



Australian Government
Repatriation Medical Authority

Thirtieth Annual Report
2023/2024

© Commonwealth of Australia 2024

ISSN 1327-7278

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced by any process without prior written permission from the Commonwealth. Requests and inquiries concerning reproduction and rights should be addressed to the Commonwealth Copyright Administration, Attorney General's Department, National Circuit, Barton ACT 2600 or posted at <http://www.ag.gov.au/cca>.

For further information, contact:

The Registrar
Repatriation Medical Authority
GPO Box 1014
BRISBANE QLD 4001

W: <http://www.rma.gov.au>

E: info@rma.gov.au



Australian Government
Repatriation Medical Authority

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

Dear Minister

This report has been prepared in accordance with s196UA of the VEA Act, which requires that the Repatriation Medical Authority must, as soon as practicable after the end of each financial year, prepare and give to the Minister, for presentation to the Parliament, a report on the Authority's activities during the financial year.

On behalf of the Repatriation Medical Authority, I am pleased to submit this report for the year ended 30 June 2024.

Yours sincerely

A handwritten signature in black ink, appearing to read 'T. Campbell'.

Professor Terence Campbell AM
Chairperson

9 August 2024

Level 8
480 Queen Street
Brisbane QLD 4000

GPO Box 1014
Brisbane QLD 4001

ABN 23 964 290 824

Telephone: (07) 3815 9404
Facsimile (07) 3815 9412
Email: info@rma.gov.au
Website: <http://www.rma.gov.au>

Contents

EXECUTIVE STATEMENT BY THE CHAIRPERSON	5
Workloads	5
Royal Commission into Defence and Veteran Suicide - Harmonisation of Legislation	5
Sound Medical and Scientific Evidence.	5
Meetings	6
BACKGROUND AND FUNCTION	7
THE AUTHORITY	10
Members	10
Member remuneration	12
Meetings	12
RMA Secretariat	12
Website	12
Freedom of Information	13
STATEMENTS OF PRINCIPLES	14
Determinations	14
Investigations and reviews	14
Distribution	19
REVIEWS BY THE SPECIALIST MEDICAL REVIEW COUNCIL	20
Reviews	20
DEPARTMENT OF VETERANS' AFFAIRS	21
EX-SERVICE ORGANISATIONS, VETERANS AND MEMBERS	21
FINANCIAL	22
APPENDICES	23
Appendix 1: RMA Secretariat staffing structure	23
Appendix 2: Statements of Principles determined 2022/23	24
Appendix 3: Outstanding investigations and reviews as at 30/06/2023	27
Glossary of terms	31
TABLES	
Table 1: Requests under the FOI Act	13
Table 2: Statements of Principles	14
Table 3: Overview of investigations and reviews	15
Table 4: Outcome of investigations and reviews	16
Table 5: Financial expenditure	22
Table 6: Outstanding reviews pursuant to s 196B(7)	27
FIGURES	
Figure 1: Determination of Statements of Principles	9

Executive Statement by the Chairperson

In this, its thirtieth year of operation, the Authority finalised thirty-six (36) investigations of the sound medical-scientific evidence for various conditions, eighty-five (85) Statements of Principles (SOPs) including SOPs for three (3) new conditions (tardive dyskinesia, pericarditis and myocarditis).

There are now 744 SOPs on the Federal Register of Legislation covering some 372 diseases and injuries related to service and each year there are more SOPs due to be made and/or updated and renewed.

Workloads

Over the 2023/2024 reporting period, thirty-five (35) investigations involving either a complete review of an existing SOP or a determination of SOPs for a new condition were completed. As well, one (1) separate investigation involving some of the contents of the SOPs was finalised. The latter investigations are conducted when the Authority becomes aware of a deficiency in the existing SOP for a disease or injury either of its own accord or when it is notified by a serving member, a veteran, or the Military Rehabilitation and Compensation Commission or the Repatriation Commission (the Commissions) of such.

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

Royal Commission into Defence and Veteran Suicide - Harmonisation of Legislation

The Royal Commission has now handed down its final report. Change however is already underway.

In July of 2024 the *Veterans' Entitlements, Treatment and Support (Simplification and Harmonisation) Bill 2024* was introduced to parliament. As Chairperson of the Authority, I am pleased to see that, if passed, veterans would have a single piece of legislation governing veterans' rehabilitation and compensation.

One positive feature of the new bill, if passed, is that where the Repatriation Medical Authority updates Statements of Principles between the veteran's primary and reviewable decision, the version of the Statements which is most beneficial to the veteran's circumstances will now be applied.

Sound Medical and Scientific Evidence.

In a year of change it is important to hold fast to those values that are most important to the scientific community when acting in the service of veterans. A key value for the scientific community is the supremacy of the principle of causation and evidence of causation in relation to scientific method and enquiry.

One concern for the Authority and the scientific community as a whole in assessing causation is integrity in research. Over the past year there has been a series of media articles discussing the

rise in research fraud and scientific misconduct. Australia currently has no independent body which investigates allegations of misconduct in scientific research.

Fortunately for veterans, the definition of sound medical and scientific evidence (SMSE) in section 5AB (2) of the *Veterans Entitlements Act 1986* preserves the quality of the information upon which the Statements of Principles are based. In order to be considered as SMSE, information must be peer reviewed, consistent with that published in a medical or scientific journal, or must be information which is in accordance with generally accepted medical practice serving as a basis for diagnosis and management. In either case the information must also meet the epidemiological criteria for assessing causation.

In making Statements of Principles and applying the definition of SMSE, the Authority is mindful of its important role as gatekeeper, critically evaluating the weight to be given to one study over another, and/or assessing the weight to be given to the body of evidence as a whole.

Meetings

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

In November 2023 representatives of the Authority attended the RSL Queensland and Legacy Brisbane ESO Forum and learned that there is now discussion within the veteran community with a view to forming a peak veteran body to collaborate and advocate on behalf of veterans and their families.

It has been a year of momentous change for veterans and their families, but as Chairperson of the Authority I feel that the changes are timely and the outcomes can only be positive and it is in that spirit that the Authority will greet the challenges of the year to come.



Terry Campbell AM
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 for the Repatriation Commission and Military Rehabilitation and Compensation Commission to assess claims for disability pensions.

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

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

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

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

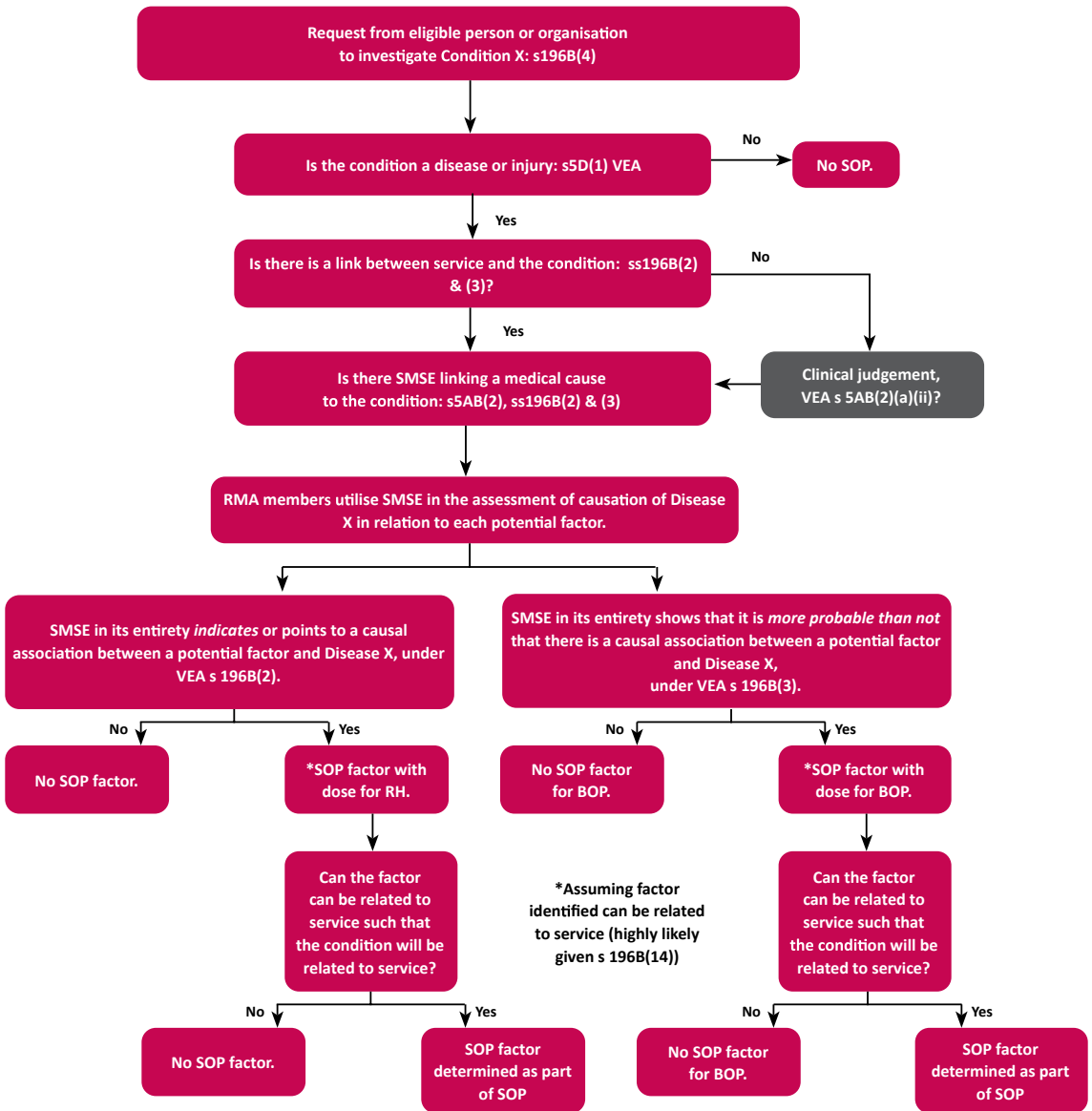
1. the information:
 - (i) is consistent with material relating to medical science that has been published in a medical or scientific publication and has been, in the opinion of the Repatriation Medical Authority, subjected to a peer review process; or
 - (ii) in accordance with generally accepted medical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

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

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

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

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



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

The Authority

Members

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

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



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

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



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

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



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

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



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

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



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

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

Member remuneration

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

The Chairperson and Members receive an annual retainer, and a daily allowance payable for attendance at meetings and other business of the Authority. The details of the rates payable during the reporting period are contained in *Remuneration Tribunal (Remuneration and Allowances for Holders of Part-time Public Office) Determination (No. 2) 2023* effective 1 July 2023. The Remuneration Tribunal reviews the rates annually. The provisions applying to travel for the Authority on official business for the 2023/2024 year are contained in the *Remuneration Tribunal (Official Travel) Determination 2023*, this Determination having effect from 27 August 2023.

Meetings

The Authority held meetings in person in Brisbane during 2023/2024 on the following dates:

8 August 2023	6 February 2024
3 October 2023	9 April 2024
5 December 2023	4 June 2024

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 2023/2024, staffing of the Secretariat equated to 11.5 FTE (Full-Time Equivalent) positions.

Website

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

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

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

The website received more than 427,395 unique visits over the course of the 2023/2024 year. As at 30 June 2024, there were 755 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>.

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

Table 1: Requests under the FOI Act

	2023/2024	2022/2023	2021/22
Information requested/provided under s 196I ¹	5	3	3
Requests received	10	9	5
Invalid requests	0	0	0
Requests granted	9	6	5
Requests refused	1	3	0
Requests completed ²	10	9	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. In 2023-2024 all requests under s 196I could be granted.
- 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). Where no documents are available, the FOI act considers this to be a refusal. Accordingly, the number of completed requests may not always equate to the total numbers in each column.

Statements of Principles

Determinations

At its formal meetings during 2023/2024, the Authority determined a total of 85 SOPs. The various categories of SOPs determined are set out in Table 2, and the specific SOPs repealed and determined are detailed in Appendix 2.

Table 2: Statements of Principles

Action	2023/2024	2022/2023	2021/22
Repealed SOPs ¹	65	94	78
Re-issued SOPs ^{2,3}	69	94	78
SOPs issued for new conditions ⁴	6	9	10
Amended SOPs ⁵	10	11	20
Other instruments determined ⁶	2	0	3
Total number of SOPs determined	85	114	108

- 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. In some cases SOPS which encompassed two or more conditions were split. Please note that the SOPs for Horseshoe Kidney were not reissued, the sole factor relating to service having been removed.
3. An investigation may be conducted into some of the contents of a SOP (s 196B(7A) of the VEA). This may result in an amendment to only one of the SOPs for a particular kind of injury, disease or death.
4. This figure includes the Veterans' Entitlements (Statements of Principles definition of 'one pack year') amendment determination.
5. This figure includes the Vietnam factor determination as a single SOP (which amended 6 different SOPs). As the amendment was administrative in nature no Notice of Investigation issued in respect of this amendment
6. This is the number of investigations that resulted in relevant declarations that a SOP would not be determined or amended in accordance with ss 196B(6) & (9) of the VEA. This figure relates to Horseshoe Kidney and New Daily Persistent Headache.

Since its inception, the Authority has determined 3011 SOPs, with 373 particular kinds of injury or disease currently covered by SOPs.

Investigations and reviews

Under s 196E of the VEA the Repatriation Commission, the Military Rehabilitation and Compensation Commission, an ex-service person or eligible dependant, an organisation representing veterans or their dependants, or a person eligible to make a claim under the MRCA may request the Authority to carry out an investigation in respect of a particular kind of injury, disease or death, or to review the

contents of a SOP. Subsection 196B(7A) of the VEA allows the Authority, at its discretion, to review some, rather than all of the contents of a SOP. Those reviews which the Authority determined should be restricted to some of the contents of the relevant SOP are referred to as “focused reviews”.

Table 3: Overview of investigations and reviews

Category	2023/2024	2022/2023	2021/22
Investigations notified ¹	4	3	6
Legislation Act reviews notified ²	36	26	58
Focused reviews notified ³	2	2	11
Total investigations and reviews notified	42	31	75
Total investigations and reviews completed ⁴	36	57	58
Average time taken in days to complete ⁵	467(477)	370 (395)	282 (345)
Focused reviews completed	1	6	14
Average time in days taken to complete focused reviews	114	120	131
Investigations and reviews notified in previous reporting periods and yet to be completed ⁷	11	17	25
Investigations and reviews notified in reporting period and yet to be completed ⁶	37	25	61
Total investigations and reviews outstanding	48	42	86
Requests for investigation or review refused	11	11	10

- 1 An investigation is undertaken pursuant to s 196B(4) to determine whether a SOP may be determined.
- 2 These figures refer only to reviews of all of the contents of the particular SOPs prior to their repeal pursuant to the sunset provisions in s 50 of the Legislation Act.
- 3 A focused review is undertaken pursuant to s 196B(7A) and is restricted to some of the contents of a previously determined SOP.
- 4 These figures include all investigations and reviews completed, including focused reviews.
- 5 Time taken is measured from date of Gazette notice of investigation to date of signing of SOP determined, or to date of Gazette notice of Declaration that no SOP or Amendment SOP is to be determined, and expressed in days. The initial figure is the average time taken for all investigations and reviews. The average time taken for full investigations and full reviews (that is, excluding focused reviews) follows in brackets.
- 6 The investigations and reviews advertised but not finalised as at 30 June 2024 are detailed in Appendix 3.

Table 4: Outcome of investigations and reviews

Subject of investigation or review	Outcome
1. Soft tissue sarcoma	Previous Statements of Principles concerning Soft tissue sarcoma repealed and new Statements of Principles determined
2. Tardive dyskinesia	New Statements of Principles concerning Tardive dyskinesia determined
3. Malignant neoplasm of the small intestine	Previous Statements of Principles concerning Malignant neoplasm of the small intestine repealed and new Statements of Principles determined.
4. Plantar fasciitis	Previous Statements of Principles concerning Plantar fasciitis repealed and new Statements of Principles determined.
5. Malignant neoplasm of the breast	Previous Statements of Principles concerning Malignant neoplasm of the breast repealed and new Statements of Principles determined.
6. Malignant neoplasm of the lung	Previous Statements of Principles concerning Malignant neoplasm of the lung repealed and new Statements of Principles determined.
7. Charcot-Marie-Tooth disease	Previous Statements of Principles concerning Charcot-Marie-Tooth disease repealed and new Statements of Principles determined.
8. Pericarditis	New Statements of Principles concerning Pericarditis determined.
9. Trochanteric bursitis	Previous Statements of Principles concerning trochanteric bursitis and gluteal tendinopathy repealed and new Statements of Principles for Trochanteric bursitis determined.
10. Gluteal tendinopathy	Previous Statements of Principles concerning trochanteric bursitis and gluteal tendinopathy repealed and new Statements of Principles for Gluteal tendinopathy determined.
11. Medial tibial stress syndrome (shin splints)	Previous Statements of Principles concerning Shin splints repealed and new Statements of Principles for Medial tibial stress syndrome (shin splints) determined.
12. Chronic exertional compartment syndrome of the lower leg	Previous Statements of Principles concerning Shin splints repealed and new Statements of Principles for Chronic exertional compartment syndrome of the lower leg determined.

Subject of investigation or review	Outcome
13. Anxiety disorder	Previous Statements of Principles concerning anxiety disorder repealed and new Statements of Principles determined.
14. Malignant neoplasm of the salivary gland	Previous Statements of Principles concerning Malignant neoplasm of the salivary gland repealed and new Statements of Principles determined.
15. Parkinson disease and secondary parkinsonism*	Amendment Statements of Principles concerning Parkinson disease and secondary parkinsonism determined.
16. Heat-induced burn	Previous Statements of Principles concerning External Burn repealed and new Statements of Principles concerning Heat-induced burn determined.
17. Chemical burn	Previous Statements of Principles concerning External Burn repealed and new Statements of Principles concerning Chemical burn determined
18. Radiation burn	Previous Statements of Principles External Burn repealed and new Statements of Principles concerning Radiation burn determined
19. Malignant neoplasm of the testis and paratesticular tissue	Previous Statements of Principles concerning Malignant neoplasm of the testis and paratesticular tissue repealed and new Statements of Principles determined
20. Hepatitis A	Previous Statements of Principles concerning Hepatitis A repealed and new Statements of Principles determined
21. Depressive disorder	Previous Statements of Principles concerning Depressive disorder repealed and new Statements of Principles determined.
22. Electrical injury*	Amendment Statements of Principles concerning Electrical injury determined.
23. Cut, stab, abrasion and laceration*	Amendment Statements of Principles concerning Cut, stab, abrasion and laceration determined.
24. Myocarditis	New Statements of Principles concerning Myocarditis determined
25. Seborrheic keratosis	Previous Statements of Principles concerning Seborrheic keratosis repealed and new Statements of Principles determined.

Subject of investigation or review	Outcome
26. Acute myeloid leukaemia	Previous Statements of Principles concerning Acute myeloid leukaemia repealed and new Statements of Principles determined.
27. Osteomyelitis	Previous Statements of Principles concerning Osteomyelitis repealed and new Statements of Principles determined.
28. Hallux valgus	Previous Statements of Principles concerning Hallux valgus repealed and new Statements of Principles determined.
29. Myasthenia gravis	Previous Statements of Principles concerning Myasthenia gravis repealed and new Statements of Principles determined.
30. Malignant melanoma of the skin	Previous Statements of Principles concerning Malignant melanoma of the skin repealed and new Statements of Principles determined.
31. Malignant neoplasm of the gallbladder	Previous Statements of Principles concerning Malignant neoplasm of the gallbladder repealed and new Statements of Principles determined.
32. Hepatitis E	Previous Statements of Principles concerning Hepatitis E repealed and new Statements of Principles determined.
33. Mesothelioma	Previous Statements of Principles concerning Mesothelioma repealed and new Statements of Principles determined.
34. External bruise	Previous Statements of Principles concerning External Bruise repealed and new Statements of Principles determined
35. Cerebrovascular accident (stroke)	Previous Statements of Principles concerning Cerebrovascular accident repealed and new Statements of Principles determined
36. Horseshoe Kidney	Previous Statements of Principles concerning Horseshoe Kidney repealed
37. New Daily Persistent headache	Declaration that the Authority does not intend to make Statements of Principles.
38. Tuberculosis	Previous Statements of Principles concerning Tuberculosis repealed and new Statements of Principles determined.
39. Duodenal ulcer and duodenal erosion	Previous Statements of Principles concerning Gastric ulcer and Duodenal ulcer repealed and new Statements of Principles for Duodenal ulcer and duodenal erosion determined

Subject of investigation or review	Outcome
40. Gastric ulcer and gastric erosion	Previous Statements of Principles concerning Gastric ulcer and Duodenal ulcer repealed and new Statements of Principles for Gastric ulcer and gastric erosion determined.
41. Malignant neoplasm of the bile duct	Previous Statements of Principles concerning Malignant neoplasm of the bile duct repealed and new Statements of Principles determined.
42. Tinea	Previous Statements of Principles concerning Tinea repealed and new Statements of Principles determined
43. Cardiomyopathy	Previous Statements of Principles concerning Cardiomyopathy repealed and new Statements of Principles determined.

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

In summary, the Authority commenced the 2023/2024 year with 42 investigations outstanding. During the course of the year, the Authority notified 42 further investigations, completed 36 investigations and as at 30 June 2024 had 48 ongoing investigations.

Distribution

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

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

Reviews by the Specialist Medical Review Council

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 2023 to 30 June 2024, the Authority did not receive any requests for review by SMRC. SMRC's review concerning Hashimoto Thyroiditis gazetted on 27 September 2022 continues.

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, Veterans and Members

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

The Authority's Principal Medical Officer and Registrar attended the RSL Queensland and Legacy Brisbane ESO Forum on 3 November 2023.

Financial

A summary of expenditure incurred by the Authority in 2023/2024 with comparison to 2022/2023 and 2021/2022 is detailed in Table 5.

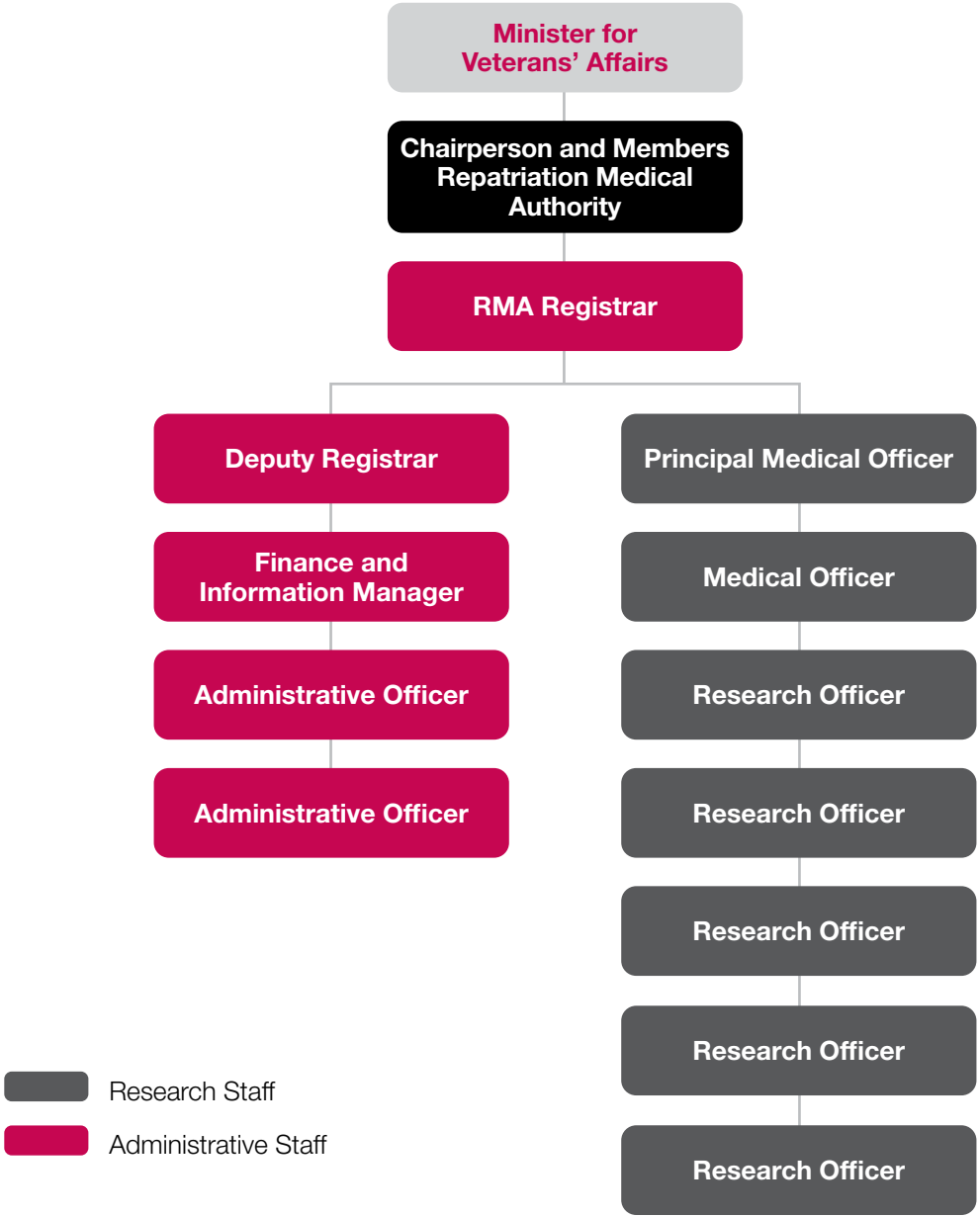
Financial information is prepared on an accrual basis and is also included in the DVA Financial Statements.

Table 5: Financial expenditure

Item	2023/2024	2022/2023	2021/22
Salary and related expenses	\$2,042,897.00	\$1,863,967.00	\$2,060,671.00
Administrative expenses	\$46,602.00	\$50,778.00	\$31,858.00
Legal expenses	\$0.00	\$0.00	\$0.00
Total expenditure	\$2,089,499.00	\$1,914,745.00	\$2,092,529.00

Appendices

Appendix 1: RMA Secretariat staffing structure



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

Appendix 2: Statements of Principles determined 2022/2023

Instrument No.	Title	Date Determined	Other Comments
76 & 77/2023	1) Soft tissue sarcoma	08/08/2023	76 repeals 5/2015 77 repeals 6/2015
78 & 79/2023	2) Tardive dyskinesia	08/08/2023	New SOPs
80 & 81/2023	3) Malignant neoplasm of the small intestine	08/08/2023	80 repeals 1/2015 81 repeals 2/2015
82 & 83/2023	4) Plantar fasciitis	08/08/2023	82 repeals 51/2015 83 repeals 52/2015
84 & 85/2023	5) Malignant neoplasm of the breast	08/08/2023	84 repeals 96/2014 85 repeals 97/2014
86 & 87/2023	6) Malignant neoplasm of the lung	08/08/2023	86 repeals 92/2014 87 repeals 93/2014
88 & 89/2023	7) Charcot-Marie-Tooth disease	08/08/2023	88 repeals 21/2015 89 repeals 22/2015
90 & 91/2023	8) Pericarditis	03/10/2023	New SOPs
92 & 93/2023	9) Trochanteric bursitis	03/10/2023	92 repeals 45/2015 93 repeals 46/2015
94 & 95/2023	10) Gluteal tendinopathy	03/10/2023	94 repeals 45/2015 95 repeals 46/2015
96 & 97/2023	11) Medial tibial stress syndrome	03/10/2023	96 repeals 9/2015 97 repeals 10/2015
98 & 99/2023	12) Chronic exertional compartment syndrome of the lower leg	03/10/2023	98 repeals 9/2015 99 repeals 10/2015
100 & 101/2023	13) Anxiety disorder	03/10/2023	100 repeals 101/2014 102 repeals 103/2014
102 & 103/2023	14) Malignant neoplasm of the salivary gland	03/10/2023	102 repeals 57/2015 103 repeals 58/2015
104/2023	15) Parkinson disease and secondary parkinsonism	03/10/2023	104 amends 56/2016
1 & 2/2024	16) Heat-induced burn	05/12/2023	1 repeals 110/2015 2 repeals 111/2015
3 & 4/2024	17) Chemical burn	05/12/2023	3 repeals 110/2015 4 repeals 111/2015
5 & 6/2024	18) Radiation burn	05/12/2023	4 repeals 110/2015 5 repeals 111/2015
7 & 8/2024	19) Malignant neoplasm of the testis and epididymis	05/12/2023	7 repeals 3/2016 8 repeals 4/2016
9 & 10/2024	20) Hepatitis A infection	05/12/2023	9 repeals 63/2015 10 repeals 64/2015

Instrument No.	Title	Date Determined	Other Comments
11 & 12/2024	21) Depressive disorder	05/12/2023	11 repeals 83/2015 12 repeals 84/2015
13 & 14/2024	22) Electrical injury	05/12/2023	13 amends 41/2018 14 amends 42/2018
15 & 16/2024	23) Cut, stab, abrasion and laceration	05/12/2023	15 amends 15/2024 16 amends 16/2024
17 & 18/2024	24) myocarditis	04/02/2024	New SOPs
19 & 20/2024	25) Seborrheic keratosis	04/02/2024	19 repeals 55/2015 20 repeals 56/2015
21 & 22/2024	26) Acute myeloid leukaemia	04/02/2024	21 repeals 71/2015 22 repeals 72/2015
23 & 24/2024	27) Osteomyelitis	04/02/2024	23 repeals 90/2014 24 repeals 91 /2014
25 & 26/2024	28) Hallux valgus	04/02/2024	25 repeals 98/2015 26 repeals 99/2015
27/2024	29) Vietnam factor	04/02/2024	27 amends 90/2018, 95/2021, 41/2022 and 3,70,76 of 2023
28/2024	30) Depressive disorder	04/02/2024	27 amends 12/2024
29 & 30/2024	31) Cervical Intervertebral disc prolapse	04/02/2024	29 amends 66/2023 30 amends 67/2023
31/2024	32) Horseshoe Kidney	04/02/2024	31 repeals 31 32/2015
32 & 33/2024	33) Myasthenia gravis	09/04/2024	32 repeals 75/2015 33 repeals 76/2015
34 & 35/2024	34) Malignant melanoma of the skin	09/04/2024	34 repeals 102/2015 35 repeals 103/2015
36 & 37/2024	35) Malignant neoplasm of the gallbladder	09/04/2024	36 repeals 89/2015 37 repeals 90/2015
38/2024	36) seborrheic keratosis	09/04/2024	38 amends 20/2024
39 & 40/2024	37) Hepatitis E	04/06/2024	39 repeals 112/2015 40 repeals 113/2015
41 & 42/2024	38) Mesothelioma	04/06/2024	41 repeals 104/2015 42 repeals 105/2015
43 & 44/2024	39) Traumatic Contusion and Haematoma	04/06/2024	43 repeals 5/2016 44 repeals 6/2016
45 & 46/2024	40) Cerebrovascular accident	04/06/2024	45 repeals 65/2015 46 repeals 66/2015

Instrument No.	Title	Date Determined	Other Comments
47 & 48/2024	41) Tuberculosis	04/06/2024	47 repeals 81/2015 48 repeals 82/2015
49 & 50/2024	42) Duodenal ulcer and duodenal erosion	04/06/2024	49 repeals 61/2015 50 repeals 62/2015
51 & 52/2024	43) Gastric ulcer and gastric erosion	04/06/2024	51 repeals 61/2015 52 repeals 62/2015
53 & 54/2024	44) Malignant neoplasm of the bile duct	04/06/2024	53 repeals 69/2015 54 repeals 70/2015
55 & 56/2024	45) Tinea	04/06/2024	55 repeals 11/2015 56 repeals 12/2015
57 & 58/2023	46) Cardiomyopathy	04/06/2024	57 repeals 85/2015 58 repeals 86/2015

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

The following investigations and reviews were notified in the Government Notices Gazette on the date indicated, but had not been finalised as at 30 June 2024.

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

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

Review	Instrument No.	Date of Gazettal
1) Achilles Tendinopathy and Bursitis	Nos. 96 & 97/2015	01/11/2022
2) Adjustment disorder	Nos. 23 & 24/2016	07/11/2023
3) Antiphospholipid syndrome	Nos. 69 & 70/2016	25/06/2024
4) Arachnoid cyst	Nos. 91 & 92/2015	01/11/2022
5) Barrett's oesophagus	Nos. 67 & 68 of 2016	25/06/2024
6) Benign neoplasm of the eye and adnexa	Nos. 41 & 42 of 2016	25/06/2024
7) Benign prostatic hyperplasia	Nos. 17&18/2016	07/11/2023
8) Cholelithiasis	Nos. 51 & 52 of 2016	25/06/2024
9) Clonorchiasis	Nos. 47 & 48 of 2016	25/06/2024
10) Cut, stab, abrasion and laceration	Nos. 53 & 54 of 2016	25/06/2024
11) Dental Caries	Nos.122 &123/2015	07/11/2023
12) Discoid lupus erythematosus	Nos.126 &127/2015	07/11/2023
13) Distal Biceps tendinopathy	New Condition	25/06/2024
14) Diverticular disease of the colon	Nos. 15 & 16/2016	07/11/2023
15) Eating disorder	Nos. 13 & 14/2016	07/11/2023
16) Fracture	Nos. 94 & 95/2015	04/01/2023
17) Ganglion	Nos. 71 & 72 of 2016	25/06/2024
18) Hypertension	Nos. 21 & 22/2022	03/05/2024
19) Incisional hernia	Nos. 73 & 74 of 2016	25/06/2024
20) Ingrowing nail	Nos. 106 & 107/2015	01/11/2022
21) Ischaemic heart disease	Nos. 1 & 2/2016	07/11/2023

Review	Instrument No.	Date of Gazettal
22) Lipoma	Nos. 100 & 101/2015	01/11/2022
23) Loss of teeth	Nos. 124 & 125/2015	07/11/2023
24) Lyme disease	Nos. 25 & 26/2016	07/11/2023
25) Malignant neoplasm of the endometrium	Nos. 11&12/2016	07/11/2023
26) Malignant neoplasm of the oesophagus	Nos. 120 & 121/2015	07/11/2023
27) Malignant neoplasm of the urethra	Nos. 49 & 50 of 2016	25/06/2024
28) Meniere's disease	Nos. 108 & 109/2015	01/11/2022
29) Myelodysplastic syndrome	Nos. 73 & 74/2015	04/01/2023
30) Myopia, hypermetropia and astigmatism	Nos.9 & 10/2016	07/11/2023
31) Neoplasm of the pituitary gland	Nos. 53 & 54/2015	10/05/2022
32) Non-melanotic neoplasm of the skin	Nos. 7 & 8/2016	07/11/2023
33) Opisthorchiasis	Nos. 45 & 46 of 2016	25/06/2024
34) Optochiasmatic arachnoiditis	Nos. 57 & 58 of 2016	25/06/2024
35) Osteoporosis	Nos. 98 & 99/2014	10/05/2022
36) Otosclerosis	Nos. 61 & 62 of 2016	25/06/2024
37) Parkinson's disease and secondary parkinson's	Nos. 55 & 56 of 2016	25/06/2024
38) Peritoneal adhesions	Nos. 3 & 4/2016	07/11/2023
39) Pinguecula	Nos. 118 & 119/2015	07/11/2023
40) Polymyalgia rheumatica	Nos. 19 & 20/2016	07/11/2023
41) Pterygium	Nos 116 & 117/2015	07/11/2023
42) Sarcoidosis	Nos. 59 & 60 of 2016	25/06/2024
43) Scheuermann's disease	Nos. 75 & 76 of 2016	25/06/2024
44) Spasmodic torticollis	Nos. 64 & 64 of 2016	25/06/2024
45) Suicide and attempted suicide	Nos. 65 & 66 of 2016	25/06/2024

Review	Instrument No.	Date of Gazetta
46) Systemic lupus erythematosus	Nos. 21 & 22/2016	07/11/2023
47) Trigeminal neuralgia	Nos.77 & 78/2015	04/01/2023
48) Trigeminal neuropathy	Nos. 79 & 80/2015	04/01/2023

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>



Australian Government

Repatriation Medical Authority