



Australian Government

Repatriation Medical Authority

Twenty-sixth Annual Report
2019/2020

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Australian Government
Repatriation Medical Authority

The Hon. Darren Chester MP
Minister for Veterans' Affairs
Parliament House
CANBERRA ACT 2600

Dear Minister

On behalf of the Repatriation Medical Authority, I am pleased to submit this report for the year ended 30 June 2020.

Yours sincerely

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

Professor Nicholas Saunders AO
Chairperson

30 September 2020

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Executive Statement by the Chairperson

The Repatriation Medical Authority (the Authority) completed its twenty-sixth year of operation in 2019–2020 having again experienced a busy year. The Authority finalised investigations for forty (40) conditions in the course of the year, determining seventy-eight (78) Statements of Principles (SOPs) including SOPs for two new conditions (osteonecrosis and coronavirus disease 2019 (COVID-19).

There are now 718 SOPs on the Federal Register of Legislation covering some 359 diseases and injuries related to service.

Workloads

Over the reporting period 40 investigations were completed and 78 SOPs determined. This year saw the recruitment of an additional staff member enlarging the research staff. The Authority now has seven full-time research staff in an agency of twelve (12) full-time and part-time staff. This year despite staff absences on long service leave, the retirement of a research officer and the need to recruit additional staff, as well as the need to give reasonable opportunities and time for stakeholders to make submissions and provide feedback, the time taken for completion of reviews was maintained at an average of around 13 months.

As well, this year saw thirty-nine (39) (16 in 2018-19) requests for the review of existing SOPs. Twenty-eight (28) of these requests were refused under s 196CA of the VEA as the request did not identify sufficient relevant information to support the grounds on which the review is sought or otherwise justify a review. These requests generally involve an initial review of the relevant sound medical-scientific evidence and, in these cases, there was also insufficient sound medical-scientific evidence available to the Authority to indicate that the matter ought to be investigated for the purposes of the VEA.

COVID-19

In order to assist the Military Rehabilitation and Compensation Commission and the Repatriation Commission and members the Authority listed an investigation into COVID-19 at its meeting held on 7 April 2020. Statements of Principles for COVID-19 were determined at the meeting of 2 June 2020 and they commenced on 22 June 2020.

As with many Departments of State the Authority staff were mainly working remotely in the latter half of the year and the Authority conducted its meetings remotely. Another significant impact was the inability to liaise with the membership of ex-service organisations at their various conferences.

Staff changes

In accordance with s 196T of the VEA the Secretary provides the staff necessary to assist the Authority in the performance of its functions. This year an additional medical researcher was provided. While the coincidental retirement of a long term staff member and the need to recruit staff impacted on short-term productivity, the Authority now has greater capacity to incorporate the most up-to-date medical science as it becomes available, and to advance with the review of the SOPs in a timelier manner.

Re-appointment

I am pleased to advise that the Minister has reappointed Professor Jenny Doust as a Member for a further term of appointment from 1 October 2020. The nature of the Authority's work and the need to ensure consistent outcomes benefits greatly from a stable membership.

Last Annual report

My term of appointment expires on 30 June 2021 and I have advised the Minister I will not seek re-appointment for a further term. I take this opportunity to thank the Minister and his predecessors for the privilege of serving as Chairperson of the Authority.

That privilege has included collaboration with the outstanding colleagues I have had as fellow members of the Authority. Mention must also be made of the staff of the Secretariat who provide support and assistance to the Authority, particularly the research staff whose diligence and intellectual curiosity have borne fruit in the high quality of the Statements of Principles.

We are all aware of the need to promote consistency, predictability and transparency in our decisions and thereby strengthen the legislative schemes that support members and veterans.



Professor Nicholas Saunders AO

Chairperson

Background and Function

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

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

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

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

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

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

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

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

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

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:

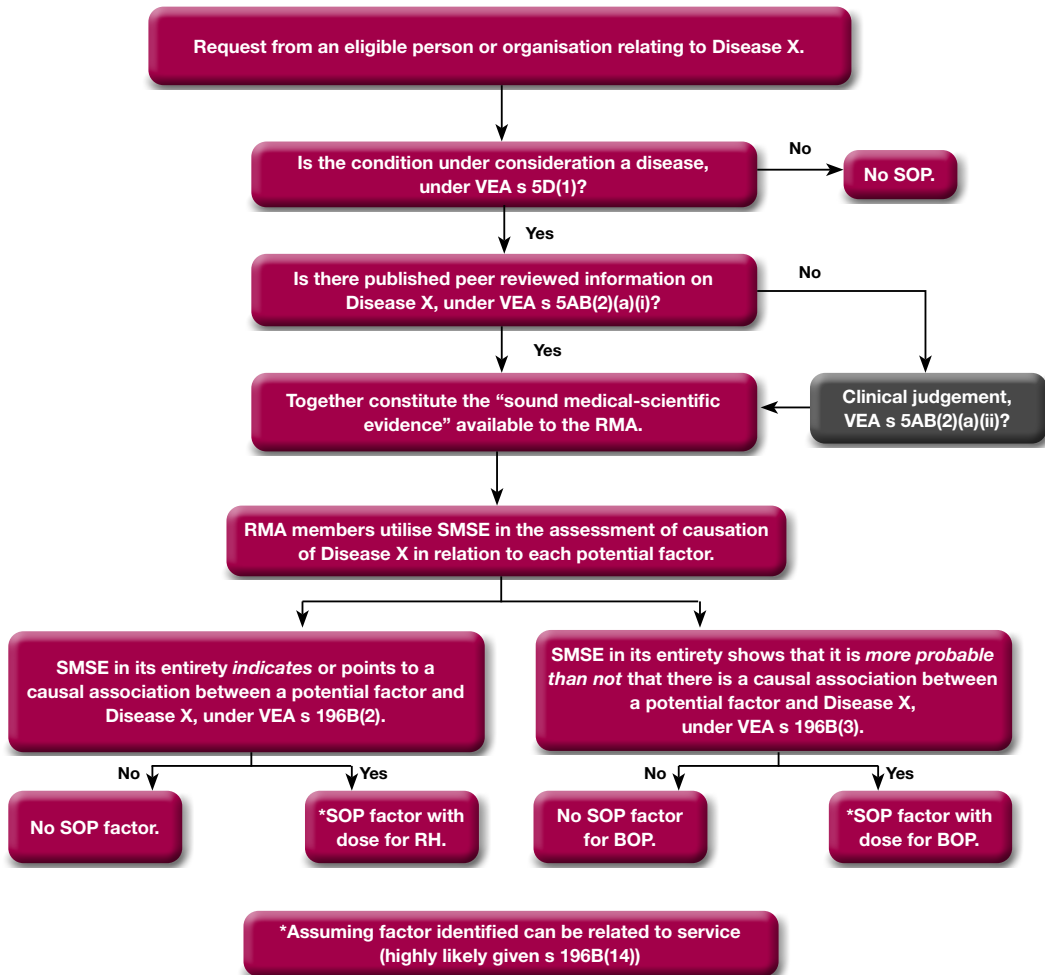
1. the information:
 - (i) is consistent with material relating to medical science that has been published in a medical or scientific publication and has been, in the opinion of the Repatriation Medical Authority, subjected to a peer review process; or
 - (ii) in accordance with generally accepted medical 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 in 2007, provided the Authority with the discretionary power to determine whether a review of the contents of an existing SOP would be undertaken in relation to some or all of the contents of the SOP.

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

The flow chart (Figure 1) sets out the process of consideration adopted by the Authority in its determination of SOPs.

Figure 1: Determination of Statements of Principles



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

The Authority

Members

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

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



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

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

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



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

Professor Byrne's term of appointment is to 30 June 2022.



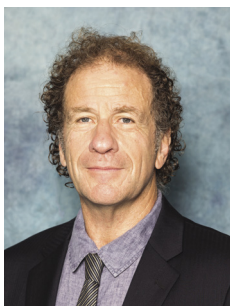
Professor Flavia Cicuttini, MBBS, PhD, FRACP, MSc (Lond), DLSHTM, FAFPHM. Professor Cicuttini is Head of Rheumatology, Alfred Hospital and Head of Musculoskeletal Unit, School of Epidemiology and Preventive Medicine, Monash University. Professor Cicuttini leads an active research group aimed at developing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

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



Professor Jenny Doust BA, BEcons, BMBS, Grad Dip Clin Epi, PhD, FRACGP. Professor Doust is Professor of Clinical Epidemiology in the Centre for Research in Evidence Based Practice at Bond University and a Clinical Professorial Research Fellow at the Centre for Longitudinal and Lifecourse Research, School of Public Health, University of Queensland. She also works as a general practitioner in Brisbane. Her research areas of interest are the use of diagnostic, screening and monitoring tests in general practice and the problem of overdiagnosis.

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



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

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

Member remuneration

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

The Chairperson and Members receive an annual retainer, and a daily allowance payable for attendance at meetings and other business of the Authority. The details of the rates payable during the reporting period are contained in *Remuneration Tribunal (Remuneration and Allowances for Holders of Part-time Public Office) Determination 2019 Compilations No.1 - 7*. The Remuneration Tribunal reviews the rates annually. The provisions applying to travel on official business are contained in the Remuneration Tribunal (Official Travel) Determination 2018 Compilation No 1, having effect from 11 May 2019.

Meetings

The Authority held meetings during 2019/20 on the following dates:

6 & 7 August 2019 (Brisbane)	11 & 12 February 2020 (Brisbane)
1 & 2 October 2019 (Brisbane)	7 April 2020 (Remote)
3 & 4 December 2019 (Brisbane)	2 & 3 June 2020 (Remote)

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

RMA Secretariat

The staff (see Appendix 1 – RMA Secretariat staffing structure) necessary to assist the Authority consists of persons appointed or employed under the *Public Service Act 1999* and made available to the Authority by the Secretary of the DVA. For the year 2018/19, staffing of the Secretariat equated to 10.5 FTE (Full-Time Equivalent) positions.

Website

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

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

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

The website received more than 241,256 unique visits over the course of the 2019/20 year. As at 30 June 2020, there were 668 subscribers receiving updates. Subscribers to the website receive notification of all changes to the website, including outcomes of meetings, SOPs determined and investigations advertised or completed.

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

Freedom of Information

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

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

Table 1: Requests under the FOI Act

	2019/20	2018/19	2017/18
Requests received	3	3	6
Information provided under s 196I ¹	5	2	3
Invalid requests	0	0	0
Requests granted	3	3	5
Requests refused (in full or part)	3	2	0
Requests completed ²	3	3	5

- 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 2019/2020, the Authority determined a total of 78 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	2019/20	2018/19	2017/18
Repealed SOPs ¹	56	74	60
Re-issued SOPs ^{2,3}	54	76	60
SOPs issued for new conditions	4	6	22
Amended SOPs ⁴	20	55	9
Other instruments determined ⁵	4	4	2
Total number of SOPs determined	78	137	93

- 1 The figures cited refer only to SOPs which are the principal instrument. Amending SOPs are automatically repealed pursuant to section 48 of the Legislation Act 2003.
- 2 The description and definition of the kind of injury, disease or death with which the SOP is concerned may vary slightly from that of the repealed SOP due to changes in accepted nomenclature and developments in medical science.
- 3 The disparity between the numbers of SOPs repealed and reissued arises as a result of the repeal of the SOPs for dysbaric osteonecrosis (Nos 17 & 18 of 2015) and determination of more comprehensive new SOPs for osteonecrosis (Nos 13 and 14 of 2020) which are included in the new conditions.
- 4 An investigation may be conducted into some of the contents of a SOP (ss 196B(7) of the VEA). This may result in an amendment to one only of the SOPs for a particular kind of injury, disease or death.
- 5 This number reflects the investigations that resulted in relevant declarations that a SOP would not be determined or amended in accordance with ss 196B(6) &(7) of the VEA.

Since its inception, the Authority has determined 2703 SOPs, with 359 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. Section 196B(7A) of the VEA allows the Authority, at its discretion, to review some, rather than all of the contents of a SOP. Those reviews which the Authority determined should be restricted to some of the contents of the relevant SOP are referred to as “focussed reviews”.

Table 3: Overview of investigations and reviews

Category	2019/20	2018/19	2017/18
Investigations notified ¹	3	5	5
Reviews notified ²	28	39	41
Focussed reviews notified ³	11	29	29
Total investigations and reviews notified	42	73	75
Total investigations and reviews completed ⁴	40	74	111
Average time taken in days to complete ⁵	364 (479)	297 (448)	414 (451)
Focussed reviews completed	12	27	69
Average time in days taken to complete focussed reviews ⁵	97	70 (137)	220
Investigations and reviews notified in previous reporting periods and yet to be completed ⁶	24	11	7
Investigations and reviews notified in reporting period and yet to be completed ⁷	30	41	66
Total investigations and reviews outstanding	54	52	73
Requests for investigation or review refused	28	6	13

- 1 An investigation is undertaken pursuant to s 196B(4) to determine whether a SOP may be determined.
- 2 These figures refer only to reviews of all of the contents of the particular SOPs.
- 3 A focussed review is undertaken pursuant to ss 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 In the 2018/19 year the average time was reduced as Instrument *Veterans' Entitlements (Statements of Principles—Category 1B Stressor) Amendment Determination 2018* (No. 87 of 2018) amended 37 SOPs which contained a category 1B stressor factor. The figure in brackets in the 2018/19 year is for the amended SoPs other than these.
- 7 The investigations and reviews advertised but not finalised as at 30 June 2020 are detailed in Appendix 4.

Table 4: Outcome of investigations and reviews

Subject of investigation or review	Outcome
1. Morton's metatarsalgia	Previous Statements of Principles concerning Morton's metatarsalgia revoked and new Statements of Principles determined
2. varicocele	Previous Statements of Principles concerning varicocele revoked and new Statements of Principles determined
3. conductive hearing loss	Previous Statements of Principles concerning reactive conductive hearing loss revoked and new Statements of Principles determined
4. malignant neoplasm of the bladder	Previous Statements of Principles concerning malignant neoplasm of the bladder revoked and new Statements of Principles determined
5. obstructive and reflux nephropathy	Previous Statements of Principles concerning obstructive and reflux nephropathy revoked and new Statements of Principles determined
6. anal fissure	Previous Statements of Principles concerning anal fissure revoked and new Statements of Principles determined
7. hypertension*	<p>Amendment Statements of Principles concerning hypertension 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 hypertension determined under s 196B(3) (Balance of Probabilities)</p>
8. microscopic polyangiitis	Previous Statements of Principles concerning microscopic polyangiitis revoked and new Statements of Principles determined
9. malignant neoplasm of the renal pelvis & ureter	Previous Statements of Principles concerning malignant neoplasm of the renal pelvis & ureter revoked and new Statements of Principles determined
10. Ross River virus infection	<p>Previous Statements of Principles concerning Ross River virus infection revoked and new Statements of Principles determined.</p> <p>Amendment Statements of Principles concerning Ross River virus infection were also determined.**</p>
11. acoustic neuroma	Previous Statements of Principles concerning acoustic neuroma revoked and new Statements of Principles determined

Subject of investigation or review	Outcome
12. sensorineural hearing loss	Previous Statements of Principles concerning sensorineural hearing loss revoked and new Statements of Principles determined
13. subdural haematoma	Previous Statements of Principles concerning subdural haematoma revoked and new Statements of Principles determined
14. cervical spondylosis*	<p>Amendment Statements of Principles concerning cervical spondylosis 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 cervical spondylosis determined under s 196B(3) (Balance of Probabilities)</p>
15. Kaposi sarcoma	Previous Statements of Principles concerning Kaposi's sarcoma revoked and new Statements of Principles determined
16. chronic multisymptom illness	Previous Statements of Principles concerning chronic multisymptom illness revoked and new Statements of Principles determined
17. acute pancreatitis	Previous Statements of Principles concerning acute pancreatitis revoked and new Statements of Principles determined
18. hypersensitivity pneumonitis	Previous Statements of Principles concerning extrinsic allergic alveolitis revoked and new Statements of Principles determined
19. malignant neoplasm of the nasopharynx	Previous Statements of Principles concerning malignant neoplasm of the nasopharynx revoked and new Statements of Principles determined
20. multiple sclerosis	Previous Statements of Principles concerning multiple sclerosis revoked and new Statements of Principles determined
21. osteonecrosis	Previous Statements of Principles concerning dysbaric osteonecrosis only revoked and new Statements of Principles concerning osteonecrosis determined
22. migraine*	Amendment Statements of Principles concerning migraine determined

Subject of investigation or review	Outcome
23. acute myeloid leukaemia*	<p>Amendment Statements of Principles concerning acute myeloid leukaemia 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 acute myeloid leukaemia determined under s 196B(3) (Balance of Probabilities)</p>
24. malignant neoplasm of the lung*	<p>Amendment Statements of Principles concerning malignant neoplasm of the lung 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 lung determined under s 196B(3) (Balance of Probabilities)</p>
25. malignant neoplasm of the eye*	Amendment Statements of Principles concerning malignant neoplasm of the eye determined
26. patellar tendinopathy	Previous Statements of Principles concerning patellar tendinopathy revoked and new Statements of Principles determined
27. physical injury due to munitions discharge	Previous Statements of Principles concerning physical injury due to munitions discharge revoked and new Statements of Principles concerning gunshot injury and explosive blast injury determined
28. sprain and strain	Previous Statements of Principles concerning sprain and strain revoked and new Statements of Principles determined
29. coeliac disease	Previous Statements of Principles concerning coeliac disease revoked and new Statements of Principles determined
30. malignant neoplasm of the liver	Previous Statements of Principles concerning malignant neoplasm of the liver revoked and new Statements of Principles determined
31. polyarteritis nodosa	Previous Statements of Principles concerning polyarteritis nodosa revoked and new Statements of Principles determined
32. diverticular disease of the colon*	Amendment Statements of Principles concerning diverticular disease of the colon determined

Subject of investigation or review	Outcome
33. ganglion*	Amendment Statements of Principles concerning ganglion determined under s 196B(2) (Reasonable Hypothesis)
34. intervertebral disc prolapse*	Amendment Statements of Principles concerning intervertebral disc prolapse determined
35. osteoarthritis*	Amendment Statements of Principles concerning osteoarthritis determined
36. temporomandibular disorder*	Amendment Statements of Principles concerning temporomandibular disorder determined
37. ulnar neuropathy*	Amendment Statements of Principles concerning ulnar neuropathy determined
38. coronavirus disease 2019	New Statements of Principles determined concerning coronavirus disease 2019
39. diabetes mellitus	Previous Statements of Principles concerning diabetes mellitus revoked and new Statements of Principles determined
40. retinal vascular occlusion	Previous Statements of Principles concerning retinal vascular occlusion revoked and new Statements of Principles determined

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

[**] These amending SOPs altered the commencement date for the previously determined SOP for Ross River virus infection. No Notice of Investigation was issued.

As at 30 June 2020, the Authority had received twenty-six (26) requests for review under s196E (1) (f) of the VEA to which it decided not to carry out an investigation. Twenty-five decisions not to carry out a review were made under s 196CA of the VEA. One decision not to carry out an investigation was made under s 196E in respect of a request referring to ‘chronic lower back pain’ as the Authority determined that the request did not specify a ‘particular kind of injury, disease or death’ which the Authority could investigate but was symptom of a ‘particular kind of injury, disease or death’. Following each of the twenty-six decisions written reasons were provided to the person or organisation making the request.

In summary, the Authority commenced the 2019/20 year with 52 investigations outstanding. During the course of the year, the Authority notified 47 further investigations, completed 40 investigations and as at 30 June 2020 had 59 ongoing investigations.

Distribution

There has been a change in the method of distributing SOPs during the reporting period. Since 2013-14 the Authority has provided a detailed update to the website including the new SOPs, to each subscriber after each Authority meeting. This has proven to be a more efficient and timely method of notifying stakeholders and permitted physical distribution to be discontinued in the period.

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

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 2019 to 30 June 2020, the Authority did not receive any advice from the SMRC that a request for review had been received by that body nor does the SMRC have any ongoing reviews underway or decisions outstanding.

Department of Veterans' Affairs

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

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

Ex-Service Organisations

The Authority has a policy of regular meetings with leading office bearers and officials involved with the compensation claims system, as well as accepting invitations to attend congresses of the major Ex-Service Organisations (ESOs) throughout the year. While the consultation associated with the SOPs to be determined by the Authority continued remotely other activities were severely curtailed as a result of restrictions associated with coronavirus disease 2019. 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 Branch Congress	Melbourne, Vic	3 July 2019	Chairperson and Registrar
RSL – South Australia/Northern Territory Conference	Adelaide, SA	6 July 2019	Chairperson and Registrar
Legacy – National Pensions Committee Annual General Meeting	Canberra, ACT	2 August 2019	Registrar and Principal Medical Officer
RSL – Qld Advocates meeting	Brisbane, Qld	12 December 2019	Registrar

Financial

A summary of cash expenditure incurred by the Authority in 2019/20 with comparison to 2018/19 and 2017/18 is detailed in Table 6.

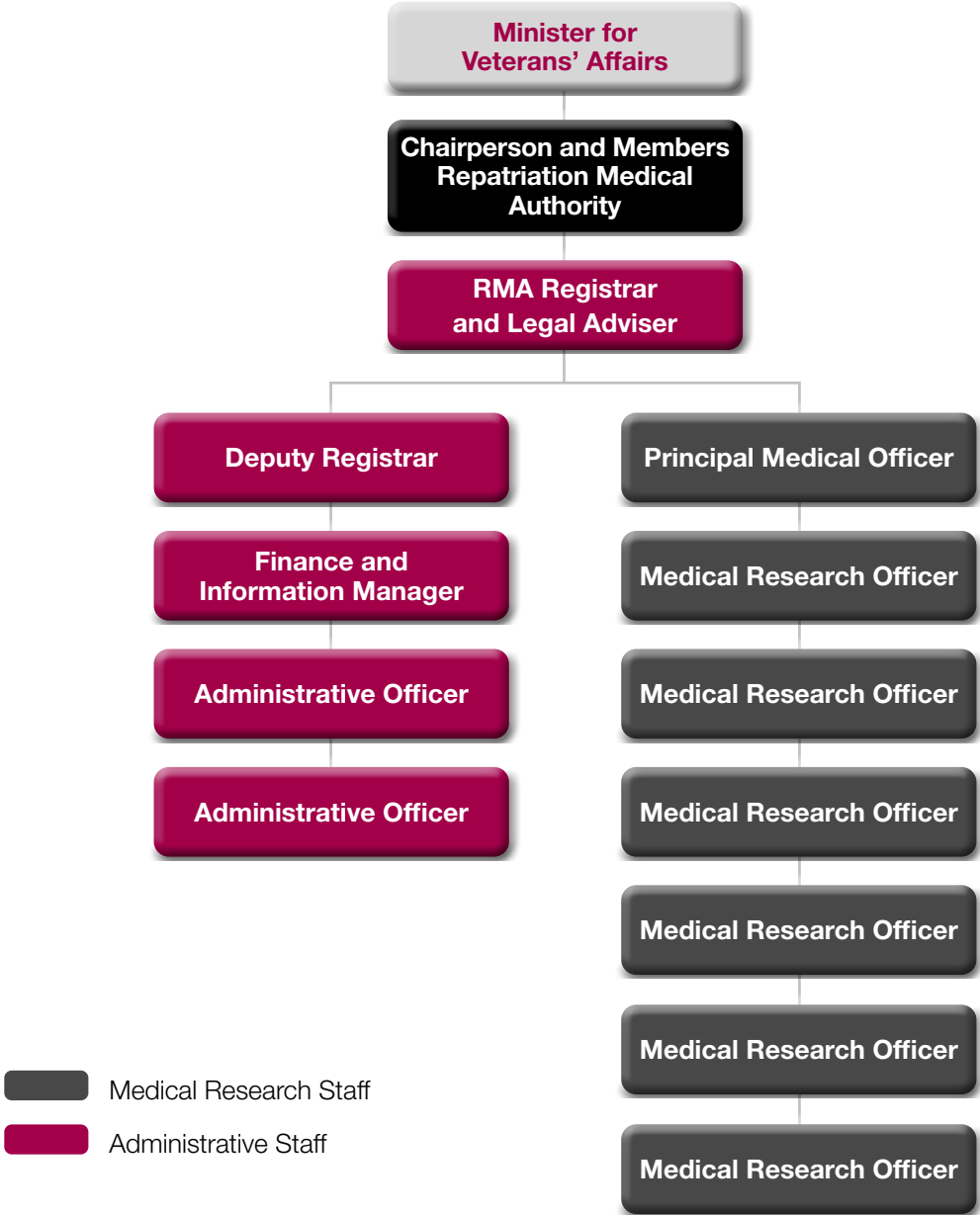
Financial information prepared on an accrual basis is included in the DVA Financial Statements.

Table 6: Financial expenditure

Item	2019/20	2018/19	2017/18
Salary and related expenses	\$1 911 256	\$1 849 166	\$1 839 723
Administrative expenses	\$75 311	\$96 689	\$112 251
Legal expenses	\$41 376	\$87 158	\$70 184
Total expenditure	\$2 027 943	\$2 033 013	\$2 022 158

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 2019/2020

Instrument No.	Title	Effective Date	Other Comments
77 & 78/2019	Morton's metatarsalgia	23/09/2019	77 revokes 92/2010 78 revokes 93/2010
79 & 80/2019	varicocele	23/09/2019	79 revokes 3/2011 80 revokes 4/2011
81 & 82/2019	conductive hearing loss	23/09/2019	81 revokes 7/2011 82 revokes 8/2011
83 & 84/2019	malignant neoplasm of the bladder	23/09/2019	83 revokes 96/2011 84 revokes 97/2011
85 & 86/2019	obstructive and reflux nephropathy	23/09/2019	85 revokes 73/2010 80 revokes 74/2010
87 & 88/2019	anal fissure	23/09/2019	87 revokes 58/2017 82 revokes 59/2017
89/2019	hypertension	23/09/2019	89 amends 63/2011
90 & 91/2019	microscopic polyangitis	18/10/2019	90 revokes 13/2011 91 revokes 14/2011
92 & 93/2019	malignant neoplasm of the renal pelvis & ureter	18/10/2019	92 revokes 98/2011 93 revokes 99/2011
94 & 95/2019	Ross River virus infection	18/10/2019	94 revokes 90/2011 95 revokes 91/2011
96 & 97/2019	acoustic neuroma	18/10/2019	96 revokes 29/2011 97 revokes 30/2011
98 & 99/2019	sensorineural hearing loss	18/10/2019	98 revokes 5/2011 99 revokes 6/2011
100 & 101/2019	subdural haematoma	18/10/2019	100 revokes 33/2011 101 revokes 34/2011
102/2019	cervical spondylosis	18/10/2019	102 amends 66/2014
103/2019	Ross River virus infection	18/10/2019	103 amends 94/2019
1 & 2/2020	Kaposi sarcoma	20/12/2019	1 revokes 9/2011 2 revokes 10/2011
3 & 4/2020	chronic multisymptom illness	28/02/2020	3 revokes 55/2014 4 revokes 56/2014
5 & 6/2020	acute pancreatitis	28/02/2020	5 revokes 85/2011 6 revokes 86/2011

Instrument No.	Title	Effective Date	Other Comments
7 & 8/2020	hypersensitivity pneumonitis	28/02/2020	7 revokes 87/2011 8 revokes 88/2011
9 & 10/2020	malignant neoplasm of the nasopharynx	28/02/2020	9 revokes 25/2011 10 revokes 26/2011
11 & 12/2020	multiple sclerosis	28/02/2020	11 revokes 100/2011 12 revokes 101/2011
13 & 14/2020	osteonecrosis	28/02/2020	13 revokes 17/2015 14 revokes 18/2015
15 & 16/2020	migraine	28/02/2020	15 amends 7/2018 16 amends 8/2018
17/2020	acute myeloid leukaemia	28/02/2020	17 amends 71/2015
18/2020	malignant neoplasm of the lung	28/02/2020	18 amends 92/2014
19 & 20/2020	malignant neoplasm of the eye	28/02/2020	19 amends 27/2018 20 amends 28/2018
21 & 22/2020	patellar tendinopathy	24/04/2020	21 revokes 114/2011 22 revokes 115/2011
23 & 24/2020	gunshot injury*	24/04/2020	23 revokes 48/2012* 22 revokes 49/2012
25 & 26/2020	explosive blast injury*	24/04/2020	25 revokes 48/2012* 26 revokes 49/2012
27 & 28/2020	sprain and strain	24/04/2020	25 revokes 94/2011 26 revokes 95/2011
29 & 30/2020	coeliac disease	24/04/2020	29 revokes 1/2011 30 revokes 2/2011
31 & 32/2020	malignant neoplasm of the liver	24/04/2020	31 revokes 21/2011 32 revokes 22/2011
33 & 34/2020	polyarteritis nodosa	24/04/2020	33 revokes 11/2011 34 revokes 12/2011
35 & 36/2020	diverticular disease of the colon	24/04/2020	35 amends 15/2016 36 amends 16/2016
37/2020	ganglion	24/04/2020	37 amends 71/2016
38 & 39/2020	intervertebral disc prolapse	24/04/2020	38 amends 43/2016 39 amends 44/2016

Instrument No.	Title	Effective Date	Other Comments
40 & 41/2020	osteoarthritis	24/04/2020	40 amends 61/2017 41 amends 62/2017
42 & 43/2020	temporomandibular disorder	24/04/2020	42 amends 47/2018 43 amends 48/2018
44 & 45/2020	ulnar neuropathy at the elbow	24/04/2020	44 amends 65/2017 45 amends 66/2017
46 & 47/2020	coronavirus disease 2019	12/06/2020	New condition
48 & 49/2020	diabetes mellitus	26/06/2020	48 revokes 89/2011 49 revokes 90/2011
50 & 51/2020	retinal vascular occlusion	26/06/2020	50 revokes 83/2011 51 revokes 84/2011

*Former SOPs for physical injury due to munitions discharge Nos 48 & 49/2012 were revoked and expanded into these two more comprehensive SOPs.

Appendix 3: Outstanding investigations and reviews as at 30/06/2020

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 2020.

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

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

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

Investigations	Date of Gazettal
1. Hyperacusis	27/02/20
2. Toxic vestibulopathy	23/04/20

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

Review	Instrument No.	Date of Gazettal
1. Acute infectious mononucleosis	3 & 4/2012	07/05/19
2. Acute lymphoblastic leukaemia	75 & 76/2012	23/04/20
3. Adenocarcinoma of the kidney	9 & 10/2013	23/04/20
4. Adhesive capsulitis of the shoulder	7 & 8/2012	07/05/19
5. Allergic contact dermatitis	112 & 113/2011	06/11/18
6. Angle-closure glaucoma	25 & 26/2012	07/05/19
7. Ankylosing spondylitis	3 & 4/2013	23/04/20
8. Anosmia	118 & 119/2011	06/11/18
9. Aortic aneurysm	9 & 10/2012	07/05/19
10. Aplastic anaemia	50 & 51/2012	29/10/19
11. Asthma	60 & 61/2012	29/10/19
12. Atherosclerotic peripheral vascular disease	23 & 24/2012	07/05/19
13. Carotid arterial disease	37 & 38/2012	29/10/19
14. Carpal tunnel syndrome	7 & 8/2013	23/04/20
15. Chloracne	17 & 18/2012	07/05/19
16. Chronic pancreatitis	104 & 105/2011	06/11/18
17. Chronic venous insufficiency of the lower limb	29 & 30/2012	07/05/19
18. Conjunctivitis	1 & 2/2012	07/05/19
19. Deep vein thrombosis	54 & 55/2012	29/10/19
20. Dementia pugilistica	11 & 12/2012	07/05/19
21. Dengue fever	13 & 14/2012	07/05/19
22. Endometriosis	41 & 42/2012	29/10/19

Review	Instrument No.	Date of Gazettal
23. Essential thrombocythaemia	15 & 16/2013	23/04/20
24. Giant cell arteritis	71 & 72/2012	23/04/20
25. Haemochromatosis	21 & 22/2012	07/05/19
26. Inflammatory bowel disease	19 & 20/2012	07/05/19
27. Inguinal hernia	5 & 6/2013	23/04/20
28. Irritant contact dermatitis	110 & 111/2011	06/11/18
29. Mesangial IgA glomerulonephritis	52 & 53/2012	29/10/19
30. MN of bone and articular cartilage	106 & 107/2011	06/11/18
31. MN of the cervix	39 & 40/2012	29/10/19
32. MN of the oral cavity, oropharynx and hypopharynx	1 & 2/2013	23/04/20
33. Myeloma	69 & 70/2012	23/04/20
34. Non-aneurysmal aortic atherosclerotic disease	15 & 16/2012	07/05/19
35. Open-angle glaucoma	27 & 28/2012	07/05/19
36. Otitic barotrauma	35 & 36/2012	29/10/19
37. Otitis externa	58 & 59/2012	29/10/19
38. Pes planus	45 & 46/2012	29/10/19
39. Photocontact dermatitis	108 & 109/2011	06/11/18
40. Polycythaemia vera	11 & 12/2013	23/04/20
41. Porphyria cutanea tarda	43 & 44/2012	29/10/19
42. Primary myelofibrosis	17 & 18/2013	23/04/20
43. Psoriasis	31 & 32/2012	29/10/19
44. Psoriatic arthropathy	5 & 6/2012	07/05/19
45. Pulmonary thromboembolism	56 & 57/2012	29/10/19
46. Renal artery atherosclerotic disease	102 & 103/2011	06/11/18
47. Seborrhoeic dermatitis	13 & 14/2013	23/04/20
48. Solar keratosis	73 & 74/2012	23/04/20
49. Spinal adhesive arachnoiditis	116 & 117/2011	06/11/18
50. Tinnitus	33 & 34/2012	29/10/19
51. Varicose veins of the lower limb	120 & 121/2011	07/05/19

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

Focussed Reviews	Instrument No.	Date of Gazettal notice
52. Trochanteric bursitis and gluteal tendinopathy (disturbance of gait)	45 & 46/2015	18/06/20

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
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>

