural in definition of category 1B stressor)	102 & 103/2014	3/07/2018
10. cardiomyopathy (use of term 'eye witness', including use of 'corpse' & 'casualty' in the plural in definition of category 1B stressor)	85 & 86/2015	3/07/2018
11. cerebrovascular accident (use of term 'eye witness', including use of 'corpse' & 'casualty' in the plural in definition of category 1B stressor)	65/2015	3/07/2018
12. chronic multisymptom illness (use of term 'eye witness', including use of 'corpse' & 'casualty' in the plural in definition of category 1B stressor)	55/2014	3/07/2018
13. depressive disorder (use of term 'eye witness', including use of 'corpse' & 'casualty' in the plural in definition of category 1B stressor)	83 & 84/2015	3/07/2018
14. eating disorder (use of term 'eye witness', including use of 'corpse' & 'casualty' in the plural in definition of category 1B stressor)	13 & 14/2016	3/07/2018
15. female sexual dysfunction (use of term 'eye witness', including use of 'corpse' & 'casualty' in the plural in definition of category 1B stressor)	95 & 96/2016	3/07/2018
16. gastric ulcer and duodenal ulcer (use of term 'eye witness', including use of 'corpse' & 'casualty' in the plural in definition of category 1B stressor)	61/2015	3/07/2018
17. gingivitis (use of term 'eye witness', including use of 'corpse' & 'casualty' in the plural in definition of category 1B stressor)	45 & 46/2013	3/07/2018
18. inflammatory bowel disease (use of term 'eye witness', including use of 'corpse' & 'casualty' in the plural in definition of category 1B stressor)	19/2012	3/07/2018
19. ischaemic heart disease (use of term 'eye witness', including use of 'corpse' & 'casualty' in the plural in definition of category 1B stressor)	1 & 2/2016	3/07/2018
20. multiple sclerosis (use of term 'eye witness', including use of 'corpse' & 'casualty' in the plural in definition of category 1B stressor)	100 & 101/2011	3/07/2018
21. personality disorder (use of term 'eye witness', including use of 'corpse' & 'casualty' in the plural in definition of category 1B stressor)	17 & 18/2018	3/07/2018
22. psoriasis (use of term 'eye witness', including use of 'corpse' & 'casualty' in the plural in definition of category 1B stressor)	31/2012	3/07/2018
23. schizophrenia (use of term 'eye witness', including use of 'corpse' & 'casualty' in the plural in definition of category 1B stressor)	83 & 84/2016	3/07/2018
24. substance use disorder (use of term 'eye witness', including use of 'corpse' & 'casualty' in the plural in definition of category 1B stressor)	59 & 60/2017	3/07/2018
25. suicide and attempted suicide (use of term 'eye witness', including use of 'corpse' & 'casualty' in the plural in definition of category 1B stressor)	65 & 55/2016	3/07/2018

1 Extended to include the use of the term 'eye witness', as well as the use of the terms 'corpse' & 'casualty' in the plural in definition of category 1B stressor by a notice in the Government Notices Gazette on 3 July 2018.

# Glossary of terms

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ADF	Australian Defence Force
BOP	Balance of Probabilities
DSM-5	Diagnostic and Statistical Manual of Mental Disorders Fifth Edition
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>

