



Australian Government
Repatriation Medical Authority

Twenty-eighth Annual Report
2021/2022

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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

On behalf of the Repatriation Medical Authority, I am pleased to submit this report for the year ended 30 June 2022.

Yours sincerely

A handwritten signature in black ink, reading "T. Campbell".

Professor Terence Campbell AM
Chairperson

26 September 2022

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Executive Statement by the Chairperson

This year is my first as Chairperson leading the Repatriation Medical Authority (the Authority). It has been an eventful and sometimes difficult twelve months in the wake of COVID-19, but not without its many successes.

In this, its twenty-eighth year of operation, the Authority finalised fifty-eight (58) investigations of the sound medical-scientific evidence for various conditions, one hundred and eight (108) Statements of Principles (SOPs) including SOPs for five (5) new conditions (thoracic outlet syndrome, vaccine-induced thrombotic thrombocytopenia, exertional heat illness, eosinophilic oesophagitis and gender dysphoria).

There are now 736 SOPs (and growing) on the Federal Register of Legislation covering some 368 diseases and injuries related to service and each year there are more SOPs due to be made and/or updated and renewed. This ever-increasing workload is a measure of the success of the RMA since its inception in 1994.

Workloads

Over the 2021/22 reporting period, fifty-eight (58) investigations involving either a complete review of an existing SOP or a determination of SOPs for a new condition were completed. As well, fourteen (14) separate investigations involving some of the contents of the SOPs were 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. Sadly, however this is the last year that we will have the services of Dr Justine Ward, the Authority's Principal Medical Officer. We wish Dr Ward well in her retirement. It is expected that her position will be filled in the coming year.

Royal Commission Into Defence and Veteran Suicide

On 8 July 2021, His Excellency, the Governor General, issued letters patent establishing the Royal Commission into Defence and Veteran Suicide. The transition from military to civilian life has been identified as a heightened risk period for suicide amongst veterans. Recognising this risk, the Authority has placed/will place a transition note in all SOPs undergoing investigation which have or will have a category 2 stressor factor as follows:

“experiencing a category 2 stressor within the 10 years before the suicide or the attempted suicide;

Note 1: A category 2 stressor can arise in a variety of circumstances connected with service. Such circumstances can arise during the course of service, as a result of separation from service and the conditions associated with that separation, and in the transition to civilian life in the years following separation.”

Currently a transition note appears in category 2 stressor factors in the reasonable hypothesis (RH) and balance of probabilities (BOP) SOPs for suicide and attempted suicide, gender dysphoria, and

inflammatory bowel disease, and in the RH SOPs for psoriasis, gingivitis, multiple sclerosis, and irritable bowel syndrome. This should assist claimants and the Commissions in the determination of claims in relation to these conditions.

Meetings

COVID-19 restrictions meant that the Authority Secretariat staff worked remotely for much of the time and the 2021/22 year also saw the Authority conducting some of its meetings entirely remotely. Despite the difficulties of operating remotely, the Authority was able to hold monthly instead of bimonthly meetings at certain points during in the year. It is the Authority's preference however, that wherever possible, meetings should be held in-person.

In June, between COVID-19 waves, I was able to meet with the Secretary of the Department of Veterans' Affairs and her staff in Canberra and I was also due to lead an RMA delegation to the Legacy Forum in Canberra in the following month. The Legacy Forum was unfortunately cancelled due to increasing COVID-19 numbers. Nonetheless, I look forward to meeting with all at the Legacy Forum in the coming year.

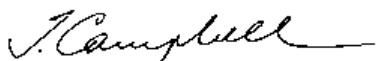
Appointments and Retirement

A member for some twenty years, Professor John Kaldor retired from the Authority this year. The members of the Authority gratefully acknowledge his work on behalf of the RMA and the wealth of experience that Professor Kaldor brought.

In Professor Kaldor's stead, Professor Michael Hensley was appointed to the Authority on 4 April 2022. Professor Hensley brings significant experience as a Respiratory and Sleep Physician. Further, I am also pleased to advise that the Honourable Matt Keogh, Minister for Veterans' Affairs, has reappointed Professor Gerard Byrne, Head of the Academy of Psychiatry, Faculty of Medicine at the University of Queensland, as a Member of the Authority for a further term of appointment from 1 July 2022.

It is the relative stability in the membership of the Authority and the overriding culture of service of its members, despite their other professional interests and commitments, which ensures consistency of decision making and superior outcomes for veterans.

I look with pride upon what the Authority has already achieved, but I also look forward to what needs to be done and what will be achieved in the coming year.



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 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.

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:

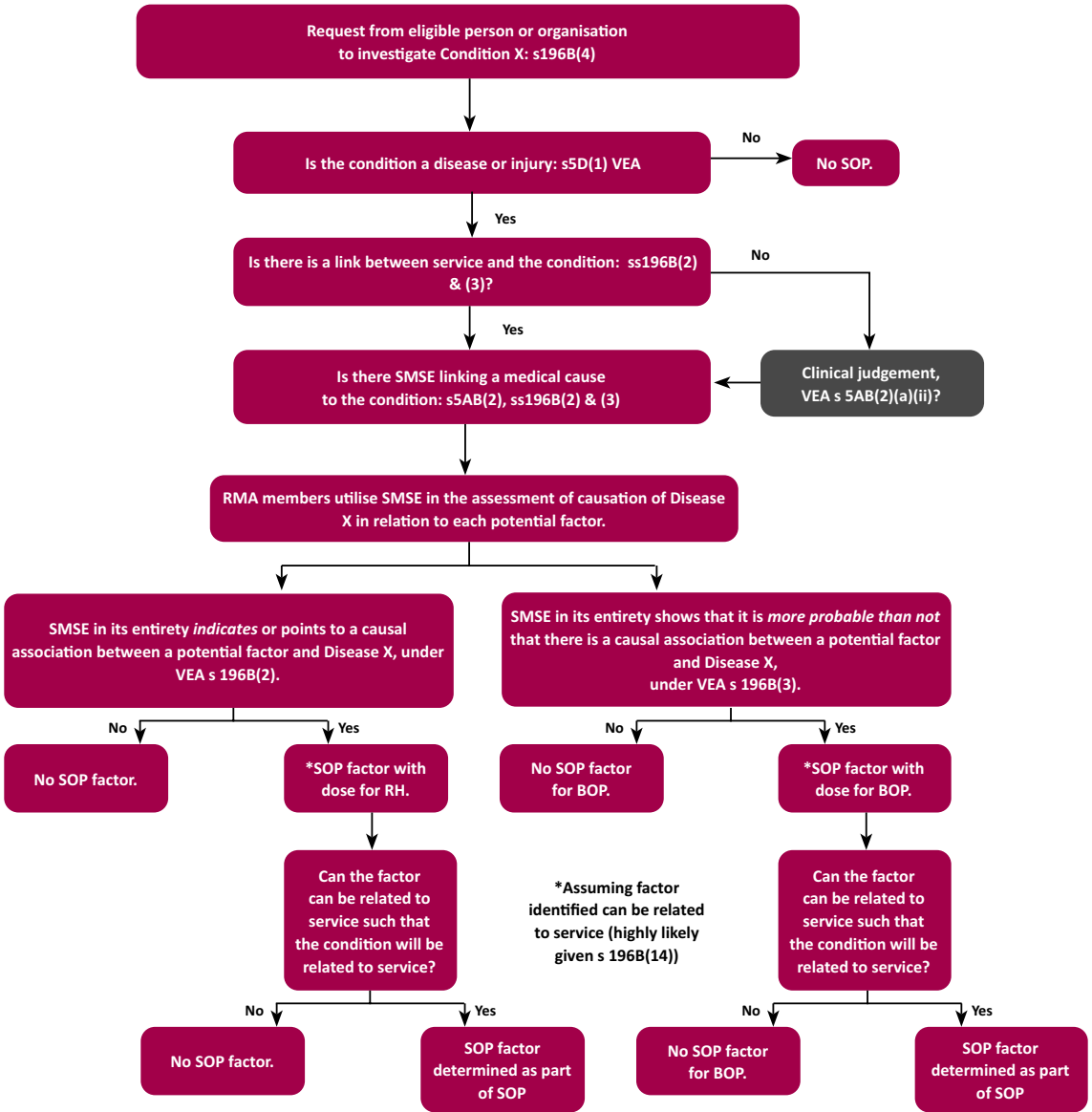
1. the information:
 - (i) is consistent with material relating to medical science that has been published in a medical or scientific publication and has been, in the opinion of the Repatriation Medical Authority, subjected to a peer review process; or
 - (ii) in accordance with generally accepted medical 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 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 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 Authority's membership changed in the 2021/22 reporting period. It was constituted by Professor Terence Campbell who commenced as Chairperson from 1 July 2021, with Professors Gerard Byrne, Flavia Cicuttini, Jenny Doust remaining as Members. Professor John Kaldor retired on 1 February 2022 and Professor Hensley joined the Authority as a Member on 4 April 2022.



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 expires on 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 2021*. The Remuneration Tribunal reviews the rates annually. The provisions applying to travel on official business are contained in the *Remuneration Tribunal (Official Travel) Determination 2019*, the latter Determination having effect from 16 August 2019.

Meetings

The Authority held meetings in Brisbane or online during 2021/22 on the following dates:

4 August 2021	8 December 2021
8 September 2021	15 February 2022
6 October 2021	12 April 2022
10 November 2021	7 June 2022

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 2021/22, 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 266,656 unique visits over the course of the 2021/22 year. As at 30 June 2022, there were 697 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>.

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

Table 1: Requests under the FOI Act

	2021/22	2020/21	2019/20
Information requested/provided under s 196I ¹	3	5	3
Requests received	5	7	3
Invalid requests	0	0	0
Requests granted	5	6	3
Requests refused (in full or part)	0	1	3
Requests completed ²	5	7	3

- 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 2020-2021 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). 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 2021/22, the Authority determined a total of 108 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	2021/22	2020/21	2019/20
Repealed SOPs ¹	78	98	56
Re-issued SOPs ^{2,3}	78	96	54
SOPs issued for new conditions	10	12	4
Amended SOPs	20	19	19
Other instruments determined ⁴	3	1	4
Total number of SOPs determined	108	127	75

- 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 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 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.

Since its inception, the Authority has determined 2811 SOPs, with 368 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 “focussed reviews”.

Table 3: Overview of investigations and reviews

Category	2021/22	2020/21	2019/20
Investigations notified ¹	6	4	3
Legislation Act reviews notified ²	58	41	28
Focussed reviews notified ³	11	33	13
Total investigations and reviews notified	75	78	44
Total investigations and reviews completed ⁴	58 ⁵	65	41
Average time taken in days to complete ⁶	282 (345)	240 (273)	356 (479)
Focussed reviews completed	14	11	13
Average time in days taken to complete focussed reviews	131	74	89
Investigations and reviews notified in previous reporting periods and yet to be completed ⁷	25	8	24
Investigations and reviews notified in reporting period and yet to be completed ⁷	61	61	30
Total investigations and reviews outstanding	86	69	53
Requests for investigation or review refused	10	17	28

- 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 focussed 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 focussed reviews.
- 5 Two conditions (diabetes mellitus and hypopituitarism) each had more than one investigation during the 2021/22 reporting period.
- 6 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.
- 7 The investigations and reviews advertised but not finalised as at 30 June 2022 are detailed in Appendix 3. The 2020/2021 figures have changed from the last annual report due to a difference in the method of calculation.

Table 4: Outcome of investigations and reviews

Subject of investigation or review	Outcome
1. fibrosing interstitial lung disease	Previous Statements of Principles concerning fibrosing interstitial lung disease repealed and new Statements of Principles determined
2. polycythaemia vera	Previous Statements of Principles concerning polycythaemia vera repealed and new Statements of Principles determined
3. primary myelofibrosis	Previous Statements of Principles concerning primary myelofibrosis repealed and new Statements of Principles determined
4. essential thrombocythaemia	Previous Statements of Principles concerning essential thrombocythaemia repealed and new separate Statements of Principles determined
5. carpal tunnel syndrome	Previous Statements of Principles concerning carpal tunnel syndrome repealed and new Statements of Principles determined
6. myeloma	Previous Statements of Principles concerning myeloma repealed and new Statements of Principles determined
7. ischaemic heart disease*	Amendment Statements of Principles concerning ischaemic heart disease determined
8. dental pulp and periapical disease	Previous Statements of Principles concerning dental pulp and periapical disease repealed and new Statements of Principles determined
9. chronic gastritis and chronic gastropathy	Previous Statements of Principles concerning chronic gastritis and chronic gastropathy repealed and new Statements of Principles determined
10. malignant neoplasm of the pancreas	Previous Statements of Principles concerning malignant neoplasm of the pancreas repealed and new Statements of Principles determined
11. malignant neoplasm of the prostate*	Declaration that the sound medical-scientific evidence available is not sufficient to justify an amendment to the Statements of Principles concerning malignant neoplasm of the prostate
12. malignant neoplasm of the brain*	Declaration that the sound medical-scientific evidence available is not sufficient to justify an amendment to the Statements of Principles concerning malignant neoplasm of the brain
13. pilonidal sinus*	Amendment Statements of Principles concerning pilonidal sinus determined

Subject of investigation or review	Outcome
14. chronic fatigue syndrome	Previous Statements of Principles concerning chronic fatigue syndrome repealed and new Statements of Principles determined
15. fibromyalgia	Previous Statements of Principles concerning fibromyalgia repealed and new Statements of Principles determined
16. malignant neoplasm of the breast*	Declaration that the sound medical-scientific evidence available is not sufficient to justify an amendment to the Statements of Principles concerning malignant neoplasm of the breast
17. malignant neoplasm of the thyroid gland	Previous Statements of Principles concerning malignant neoplasm of the thyroid gland repealed and new Statements of Principles determined
18. otitis media	Previous Statements of Principles concerning otitis media repealed and new Statements of Principles determined
19. hiatus hernia	Previous Statements of Principles concerning hiatus hernia repealed and new Statements of Principles determined
20. suicide and attempted suicide*	Amendment Statements of Principles concerning suicide and attempted suicide
21. chronic solvent encephalopathy	Previous Statements of Principles concerning chronic solvent encephalopathy repealed and new Statements of Principles determined concerning chronic solvent-induced neurocognitive disorder
22. motor neurone disease	Previous Statements of Principles concerning motor neurone disease repealed and new Statements of Principles determined
23. gender dysphoria	New Statements of Principles concerning gender dysphoria determined
24. Hashimoto's thyroiditis	Previous Statements of Principles concerning Hashimoto's thyroiditis repealed and new Statements of Principles determined concerning Hashimoto thyroiditis
25. hypothyroidism	Previous Statements of Principles concerning hypothyroidism repealed and new Statements of Principles determined
26. hyperthyroidism and thyrotoxicosis	Previous Statements of Principles concerning hyperthyroidism and thyrotoxicosis repealed and new Statements of Principles determined

Subject of investigation or review	Outcome
27. Graves' disease	Previous Statements of Principles concerning Graves' disease repealed and new Statements of Principles determined concerning Graves disease
28. goitre	Previous Statements of Principles concerning goitre repealed and new Statements of Principles determined
29. narcolepsy	Previous Statements of Principles concerning narcolepsy repealed and new Statements of Principles determined
30. aortic stenosis	Previous Statements of Principles concerning aortic stenosis repealed and new Statements of Principles determined
31. colorectal adenoma	Previous Statements of Principles concerning colorectal adenoma repealed and new Statements of Principles determined
32. gingivitis	Previous Statements of Principles concerning gingivitis repealed and new Statements of Principles determined
33. malignant neoplasm of the colorectum	Previous Statements of Principles concerning malignant neoplasm of the colorectum repealed and new Statements of Principles determined concerning malignant neoplasm of the colon and rectum
34. hypertension	Previous Statements of Principles concerning hypertension repealed and new Statements of Principles determined
35. heart block	Previous Statements of Principles concerning heart block repealed and new Statements of Principles determined
36. periodontal abscess	Previous Statements of Principles concerning periodontal abscess repealed and new Statements of Principles determined
37. periodontitis	Previous Statements of Principles concerning periodontitis repealed and new Statements of Principles determined
38. eosinophilic oesophagitis	New Statements of Principles concerning eosinophilic oesophagitis determined
39. heat stroke	New Statements of Principles concerning exertional heat illness determined
40. vaccine-induced thrombotic thrombocytopenia	New Statements of Principles concerning vaccine-induced thrombotic thrombocytopenia determined

Subject of investigation or review	Outcome
41. Guillain-Barre syndrome*	Amendment Statements of Principles concerning Guillain-Barre syndrome determined
42. osteoarthritis*	Amendment Statements of Principles concerning osteoarthritis determined
43. epileptic seizure	Previous Statements of Principles concerning epileptic seizure repealed and new Statements of Principles determined for seizure
44. malignant neoplasm of the larynx	Previous Statements of Principles concerning malignant neoplasm of the larynx repealed and new Statements of Principles determined
45. morbid obesity	Previous Statements of Principles concerning morbid obesity repealed and new Statements of Principles determined
46. sudden unexplained death	Previous Statements of Principles concerning sudden unexplained death repealed and new Statements of Principles determined
47. thoracic outlet syndrome	New Statements of Principles concerning thoracic outlet syndrome determined
48. diabetes mellitus*	Amendment Statements of Principles concerning diabetes mellitus determined
49. hypogonadism*	Amendment Statements of Principles concerning hypogonadism determined
50. hypopituitarism*	Amendment Statements of Principles concerning hypopituitarism determined
51. sensorineural hearing loss*	Amendment Statements of Principles concerning sensorineural hearing loss determined
52. immune thrombocytopaenia*	Amendment Statements of Principles concerning immune thrombocytopaenia determined
53. acute lymphoblastic leukaemia/ lymphoblastic lymphoma*	Amendment Statement of Principles concerning acute lymphoblastic leukaemia/lymphoblastic lymphoma determined
54. somatic symptom disorder	Previous Statements of Principles concerning somatic symptom disorder repealed and new Statements of Principles determined
55. sick sinus syndrome	Previous Statements of Principles concerning sick sinus syndrome repealed and new Statements of Principles determined
56. sleep apnoea	Previous Statements of Principles concerning sleep apnoea repealed and new Statements of Principles determined

Subject of investigation or review	Outcome
57. dermatomyositis	Previous Statements of Principles concerning dermatomyositis repealed and new Statements of Principles determined
58. erectile dysfunction	Previous Statements of Principles concerning erectile dysfunction 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 2021/22 year with 69 investigations outstanding. During the course of the year, the Authority notified 75 further investigations, completed 58 investigations and as at 30 June 2022 had 86 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 2021 to 30 June 2022, the Authority received one request for review by the SMRC concerning malignant neoplasm of the breast.

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. While the consultation associated with the SOPs to be determined by the Authority continued remotely and many enquiries from interested parties were received and dealt with, the congresses were suspended due to the restrictions associated with COVID-19.

The Authority's Principal Medical Officer attended the Legacy National Forum on 29 July 2021 and the Authority was also represented at the Redcliffe RSL CPD training day on 19 May 2022.

Financial

A summary of cash expenditure incurred by the Authority in 2021/22 with comparison to 2020/21 and 2019/20 is detailed in Table 5.

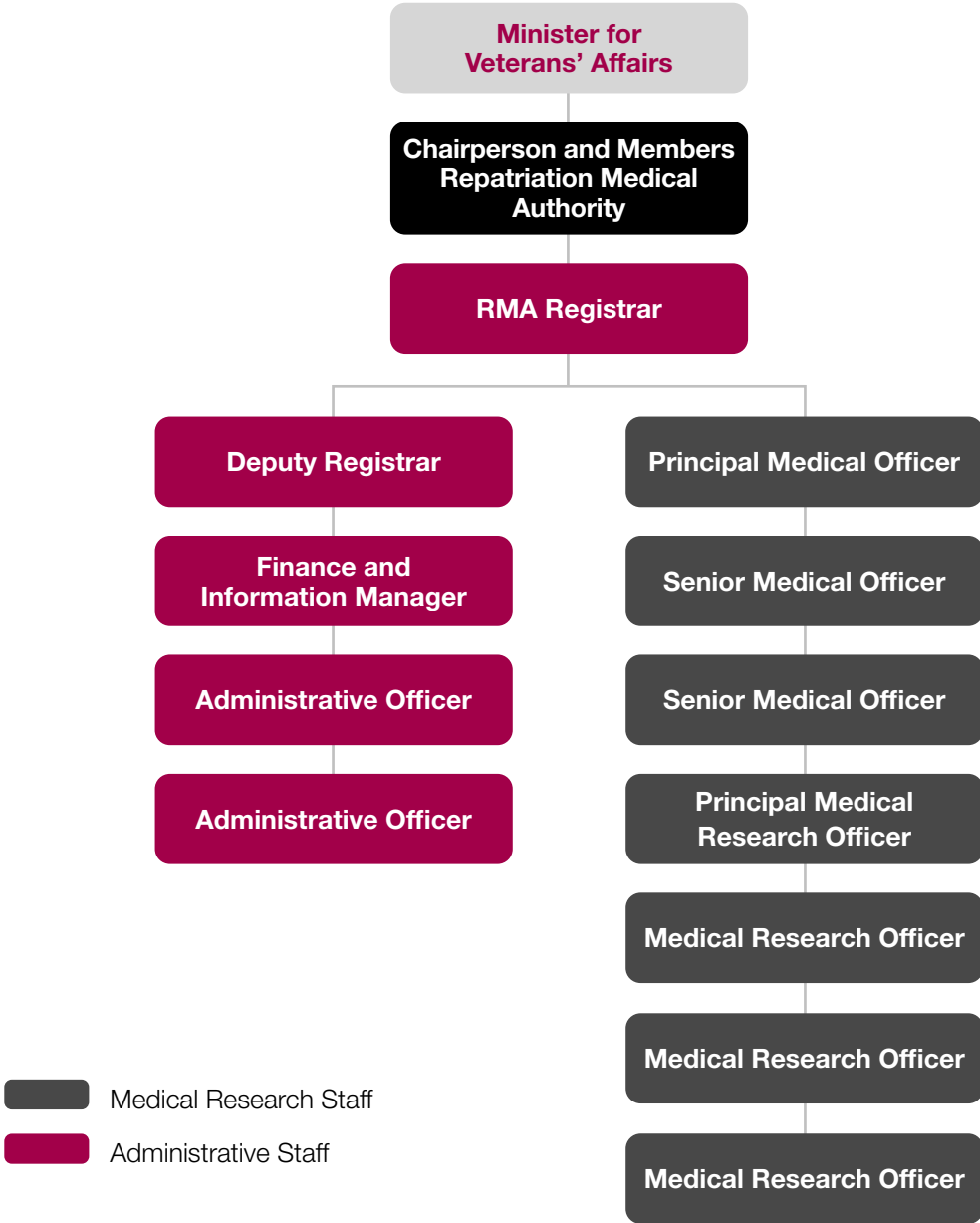
Financial information prepared on an accrual basis is included in the DVA Financial Statements.

Table 5: Financial expenditure

Item	2020/21	2020/21	2019/20
Salary and related expenses	\$2 060 671	\$2 111 256	\$1 911 256
Administrative expenses	\$31 858	\$30 848	\$75 311
Legal expenses	\$0	\$1 056	\$41 376
Total expenditure	\$2 092 529	\$2 143 833	\$2 027 943

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 2021/22

2021/2022

Instrument No.	Title	Date Determined	Other Comments
85 & 86/2021	1) fibrosing interstitial lung disease	04/08/2021	85 repeals 53/2013 86 repeals 54/2013
87 & 88/2021	2) polycythaemia vera	04/08/2021	87 repeals 11/2013 88 repeals 12/2013
89 & 90/2021	3) primary myelofibrosis	04/08/2021	89 repeals 17/2013 90 repeals 18/2013
91 & 92/2021	4) essential thrombocythaemia	04/08/2021	91 repeals 15/2013 92 repeals 16/2013
93 & 94/2021	5) carpal tunnel syndrome	04/08/2021	93 repeals 7/2013 94 repeals 8/2013
95 & 96/2021	6) myeloma	04/08/2021	95 repeals 69/2012 96 repeals 70/2012
97 & 98/2021	7) ischaemic heart disease	04/08/2021	97 amends 1/2016 98 amends 2/2016
99 & 100/2021	8) dental pulp and periapical disease	08/09/2021	99 repeals 3/2014 100 repeals 4/2014
101 & 102/2021	9) chronic gastritis and chronic gastropathy	08/09/2021	101 repeals 25/2013 102 repeals 26/2013
103 & 104/2021	10) malignant neoplasm of the pancreas	08/09/2021	103 repeals 73/2013 104 repeals 74/2013
105 & 106/2021	11) chronic fatigue syndrome	06/10/2021	105 repeals 11/2014 106 repeals 12/2014
107 & 108/2021	12) fibromyalgia	06/10/2021	107 repeals 13/2014 108 repeals 14/2014
109 & 110/2021	13) chronic solvent-induced neurocognitive disorder	10/11/2021	109 repeals 71/2013 110 repeals 72/2013
111 & 112/2021	14) motor neurone disease	10/11/2021	111 repeals 67/2013 112 repeals 68/2013
113 & 114/2021	15) gender dysphoria	10/11/2021	New condition
115/2021	16) pilonidal sinus	10/11/2021	115 amends 27/2019
1 & 2/2022	17) Hashimoto thyroiditis	08/12/2021	1 repeals 31/2013 2 repeals 32/2013
3 & 4/2022	18) hypothyroidism	08/12/2021	3 repeals 29/2013 4 repeals 30/2013
5 & 6/2022	19) hyperthyroidism and thyrotoxicosis	08/12/2021	5 repeals 27/2013 6 repeals 28/2013
7 & 8/2022	20) Graves disease	08/12/2021	7 repeals 33/2013 8 repeals 34/2013

Instrument No.	Title	Date Determined	Other Comments
9 & 10/2022	21) goitre	08/12/2021	9 repeals 23/2013 10 repeals 24/2013
11 & 12/2022	22) narcolepsy	08/12/2021	11 repeals 7/2014 12 repeals 8/2014
13 & 14/2022	23) aortic stenosis	08/12/2021	13 repeals 21/2013 14 repeals 22/2013
15 & 16/2022	24) colorectal adenoma	08/12/2021	15 repeals 35/2013 16 repeals 36/2013
17 & 18/2022	25) gingivitis	08/12/2021	17 repeals 45/2013 18 repeals 46/2013
19 & 20/2022	26) malignant neoplasm of the colon and rectum	08/12/2021	19 repeals 37/2013 20 repeals 38/2013
21 & 22/2022	27) hypertension	15/02/2022	21 repeals 63/2013 22 repeals 64/2013
23 & 24/2022	28) heart block	15/02/2022	23 repeals 1/2014 24 repeals 2/2014
25 & 26/2022	29) periodontal abscess	15/02/2022	25 repeals 49 of 2013 26 repeals 50 of 2013
27 & 28/2022	30) periodontitis	15/02/2022	27 repeals 47/2013 28 repeals 48/2013
29 & 30/2022	31) eosinophilic oesophagitis	15/02/2022	New condition
31 & 32/2022	32) exertional heat illness	15/02/2022	New condition
33 & 34/2022	33) vaccine-induced thrombotic thrombocytopenia	15/02/2022	New condition
35 & 36/2022	34) suicide and attempted suicide	15/02/2022	35 amends 65/2016 36 amends 66/2016
37 & 38/2022	35) seizure	12/04/2022	37 repeals 77/2013 38 repeals 78/2013
39 & 40/2022	36) malignant neoplasm of the thyroid gland	12/04/2022	39 repeals 39/2014 40 repeals 40/2014
41 & 42/2022	37) malignant neoplasm of the larynx	12/04/2022	41 repeals 61/2013 42 repeals 62/2013
43 & 44/2022	38) morbid obesity	12/04/2022	43 repeals 5/2014 44 repeals 6/2014
45 & 46/2022	39) sudden unexplained death	12/04/2022	45 repeals 57/2013 46 repeals 58/2013
47 & 48/2022	40) thoracic outlet syndrome	12/04/2022	New condition
49 & 50/2022	41) diabetes mellitus	12/04/2022	49 amends 48/2020 50 amends 49/2020
51 & 52/2022	42) hypogonadism	12/04/2022	51 amends 73/2021 52 amends 74/2021

Instrument No.	Title	Date Determined	Other Comments
53 & 54/2022	43) hypopituitarism	12/04/2022	53 amends 11/2019 54 amends 12/2019
55 & 56/2022	44) sensorineural hearing loss	12/04/2022	55 amends 98/2019 56 amends 99/2019
57 & 58/2022	45) immune thrombocytopaenia	12/04/2022	57 amends 63/2017 58 amends 64/2017
59/2022	46) acute lymphoblastic leukaemia/lymphoblastic lymphoma	12/04/2022	59 amends 33/2021
60 & 61/2022	47) hiatus hernia	07/06/2022	60 repeals 68/2014 61 repeals 69/2014
62 & 63/2022	48) otitis media	07/06/2022	62 repeals 51/2014 63 repeals 52/2014
64 & 65/2022	49) somatic symptom disorder	07/06/2022	64 repeals 24/2014 65 repeals 25/2014
66 & 67/2022	50) sick sinus syndrome	07/06/2022	66 repeals 15/2014 67 repeals 16/2014
68 & 69/2022	51) sleep apnoea	07/06/2022	68 repeals 41/2013 69 repeals 42/2013
70 & 71/2022	52) dermatomyositis	07/06/2022	70 repeals 9/2014 71 repeals 10/2014
72 & 73/2022	53) erectile dysfunction	07/06/2022	72 repeals 43/2013 73 repeals 44/2013
74 & 75/2022	54) Guillain-Barre syndrome	07/06/2022	74 amends 23/2018 75 amends 24/2018
76 & 77/2022	55) osteoarthritis	07/06/2022	76 amends 61/2017 77 amends 62/2017

Appendix 3: Outstanding investigations and reviews as at 30/06/2022

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 2022.

Reviews and focussed reviews listed in Tables 6 and 7 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 7. The scope of each focussed review is also shown.

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

Review	Instrument No.	Date of Gazettal
1. acute stress disorder	Nos. 41 & 42/2014	02/11/2021
2. albinism	Nos. 19 & 20/2015	10/05/2022
3. allergic rhinitis	Nos. 22 & 23/2014	04/05/2021
4. alpha-1 antitrypsin deficiency	Nos. 29 & 30/2015	10/05/2022
1. anxiety disorder	Nos. 102 & 103/2014	10/05/2022
5. atrial fibrillation and atrial flutter	Nos. 49 & 50/2014	02/11/2021
6. autosomal dominant polycystic kidney disease	Nos. 39 & 40/2015	10/05/2022
7. cervical spondylosis	Nos. 66 & 67/2014	02/11/2021
8. Charcot-Marie-Tooth disease	Nos. 21 & 22/2015	10/05/2022
9. chronic lymphocytic leukaemia/small lymphocytic lymphoma	Nos. 84 & 85/2014	02/11/2021
10. chronic myeloid leukaemia	Nos. 47 & 48/2014	31/08/2021
11. chronic obstructive pulmonary disease	Nos. 37 & 38/2014	02/11/2021
12. Creutzfeldt-Jakob disease	Nos. 76 & 77/2014	02/11/2021
13. decompression sickness	Nos. 13 & 14/2015	10/05/2022
14. diaphragmatic hernia	New condition	10/05/2022
15. epicondylitis	Nos. 7 & 8/2015	10/05/2022
16. epilepsy	Nos. 75 & 76/2013	09/03/2021
17. Gaucher's disease	Nos. 27 & 28/2015	10/05/2022
18. haemophilia	Nos. 23 & 24/2015	10/05/2022
19. herpes zoster	Nos. 47 & 48/2015	10/05/2022
20. Hodgkin's lymphoma	Nos. 35 & 36/2014	02/11/2021
21. horseshoe kidney	Nos. 31 & 32/2015	10/05/2022
22. Huntington's chorea	Nos. 37 & 38/2015	10/05/2022
23. intervertebral disc prolapse	Nos. 43 & 44/2016	02/11/2021
24. leptospirosis	Nos. 94 & 95/2014	10/05/2022
25. lumbar spondylosis	Nos. 62 & 63/2014	02/11/2021
26. malignant neoplasm of the anus and anal canal	Nos. 51 & 52/2013	05/01/2021
27. malignant neoplasm of the breast	Nos. 96 & 97/2014	10/05/2022

Review	Instrument No.	Date of Gazettal
28. malignant neoplasm of the lung	Nos. 92 & 93/2014	10/05/2022
29. malignant neoplasm of the prostate	Nos. 53 & 54/2014	02/11/2021
30. malignant neoplasm of the salivary gland	Nos. 57 & 58/2015	10/05/2022
31. malignant neoplasm of the small intestine	Nos. 1 & 2/2015	10/05/2022
32. malignant neoplasm of the stomach	Nos. 58 & 59/2014	02/11/2021
33. malignant neoplasm of the testis and paratesticular tissues	Nos. 3 & 4/2015	10/05/2022
34. malignant neoplasm of unknown primary site	Nos. 80 & 81/2014	02/11/2021
35. Marfan syndrome	Nos. 25 & 26/2015	10/05/2022
36. melioidosis	Nos. 60 & 61/2014	02/11/2021
37. mitral valve prolapse	Nos. 43 & 44/2014	02/11/2021
38. multiple osteochondromatosis	Nos. 43 & 44/2015	10/05/2022
39. neoplasm of the pituitary gland	Nos. 53 & 54/2015	10/05/2022
40. osteogenesis imperfecta	Nos. 35 & 36/2015	10/05/2022
41. osteomyelitis	Nos. 90 & 91/2014	10/05/2022
42. osteoporosis	Nos. 98 & 99/2014	10/05/2022
43. Paget's disease of bone	Nos. 49 & 50/2015	10/05/2022
44. periodic limb movement disorder	Nos. 26 & 27/2014	04/05/2021
45. peripheral neuropathy	Nos. 74 & 75/2014	02/11/2021
46. plantar fasciitis	Nos 51 & 52/2015	10/05/2022
47. pleural plaque	Nos. 45 & 46/2014	02/11/2021
48. portal vein thrombosis	New condition	12/10/2021
49. posttraumatic stress disorder	Nos. 82 & 83/2014	02/11/2021
50. pulmonary barotrauma	Nos. 15 & 16/2015	10/05/2022
51. restless legs syndrome	Nos. 20 & 21/2014	04/05/2021
52. rotator cuff syndrome	Nos. 100 & 101/2014	10/05/2022
53. seborrhoeic keratosis	Nos. 55 & 56/2015	10/05/2022
54. shin splints	Nos. 9 & 10/2015	10/05/2022
55. soft tissue sarcoma	Nos. 5 & 6/2015	10/05/2022
56. steatohepatitis	Nos. 79 & 80/2013	09/03/2021
57. tinea	Nos. 11 & 12/2015	10/05/2022
58. thoracic spondylosis	Nos. 64 & 65/2014	02/11/2021
59. trochanteric bursitis and gluteal tendinopathy	Nos. 45 & 46/2015	10/05/2022
60. vascular dementia	Nos. 78 & 79/2014	02/11/2021
61. Von Willebrand's disease	Nos. 41 & 42/2015	10/05/2022
62. warts	Nos. 70 & 71/2014	02/11/2021
63. Wilson's disease	Nos. 33 & 34/2015	10/05/2022

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

Focussed Review	Instrument No.	Date of Gazettal
1. allergic contact dermatitis [sensitising exposure]	Nos.1 & 2/2021	10/05/2022
2. ankylosing spondylitis [pack-year definition]	Nos. 39 & 40/2021	04/05/2021
3. anosmia [pack-year definition]	Nos. 19 & 20/2021	04/05/2021
4. aortic aneurysm and aortic wall disorders [pack-year definition]	Nos. 21 & 22/2021	04/05/2021
5. asthma [pack-year definition]	Nos. 31 & 32/2021	04/05/2021
6. asthma [sensitising exposure]	Nos. 31 & 32/2021	10/05/2022
7. carotid artery disease [pack-year definition]	Nos. 54 & 55/2020	04/05/2021
8. chronic pancreatitis [pack-year definition]	Nos. 64 & 65/2020	04/05/2021
9. conjunctivitis [sensitising exposure]	Nos. 76 & 77/2020	10/05/2022
10. deep vein thrombosis [pack-year definition]	Nos. 64 & 65/2020	04/05/2021
11. diabetes mellitus [pack-year definition]	Nos. 48 & 49/2020	04/05/2021
12. giant cell arteritis [pack-year definition]	Nos. 11 & 12/2021	04/05/2021
13. inflammatory bowel disease [pack-year definition]	Nos. 90 & 91/2020	04/05/2021
14. malignant neoplasm of the cervix [pack-year definition]	Nos. 80 & 81/2020	04/05/2021
15. malignant neoplasm of the kidney [pack-year definition]	Nos. 41 & 42/2021	04/05/2021
16. non-aneurysmal aortic atherosclerotic disease [pack-year definition]	Nos. 52 & 53/2020	04/05/2021
17. peripheral artery disease [pack-year definition]	Nos. 70 & 71/2020	04/05/2021
18. psoriasis [pack-year definition]	Nos. 13 & 14/2021	04/05/2021
19. pulmonary thromboembolism [pack-year definition]	Nos. 37 & 38/2021	04/05/2021
20. renal artery atherosclerotic disease [pack-year definition]	Nos. 56 & 57/2020	04/05/2021
21. retinal vascular occlusion [pack-year definition]	Nos. 50 & 51/2020	04/05/2021
22. tinnitus [pack-year definition]	No. 84/2020	04/05/2021

* In April 2021 the Authority decided to issue a notice of investigation for a focussed review of the definition of 'pack-year of tobacco products' and the definition of 'pack-year' (as the case may be) in the SOPs for 19 conditions.

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>

