



Australian Government

Repatriation Medical Authority

Twentieth Annual Report
2013/2014

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Senator the Hon Michael Ronaldson
Minister for Veterans' Affairs
Parliament House
CANBERRA ACT 2600

Dear Minister

On behalf of the Repatriation Medical Authority, I am pleased to submit this report for the year ending 30 June 2014.

Yours sincerely

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

Professor Nicholas Saunders AO
Chairperson

15 September 2014

Contents

EXECUTIVE STATEMENT BY THE CHAIRPERSON	5
BACKGROUND AND FUNCTION	7
THE AUTHORITY	10
Members	10
Member remuneration	11
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	25
EX-SERVICE ORGANISATIONS	26
FINANCIAL	27
APPENDICES	28
Appendix 1: RMA Secretariat staffing structure	28
Appendix 2: Statements of Principles determined 2013/14	29
Appendix 3: Outstanding investigations and reviews as at 30/06/2014	33
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	15
Table 5: Ex-Service Organisation meetings attended	26
Table 6: Financial expenditure	27
Table 7: Outstanding investigations pursuant to s 196B(4)	33
Table 8: Outstanding reviews pursuant to s 196B(7)	33
Table 9: Outstanding reviews pursuant to s 196B(7A)	37
FIGURES	
Figure 1: Determination of Statements of Principles	9
Figure 2: Visitor numbers to the RMA website	12

Executive Statement by the Chairperson

The Repatriation Medical Authority (the Authority) marked the 20th anniversary of its establishment in June 2014, a milestone perhaps not expected by many to be reached when the organisation initially commenced its role of developing legally binding Statements of Principles (SOPs) in 1994.

The Authority is extremely fortunate to have enjoyed a remarkable level of stability in membership, which continued over this reporting period. This stability, and the acquired expertise and corporate knowledge which it produces, enables a careful skilled application of medical science to the complex legislative environment applying to veterans' compensation. It is particularly important in the context of the provisions of a compensation system which whilst very generous is reliant upon a sound medical scientific base. Consistent, high quality, useable SOPs produced following assessment of an ever expanding body of medical science is an impressive result. I would like to acknowledge and thank my colleagues for the continued quality of their work and assistance.

Work loads and work practices

The Authority has confronted steady increases in its backlog of investigations and reviews each year since 2004. I reported last year that the Authority had reviewed its operations to ensure that its assessment and investigation of the medical science was undertaken in the most efficient manner possible. The Authority prepared a three year workplan to ensure that all reviews would be completed prior to their sunset date in an orderly and timely manner. I anticipated that the work plan, revisiting of operations and work practices, and a more timely scheduling of review notifications would see a significant reduction in the backlog of investigations and reviews over the next two years, without compromising the quality of assessment applied to the medical scientific evidence.

I am pleased to report that these initiatives have been successful, with the backlog of advertised investigations and reviews reduced to 97 as at 30 June 2014.

The reporting period has been an extremely busy year for the Authority, which is reflected in the number of investigations and reviews completed and SOPs produced. A number of significant, complex and time-consuming reviews have been completed during the year, including consideration of a number of factors which are contained in multiple SOPs. These have involved factors contained in mental health, haematological and cancer conditions in particular. Reviews of previous decisions concerning malignant neoplasm of the prostate and Gulf War syndrome were concluded after considerable investigation and deliberation.

Gulf War syndrome/chronic multisymptom illness

In 2012 a review of previous decisions not to recognise Gulf War syndrome as a disease under the *Veterans' Entitlements Act 1986* (VEA) was notified. This is the third review of the issue undertaken in 15 years, and was finalised in May 2014. The Authority concluded that there is insufficient evidence to recognise a disease specific to the Gulf War, but there is a grouping of medically unexplained symptoms experienced by veterans of various deployments which may cause significant distress and disability and as such meets the definition of disease. The condition, which is sometimes referred to by clinicians as 'medically unexplained physical symptoms', has been extensively researched using the term 'chronic multisymptom illness' and the Authority issued SOPs using that title. In determining the SOPs the Authority included a tight definition of

the disease, including the severity and persistence of symptoms, and required that “any or all of the symptoms are not better explained by another medical or psychiatric condition”. The SOPs have been generally welcomed, although an application for review has since been received by the Specialist Medical Review Council.

Mental health conditions

2013 saw the release and commencement of use of the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5™) of the American Psychiatric Association (DSM-5). The new edition of this manual contained some significant changes to diagnostic criteria and/or possible causes/exposures for conditions covered by the publication. Most of the definitions of the kind of disease included in the SOPs covering mental health conditions are derived from the manual. As a result, the Authority notified (and prioritised) a range of reviews, including posttraumatic stress disorder (PTSD), acute stress disorder, alcohol dependence and alcohol abuse, drug dependence and drug abuse, and depressive disorder. These reviews were all completed or significantly progressed during the reporting period.

Evidence in support of a ‘hostile environment’ factor (generally expressed by the Authority as “living or working in a hostile or life-threatening environment”) has led to such factors being included in a number of SOPs, including PTSD, chronic multisymptom illness and chronic fatigue syndrome. Receipt of a request to include such a factor in the SOPs concerning alcohol use disorder resulted in the Authority notifying a focussed review to consider the matter for that condition, and similar consideration is being given to a wide range of other mental health conditions.

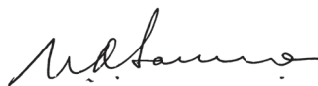
Technology

The Authority moved to exclusive use of digital records in 2013. The RMA Secretariat continued its work over the reporting period to convert outstanding paper records (created in years immediately following the organisation’s 1994 establishment) to digital form for retention in its Electronic Document and Records Management System (HP TRIM). It was very pleasing to receive the recent National Archives of Australia assessment of our digital records management performance, which confirmed significant gains over the previous year and results in the top quartile of all Commonwealth agencies.

The Authority regards the internet as its principal method to distribute SOPs and other information to stakeholders. The Authority website was again enhanced during the reporting period, with a redesign of its home page, general website structure and further information about Authority processes and deliberations. The Authority receives and answers several hundred specific questions – many quite detailed – each year, and drew upon these communications to create a Frequently Asked Questions (FAQ) page during the year. Further improvements to the website to enhance accessibility are planned in the coming year.

RMA Secretariat

On behalf of my fellow Members, I would like to express our appreciation for the efforts of all of the staff of the RMA Secretariat in providing support and assistance to the Authority. Their commitment and expertise is essential to the operations of the Authority.



Professor Nicholas Saunders AO
Chairperson

Background and Function

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

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

The Government announced the establishment of the Authority in the 1994/95 Federal Budget. The 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* (MRCA) extended the application of SOPs to the consideration of claims to have injury, disease or death accepted as service-related under that Act for all service on or after 1 July 2004.

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

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

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

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

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

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

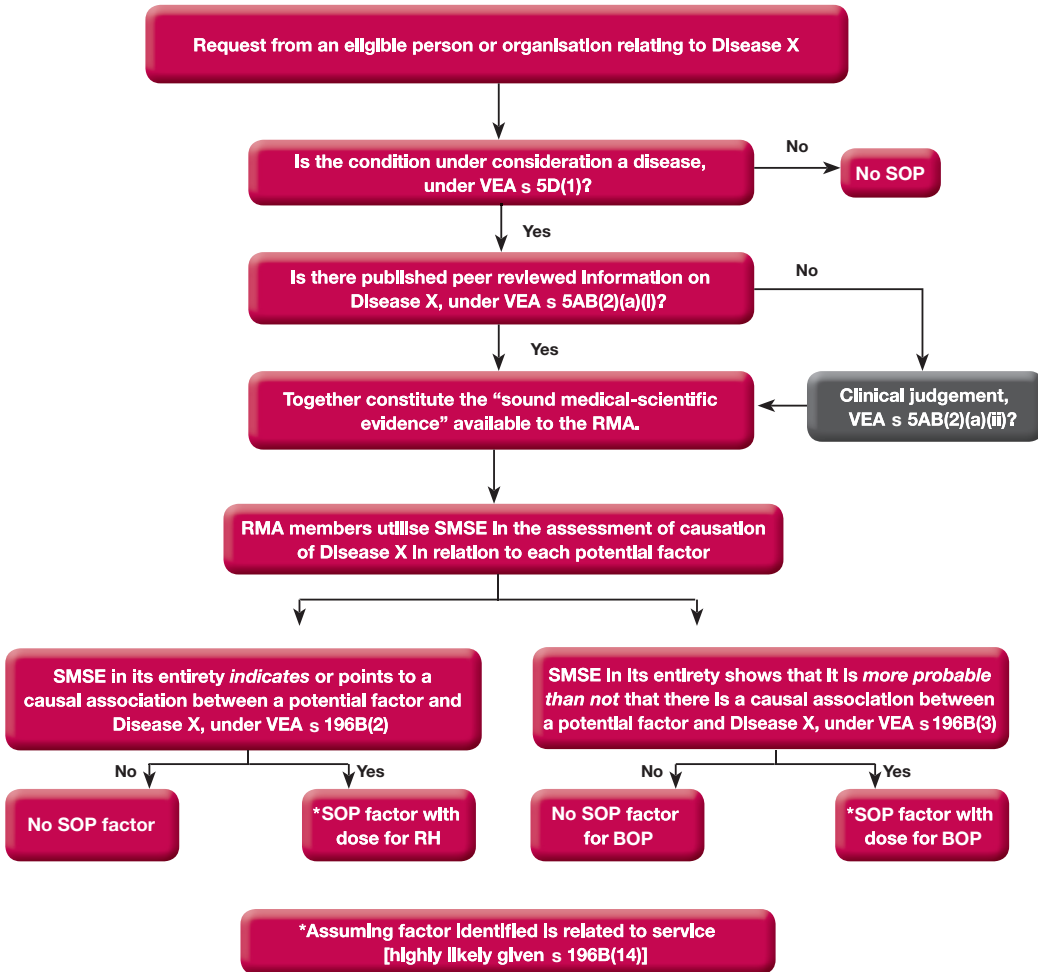
1. the information:
 - (i) is consistent with material relating to medical science that has been published in a medical or scientific publication and has been, in the opinion of the Repatriation Medical Authority, subjected to a peer review process; or
 - (ii) in accordance with generally accepted medical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

The *Veterans' Affairs Legislation Amendment (Statements of Principles and Other Measures) Act 2007*, which commenced on 16 March 2007, provided the Authority with the discretionary power to determine whether a review of the contents of an existing SOP would be undertaken in relation to some or all of the contents of the SOP.

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

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

Figure 1: Determination of Statements of Principles



The Authority

Members

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

The members during the 2013/14 reporting period were Professors Nick Saunders AO (Chairperson), Andrew Wilson (Deputy Chair), Gerard Byrne, Flavia Cicuttini and John Kaldor.



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

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

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



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

Professor Wilson is Deputy Chairperson of the Repatriation Medical Authority. His term of appointment is to 30 September 2015.



Professor Gerard Byrne, BSc(Med), MBBS (Hons), PhD, FRANZCP. Professor Byrne is Head of the Discipline of Psychiatry within the School of Medicine at the University of Queensland and Director of Geriatric Psychiatry at the Royal Brisbane and Women's Hospital. He is Immediate Past Chair of the Faculty of Psychiatry of Old Age of the Royal Australian and New Zealand College of Psychiatrists. Professor Byrne has active research interests in depression, anxiety and dementia in older people.

Professor Byrne's term of appointment is to 30 June 2017.



Professor Flavia Cicuttini, MBBS, PhD, FRACP, MSc (Lond), DLSHTM, FAFPHM. Professor Cicuttini is Head of Rheumatology, Alfred Hospital and Head of Musculoskeletal Unit, School of Epidemiology and Preventive Medicine, Monash University. Professor Cicuttini leads an active research group aimed at understanding factors that affect the development and progression of osteoarthritis.

Professor Cicuttini's term of appointment is to 30 June 2017.



Professor John Kaldor, PhD. Professor Kaldor is a Professor of Epidemiology and NHMRC Senior Principal Research Fellow at the Kirby Institute, University of New South Wales, where he has worked for over 23 years. Previously Professor Kaldor was with the International Agency for Research on Cancer, in Lyon, France. He is a past President of the Australasian Epidemiological Association (1996-2000). Professor Kaldor has active research interests in infectious disease, cancer and epidemiological methods.

Professor Kaldor's term of appointment is to 1 February 2016.

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 Determination 2013/11 and Determination 2014/03 (from 1 March 2014). The Remuneration Tribunal reviews the rates annually. The provisions applying to travel on official business are contained in Remuneration Tribunal Determination 2004/03, as amended by 2012/18 (prior to 1 September 2013) and 2013/16 (from 1 September 2013).

Meetings

The Authority held six meetings in Brisbane during 2013/14 on the following dates:

August 6 & 7	February 18 & 19
October 8 & 9	April 8 & 9
December 10 & 11	June 3 & 4

In accordance with the legislation, minutes are kept of the proceedings of each meeting.

RMA Secretariat

The staff (see Appendix 1 – RMA Secretariat staffing structure) necessary to assist the Authority consists of persons appointed or employed under the *Public Service Act 1999* and made available to the Authority by the Secretary of the Department of Veterans' Affairs. For the year 2013/14, staffing of the Secretariat equated to 9.15 FTE (Full-Time Equivalent) positions. There are no Senior Executive Service positions in the RMA Secretariat.

Website

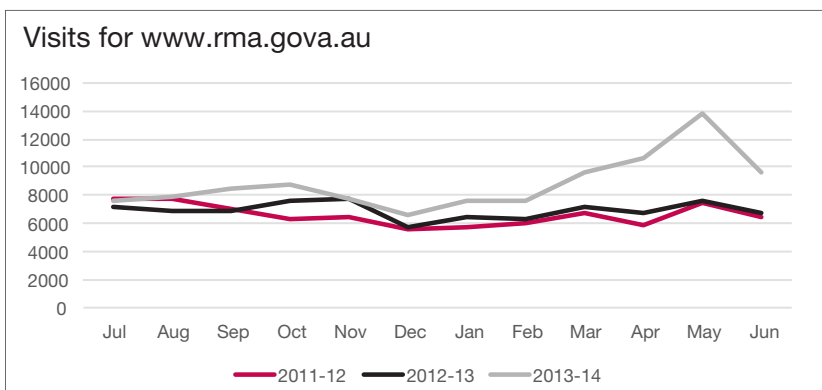
Established in April 2000, the Authority website has continued to be refined and improved to increase the range, accessibility and timeliness of services to clients and stakeholders. A review of the content and design of the website was undertaken, with the aim of enabling information about the practices, processes and reasoning utilised by the Authority to be easily accessed by stakeholders. The website home page and side bars were redesigned, and a Frequently Asked Questions (FAQ) page developed. As shown in Figure 2, visitor numbers have significantly increased over the reporting period, particularly since the changes were implemented in early 2014.

The LIA requires the Authority to prepare compilations of SOPs where a SOP is amended, and links to those compilation SOPs are provided on the Authority website, as well as to the Principal and each Amendment SOP.

The Authority website address is <http://www.rma.gov.au>. The website offers direct access to SOPs, Authority publications, and information on current investigations and reviews. Subscribers to the website receive notification of any updates. As at the end of the 2013/14 financial year, 2,544 subscribers were receiving updates. This figure represents a 3.7% increase over the preceding year.

The Authority views the internet medium as its principal method of distributing SOPs and related information.

Figure 2: Visitor numbers to the RMA website



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). This requirement is in Part II of the FOI Act and has replaced the former requirement to publish a s 8 statement in an annual report. 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>.

The substantial increase in requests made under the FOI Act to the Authority during the previous reporting period reduced to levels more consistent with historical levels, which reduced the staff resources required to process the requests. All requests were able to be addressed to the satisfaction of the applicants.

One request refused in 2012/13 was the subject of a review by the Australian Office of the Information Commissioner. The request related to documents exempted from release on the grounds of legal professional privilege under the FOI Act. The decision to refuse access was upheld by the Information Commissioner. A request for a further review of the decision has been made to the Administrative Appeals Tribunal.

Table 1: Requests under the FOI Act

	2013/14	2012/13	2011/12
Requests received	2	13	1
Information provided under s196I ¹	1	4	1
Invalid requests	0	1	0
Requests granted	2	2	1
Requests refused (in full or part) ²	0	8	0
Requests completed ³	2	13	1

- 1 Section 196I 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 s196I.
- 2 Reasons for the refusal of requests include legal professional privilege (5), documents do not exist (2) and that the request represents an unreasonable diversion of resources (1).
- 3 Some requests completed may have been dealt with in a number of ways (eg. some information requested being provided under s196I, some information requested being refused in part as exempt and access granted to other information requested). Accordingly, in many years the number of requests completed will be exceeded by the total number of the various means of completing the requests.

Statements of Principles

Determinations

At its formal meetings during 2013/14, the Authority determined a total of 103 SOPs. The various categories of SOPs determined are set out in Table 2, and the specific SOPs revoked and determined are detailed in Appendix 2.

Table 2: Statements of Principles

Action	2013/14	2012/13	2011/12
Revoked SOPs ¹	78	56	64
Re-issued SOPs ²	76	56	66
SOPs issued for new conditions	12	18	8
Amendment SOPs	15	7	6
Total number of SOPs determined	103	81	80

- 1 The figures cited refer only to SOPs which are the principal instrument, and do not include any amending instruments which may have also been revoked as a consequence of the principal instrument being revoked.
- 2 The definition of the kind of injury, disease or death with which the SOP is concerned may vary slightly from that of the previous (revoked) SOP.

Since its inception, the Authority has determined 2,097 SOPs, with 322 particular kinds of injury or disease currently covered by SOPs.

Investigations and reviews

Under s 196E of the VEA the Repatriation Commission, the Military Rehabilitation and Compensation Commission, an ex-service person or eligible dependant, an organisation representing veterans or their dependants, or persons eligible to make a claim under the MRCA may request the Authority to carry out an investigation in respect of a particular kind of injury, disease or death, or to review the contents of a SOP. The commencement of the *Veterans' Affairs Legislation Amendment (Statements of Principles and Other Measures) Act 2007*, which came into effect on 16 March 2007, allows the Authority, at its discretion, to review some, rather than all of the contents of a SOP, if it is so minded. Those reviews which the Authority determined should be restricted to some of the contents of the relevant SOP are referred to as "focussed reviews".

Table 3: Overview of investigations and reviews

Category	2013/14	2012/13	2011/12
Investigations notified ¹	1	5	10
Reviews notified ²	3	35	37
Focussed reviews notified ³	16	3	2
Total investigations and reviews notified	20	43	49
Total investigations and reviews completed ⁴	53	38	42
Average time taken to complete (days) ⁵	962 (850)	799 (759)	787 (744)
Focussed reviews completed	7	3	4
Average time taken to complete focussed reviews (days) ⁵	238	292	338
Investigations and reviews notified in previous reporting periods and yet to be completed ⁶	82	90	78
Investigations and reviews notified in reporting period and yet to be completed ⁶	15	40	47
Total investigations and reviews outstanding	97	130	125
Requests for investigation or review refused	7	13	6

- 1 An investigation is undertaken pursuant to s 196B(4) to determine whether a SOP may be determined.
- 2 A review is undertaken pursuant to s 196B(7), generally to consider the contents of a previously determined SOP. These figures refer only to reviews of all of the contents of the particular SOPs.
- 3 A focussed review is undertaken pursuant to s 196B(7A), at the discretion of the Authority, and is restricted to some of the contents of a previously determined SOP.
- 4 These figures include all investigations and reviews completed, including focussed reviews.
- 5 Time taken is measured from date of Gazette notice of investigation to date of effect of SOP determined, or date of Gazette notice of declaration that no SOP is to be determined, and expressed in days. This figure initially excludes focussed reviews. The average time taken for all investigations and reviews follows in brackets.
- 6 The investigations and reviews advertised but not finalised as at 30 June 2013 are detailed in Appendix 3.

Table 4: Outcome of investigations and reviews

Subject of investigation or review	Outcome
1. malignant neoplasm of the anal canal	Previous Statements of Principles concerning malignant neoplasm of the anal canal revoked and new Statements of Principles determined for malignant neoplasm of the anus and anal canal
2. fibrosing interstitial lung disease	Previous Statements of Principles concerning fibrosing interstitial lung disease revoked and new Statements of Principles determined
3. asbestosis	Previous Statements of Principles concerning asbestosis revoked and new Statements of Principles determined
4. sudden unexpected death	Previous Statements of Principles concerning sudden unexpected death revoked and new Statements of Principles determined for sudden unexplained death
5. Guillain-Barre syndrome	Previous Statements of Principles concerning Guillain-Barre syndrome revoked and new Statements of Principles determined

6. malignant neoplasm of the larynx	Previous Statements of Principles concerning malignant neoplasm of the larynx revoked and new Statements of Principles determined
7. hypertension	Previous Statements of Principles concerning hypertension revoked and new Statements of Principles determined
8. gastro-oesophageal reflux disease	Previous Statements of Principles concerning gastro-oesophageal reflux disease revoked and new Statements of Principles determined
9. motor neurone disease	Previous Statements of Principles concerning motor neurone disease revoked and new Statements of Principles determined
10. solvent related chronic encephalopathy	Previous Statements of Principles concerning solvent related chronic encephalopathy revoked and new Statements of Principles determined for chronic solvent encephalopathy
11. malignant neoplasm of the pancreas	Previous Statements of Principles concerning malignant neoplasm of the pancreas revoked and new Statements of Principles determined
12. epilepsy	Previous Statements of Principles concerning epilepsy revoked and new Statements of Principles determined
13. epileptic seizure	Previous Statements of Principles concerning epileptic seizure revoked and new Statements of Principles determined
14. steatohepatitis	Previous Statements of Principles concerning steatohepatitis revoked and new Statements of Principles determined
15. diabetes mellitus (measles infection and mumps infection*)	Declaration that the sound medical scientific evidence available is not sufficient to justify an amendment to the Statements of Principles concerning diabetes mellitus
16. malignant neoplasm of the brain (carbon monoxide, benzene and other chemicals associated with exhaust fumes; smoking; nerve agents and oil well fire smoke*)	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
17. heart block	Previous Statements of Principles concerning heart block revoked and new Statements of Principles determined
18. dental pulp disease	Previous Statements of Principles concerning dental pulp disease revoked and new Statements of Principles determined for dental pulp and apical disease
19. morbid obesity	Previous Statements of Principles concerning morbid obesity revoked and new Statements of Principles determined
20. narcolepsy	Previous Statements of Principles concerning narcolepsy revoked and new Statements of Principles determined
21. dermatomyositis	Previous Statements of Principles concerning dermatomyositis revoked and new Statements of Principles determined

22. chronic fatigue syndrome	Previous Statements of Principles concerning chronic fatigue syndrome revoked and new Statements of Principles determined
23. fibromyalgia	New Statements of Principles determined concerning fibromyalgia
24. sick sinus syndrome	New Statements of Principles determined concerning sick sinus syndrome
25. Alzheimer-type dementia (posttraumatic stress disorder and diabetes mellitus*)	Amendment Statements of Principles concerning Alzheimer-type dementia determined
26. Alzheimer-type dementia (ionising radiation*)	Amendment Statements of Principles concerning Alzheimer-type dementia determined
27. restless legs syndrome	Previous Statements of Principles concerning restless legs syndrome revoked and new Statements of Principles determined
28. allergic rhinitis	Previous Statements of Principles concerning allergic rhinitis revoked and new Statements of Principles determined
29. undifferentiated somatoform disorder	New Statements of Principles determined concerning somatic symptom disorder
30. periodic limb movement disorder	New Statements of Principles determined concerning periodic limb movement disorder
31. alcohol dependence and alcohol abuse (the definition of alcohol dependence and alcohol abuse and any consequential effects on any factors*)	Amendment Statements of Principles concerning alcohol use disorder determined
32. drug dependence and drug abuse (the definition of drug dependence and drug abuse and any consequential effects on any factors*)	Amendment Statements of Principles concerning substance use disorder determined
33. ischaemic heart disease (extreme physical activity and extreme cold*)	Amendment Statements of Principles concerning ischaemic heart disease determined
34. Hodgkin's lymphoma	Previous Statements of Principles concerning Hodgkin's lymphoma revoked and new Statements of Principles determined
35. chronic bronchitis and emphysema	Previous Statements of Principles concerning chronic bronchitis and emphysema revoked and new Statements of Principles determined for chronic obstructive pulmonary disease
36. malignant neoplasm of the thyroid gland	Previous Statements of Principles concerning malignant neoplasm of the thyroid gland revoked and new Statements of Principles determined

37. acute stress disorder	Previous Statements of Principles concerning acute stress disorder revoked and new Statements of Principles determined
38. mitral valve prolapse	Previous Statements of Principles concerning mitral valve prolapse revoked and new Statements of Principles determined
39. pleural plaque	Previous Statements of Principles concerning pleural plaque revoked and new Statements of Principles determined
40. chronic myeloid leukaemia	Previous Statements of Principles concerning chronic myeloid leukaemia revoked and new Statements of Principles determined
41. atrial fibrillation	Previous Statements of Principles concerning atrial fibrillation revoked and new Statements of Principles determined for atrial fibrillation and atrial flutter
42. atrial flutter	Previous Statements of Principles concerning atrial flutter revoked and new Statements of Principles determined for atrial fibrillation and atrial flutter
43. otitis media	Previous Statements of Principles concerning otitis media revoked and new Statements of Principles determined
44. malignant neoplasm of the prostate	Previous Statements of Principles concerning malignant neoplasm of the prostate revoked and new Statements of Principles determined
45. Gulf War syndrome	New Statements of Principles determined concerning chronic multisymptom illness
46. non-Hodgkin's lymphoma (ionising radiation and benzene exposure*)	Amendment Statement of Principles concerning non-Hodgkin's lymphoma determined under s 196B(2) Declaration that the sound medical scientific evidence available is not sufficient to justify an amendment to the Statement of Principles concerning non-Hodgkin's lymphoma determined under s 196B(3)
47. malignant neoplasm of the stomach	Previous Statements of Principles concerning malignant neoplasm of the stomach revoked and new Statements of Principles determined
48. melioidosis	Previous Statements of Principles concerning melioidosis revoked and new Statements of Principles determined
49. lumbar spondylosis	Previous Statements of Principles concerning lumbar spondylosis revoked and new Statements of Principles determined
50. thoracic spondylosis	Previous Statements of Principles concerning thoracic spondylosis revoked and new Statements of Principles determined
51. cervical spondylosis	Previous Statements of Principles concerning cervical spondylosis revoked and new Statements of Principles determined
52. hiatus hernia	Previous Statements of Principles concerning hiatus hernia revoked and new Statements of Principles determined
53. plantar warts	New Statements of Principles determined concerning warts

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

In addition to the above SOPs determined following investigations notified under s 196G, the Authority determined Amendment SOPs concerning lumbar spondylosis; an Amendment SOP concerning posttraumatic stress disorder; an Amendment SOP concerning chronic lymphoid leukaemia; and Amendment SOPs concerning myeloma at the direction of the Specialist Medical Review Council.

As at 30 June 2014, the Authority had received five requests for review under s 196E(1)(f) of the VEA in response to which it decided not to carry out an investigation. These decisions not to carry out a review were made under s 196CA. In each of these requests, written reasons were provided to the person or organisation making the request.

In summary, the Authority commenced the 2013/14 year with 130 investigations outstanding. During the course of the year, the Authority notified 19 further investigations, completed 52 investigations and as at 30 June 2014 has ongoing investigations in respect of 97 conditions. Eleven of those on-going investigations are in relation to some (rather than all) of the contents of the relevant SOPs.

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

Distribution

The gradual shift in the method of distributing SOPs has continued during the reporting period. Since the establishment of the Authority website, a growing number of individuals and/or organisations access the SOPs through the website. There are now some 2,544 persons or organisations who have registered to receive advice of new or additional information via the website subscription service.

In addition, SOPs are distributed to 101 organisations and individuals, including ex-service and serving member organisations, ex-service personnel and their representatives, the Department of Veterans' Affairs, the Veterans' Review Board and the Administrative Appeals Tribunal. Of the 101 recipients, 26 receive paper copies, 11 receive CD copies, while 64 receive them via email.

Since 1 January 2005, all new SOPs determined by the Authority have been lodged with the Attorney-General's Department for registration on the Federal Register of Legislative Instruments (FRLI), and subsequent tabling in both Houses of Parliament. The FRLI website (<http://comlaw.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 2013 to 30 June 2014, the Authority received the following advice in relation to the status of reviews being conducted by the SMRC pursuant to s196Y of the VEA:

1. Chronic lymphoid leukaemia

As previously reported, in May 2005 the SMRC advised the Authority that a request for review had been received in relation to SOPs, Instrument Nos. 9 and 10 of 2005, concerning chronic lymphoid leukaemia. Notification of this review appeared in the Government Notices Gazette of 29 June 2005. In the Government Notices Gazette of 16 November 2013, the SMRC notified its Declaration No. 22 in relation to this review.

The SMRC directed the Authority to amend Instrument No. 9 of 2005 by including factors for:

- non-ionising radiation
- benzene
- herbicides, pesticides and dioxin (separately or in combination)
- asbestos

at an exposure level, duration of exposure and period of time from exposure to onset of disease to be ascertained by the Authority.

The SMRC also directed the Authority to conduct a review of the contents of Instrument Nos. 9 and 10 of 2005 in order to determine new SOPs concerning chronic lymphocytic leukaemia and small lymphocytic lymphoma as the same (that is, a single) disease and to excise small lymphocytic lymphoma from the current SOPs concerning non-Hodgkin's lymphoma. The full Declaration is available on the SMRC website at <http://www.smrc.gov.au/decisions.htm>.

In response to the declaration, the Authority notified a review in the Government Notices Gazette of 18 December 2013 of the contents of SOPs, Instrument Nos. 9 and 10 of 2005, concerning chronic lymphoid leukaemia. The Authority also notified a review of the contents of SOPs, Instrument Nos. 28 and 29 of 2010, concerning non-Hodgkin's lymphoma. The notices specified that the review would be restricted to classification and naming of haematopoietic cancers,

in particular chronic lymphoid leukaemia, chronic lymphocytic leukaemia, small lymphocytic lymphoma and non-Hodgkin's lymphoma, taking account of the recommendation of the SMRC to excise small lymphocytic lymphoma from the SOPs concerning non-Hodgkin's lymphoma.

The Authority unsuccessfully requested guidance from the SMRC about how the term(s) "herbicides, pesticides and dioxin (separately or in combination)" should be defined to allow it to determine a factor (or factors) with an exposure level, duration of exposure and period of time from exposure to onset of disease. Subsequently, the Authority determined Amendment SOP, Instrument No. 28 of 2014, concerning chronic lymphoid leukaemia. Instrument No. 28 of 2014 amends Instrument No. 9 of 2005. The Instrument was registered with the Federal Register of Legislative Instruments on 19 March 2014, with an effective date of 26 November 2013.

2. Posttraumatic stress disorder

As previously reported, in March 2008 the SMRC advised the Authority that a request for review had been received in relation to SOPs, Instrument Nos. 5 and 6 of 2008, concerning posttraumatic stress disorder. Notification of this review appeared in the Government Notices Gazette of 13 August 2008. In the Government Notices Gazette of 19 December 2013, the SMRC notified its Declaration No. 23 in relation to this review.

The SMRC directed the Authority to amend Instrument No. 5 of 2008 by including the following factors:

- (a) Having a perception of threat and/or harm to the integrity of the self as a consequence of being in what:
 - (i) the individual concerned; and
 - (ii) a reasonable person in the circumstances of that individual would have;
considered to be any or all of a threatening, hostile, hazardous and/or menacing situation and/or environment.
- (b) Having a perception of threat and/or harm to the integrity of:
 - (i) a significant other; and/or
 - (ii) other persons known to the individual or with whom the individual concerned has had contact in the discharge of that individual's duties and/or responsibilities;
as a consequence of the individual concerned and the persons in (i) and/or (ii) being in the same or similar circumstances as the individual concerned which:
 - (iii) the individual concerned; and
 - (iv) a reasonable person in the circumstances of that individual would have;
considered to be any or all of a threatening, hostile, hazardous and/or menacing situation and/or environment but excluding a perception engendered from viewing or listening to mass media (unless such viewing or listening is part of that individual's duties and/or responsibilities).

The SMRC also directed the Authority to conduct a review of the contents of Instrument Nos. 5 and 6 of 2008 as soon as reasonably practicable, including but not limited to the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5™) American Psychiatric Association 2013 (DSM-5). The full Declaration is available on the SMRC website at <http://www.smrc.gov.au/decisions.htm>.

In response to the declaration, the Authority determined Amendment SOP, Instrument No. 19 of 2014, concerning posttraumatic stress disorder. Instrument No. 19 of 2014 amends Instrument No. 5 of 2008. The Instrument was registered with the Federal Register of Legislative Instruments on 22 January 2014, with an effective date of 19 December 2013.

The Authority noted that it had previously determined to notify a review of the contents of the SOPs concerning posttraumatic stress disorder, and that a Notice of Investigation had appeared in the Government Notices Gazette of 21 August 2013. The decision to notify the review was driven by the commencement of DSM-5. The Authority advised the SMRC that the completion of this review at the earliest opportunity met the terms of the SMRC direction.

3. Malignant neoplasm of the brain

As previously reported, in December 2008 the SMRC advised the Authority that a request for review had been received in relation to SOPs, Instrument Nos. 58 and 59 of 2008, concerning malignant neoplasm of the brain. Notification of this review appeared in the Government Notices Gazette of 18 February 2009. In the Government Notices Gazette of 16 September 2013, the SMRC notified its Declaration No. 20 in relation to this review.

Declaration No. 18 stated that:

1. In relation to the Repatriation Medical Authority (the RMA) Statement of Principles concerning malignant neoplasm of the brain No. 58 of 2008 as amended by Amendment Statement of Principles No. 37 of 2011 made under subsection 196B (2) and (8) of the Veterans' Entitlements Act 1986 (the VEA), the Specialist Medical Review Council (the Council) under subsection 196W of the VEA:

DECLARES THAT:

the sound medical-scientific evidence available to the RMA is insufficient to justify an amendment to include a factor or factors for exposure to heat beyond fever temperature, melatonin depletion due to sleep deprivation, alcohol consumption, exposure to non-ionising electromagnetic radiation emitted from radio equipment (as used in aircraft) or exposure to non-ionising electromagnetic radiation emitted from radar equipment.

2. In relation to the Repatriation Medical Authority (the RMA) Statement of Principles concerning malignant neoplasm of the brain No. 59 of 2008 as amended by Amendment Statement of Principles No. 38 of 2011, made under subsection 196B (3) and (8) of the VEA, the Council under subsection 196W of the VEA:

DECLARES THAT:

the sound medical-scientific evidence available to the RMA is insufficient to justify an amendment to include a factor or factors for exposure to heat beyond fever temperature, melatonin depletion due to sleep deprivation, alcohol consumption, exposure to non-ionising electromagnetic radiation emitted from radio equipment (as used in aircraft) or exposure to non-ionising electromagnetic radiation emitted from radar equipment.

4. Alzheimer-type dementia

As previously reported, in June 2010 the SMRC advised the Authority that a request for review had been received in relation to SOPs, Instrument Nos. 22 and 23 of 2010, concerning Alzheimer-type dementia. Notification of this review appeared in the Government Notices Gazette of 3 November 2010. In the Government Notices Gazette of 16 September 2013, the SMRC notified its Declaration No. 21 in relation to this review.

Declaration No. 21 stated that:

1. In relation to the Repatriation Medical Authority (the RMA) Statement of Principles No. 22 of 2010 concerning Alzheimer-type dementia and death from Alzheimer-type dementia, made under subsection 196B (2) of the *Veterans' Entitlements Act 1986* (the VEA), the Specialist Medical Review Council (the Council) under subsection 196W of the VEA:

DECLARES THAT it is of the view that there was insufficient sound medical-scientific evidence on which the RMA could have relied to amend the Statement of Principles to include a factor or factors for exposure to ionising radiation.

2. In relation to the RMA Statement of Principles No. 23 of 2010 concerning Alzheimer-type dementia and death from Alzheimer-type dementia, made under subsection 196B (3) of the VEA, the Council under subsection 196W of the VEA:

DECLARES THAT it is of the view that there was insufficient sound medical-scientific evidence on which the RMA could have relied to amend the Statement of Principles to include a factor or factors for exposure to ionising radiation.

The SMRC also recommended that the Authority conduct a new investigation to find out whether there is new information about Alzheimer-type dementia, in particular in relation to exposure to ionising radiation. The full Declaration is available on the SMRC website at <http://www.smrc.gov.au/decisions.htm>.

In response to the declaration, the Authority notified a review in the Government Notices Gazette of 16 October 2013 of the contents of SOPs, Instrument Nos. 22 and 23 of 2010, concerning Alzheimer-type dementia. The notices specified that the review would be restricted to exposure to ionising radiation as a factor in Alzheimer-type dementia.

5. Diabetes Mellitus

In October 2011, the SMRC advised the Authority that a request for review had been received in relation to SOPs, Instrument Nos. 89 and 90 of 2011, concerning diabetes mellitus. Notification of this review appeared in the Government Notices Gazette of 19 October 2011. In the Government Notices Gazette of 13 May 2014, the SMRC notified its Declaration No. 24 in relation to this review.

Declaration No. 24 stated that:

In relation to the Repatriation Medical Authority (the RMA) Statements of Principles Nos. 89 and 90 of 2011 concerning diabetes mellitus, made under subsections 196B (2) and (3) of the *Veterans' Entitlements Act 1986* (the VEA), the Specialist Medical Review Council (the Council) under subsection 196W of the VEA:

DECLARES that it is of the view that the sound medical-scientific evidence on which the RMA could have relied to amend either of the Statements of Principles is insufficient to include a factor or factors for having been on board a vessel and having been exposed to dioxin diluted in water supplied on that vessel, including but not limited to consuming potable water, when the supply had been produced by evaporative distillation of estuarine Vietnamese waters.

6. Myeloma

In February 2013 the SMRC advised the Authority that a request for review had been received in relation to SOPs, Instrument Nos. 69 and 70 of 2012, concerning myeloma. Notification of this review appeared in the Government Notices Gazette of 27 February 2013. In the Government Notices Gazette of 13 May 2014, the SMRC notified its Declaration No. 23 in relation to this review.

Declaration No. 23 stated that:

1. In relation to the Repatriation Medical Authority (the RMA) Statement of Principles No. 70 of 2012 concerning myeloma and death from myeloma, made under subsection 196B (3) of the *Veterans' Entitlements Act 1986* (the VEA), the Specialist Medical Review Council (the Council) under subsection 196W of the VEA:

DECLARES that the sound medical-scientific evidence available to the RMA is insufficient to justify an amendment to Statement of Principles No. 70 of 2012 to include a factor or factors in the same or similar terms to existing factors 6(c) and 6(d) in Statement of Principles No. 69 of 2012.

2. In relation to the RMA Statements of Principles Nos. 69 and 70 of 2012 concerning myeloma and death from myeloma, made under subsections 196B (2) and 196B (3) of the VEA, the Council under subsection 196W of the VEA:

DECLARES that there is sound medical-scientific evidence on which the RMA could have relied to amend both the Statements of Principles to include the factor set out below; and

DIRECTS the RMA to amend both Statements of Principles Nos. 69 and 70 of 2012 by including the following factor:

Having exposure to 2,3,7,8 tetrachlorodibenzo-para-dioxin (TCDD) sufficient to produce an expected initial serum TCDD level of at least 1500 parts per trillion before the clinical onset of myeloma.

In response to the declaration, the Authority determined Amendment SOPs, Instrument Nos. 72 and 73 of 2014, concerning myeloma. Instrument No. 72 of 2014 amends Instrument No. 69 of 2012, and Instrument No. 73 of 2014 amends Instrument No. 70 of 2012. The Instruments were registered with the Federal Register of Legislative Instruments on 2 July 2014, with an effective date of 13 May 2014.

7. Asbestosis

In November 2013 the SMRC advised the Authority that a request for review had been received in relation to SOPs, Instrument Nos. 55 and 56 of 2013, concerning asbestosis. Notification of this review appeared in the Government Notices Gazette of 12 March 2014. As at 30 June 2014, the Authority had not been advised of the outcome of the review.

8. Fibrosing interstitial lung disease

In November 2013 the SMRC advised the Authority that a request for review had been received in relation to SOPs, Instrument Nos. 53 and 54 of 2013, concerning fibrosing interstitial lung disease. Notification of this review appeared in the Government Notices Gazette of 12 March 2014. As at 30 June 2014, the Authority had not been advised of the outcome of the review.

Department of Veterans' Affairs

Although the Authority is separate and independent of the Department of Veterans' Affairs, the Department provided the Authority with assistance and support during the year.

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

Ex-Service Organisations

The Authority continued its policy of regular meetings with leading office bearers and accepting invitations to attend congresses of the major Ex-Service Organisations (ESOs) throughout the year. These meetings enable an exchange of information about current issues being dealt with by the Authority and address matters of interest that may be raised by ESOs. Meetings where the Authority was represented are listed in Table 5 below.

Table 5: Ex-Service Organisation meetings attended

Ex-Service Organisation	Location	Date	Authority Representative/s
RSL – Victorian State Congress	Melbourne, Vic	2 July 2013	Chairperson and Deputy Registrar
RSL – South Australian State Congress	Adelaide, SA	6 July 2013	Chairperson and Registrar
Legacy National Pensions Committee Annual General Meeting	Canberra, ACT	12 August 2013	Chairperson and Registrar
RSL - National Congress	Canberra, ACT	24-25 September 2013	Registrar
RSL – WA State Congress	Perth, WA	26 October 2013	Registrar
RSL - Tasmanian State Congress	Launceston, Tasmania	16 May 2014	Chairperson and Registrar
Vietnam Veterans' Association National Congress	Ingleburn, NSW	23 May 2014	Chairperson and Registrar
RSL - NSW State Congress	Coffs Harbour, NSW	26-27 May 2014	Chairperson and Registrar
RSL – National Pensions Officers' Forum	Melbourne, Vic	11 June 2014	Registrar
RSL – ACT Branch Congress	Canberra, ACT	13 June 2014	Chairperson and Registrar
RSL - Queensland State Congress	Townsville, Qld	20-21 June 2014	Chairperson and Registrar

Financial

A summary of cash expenditure incurred by the Authority in 2013/14 with comparison to 2012/13 is detailed in Table 6.

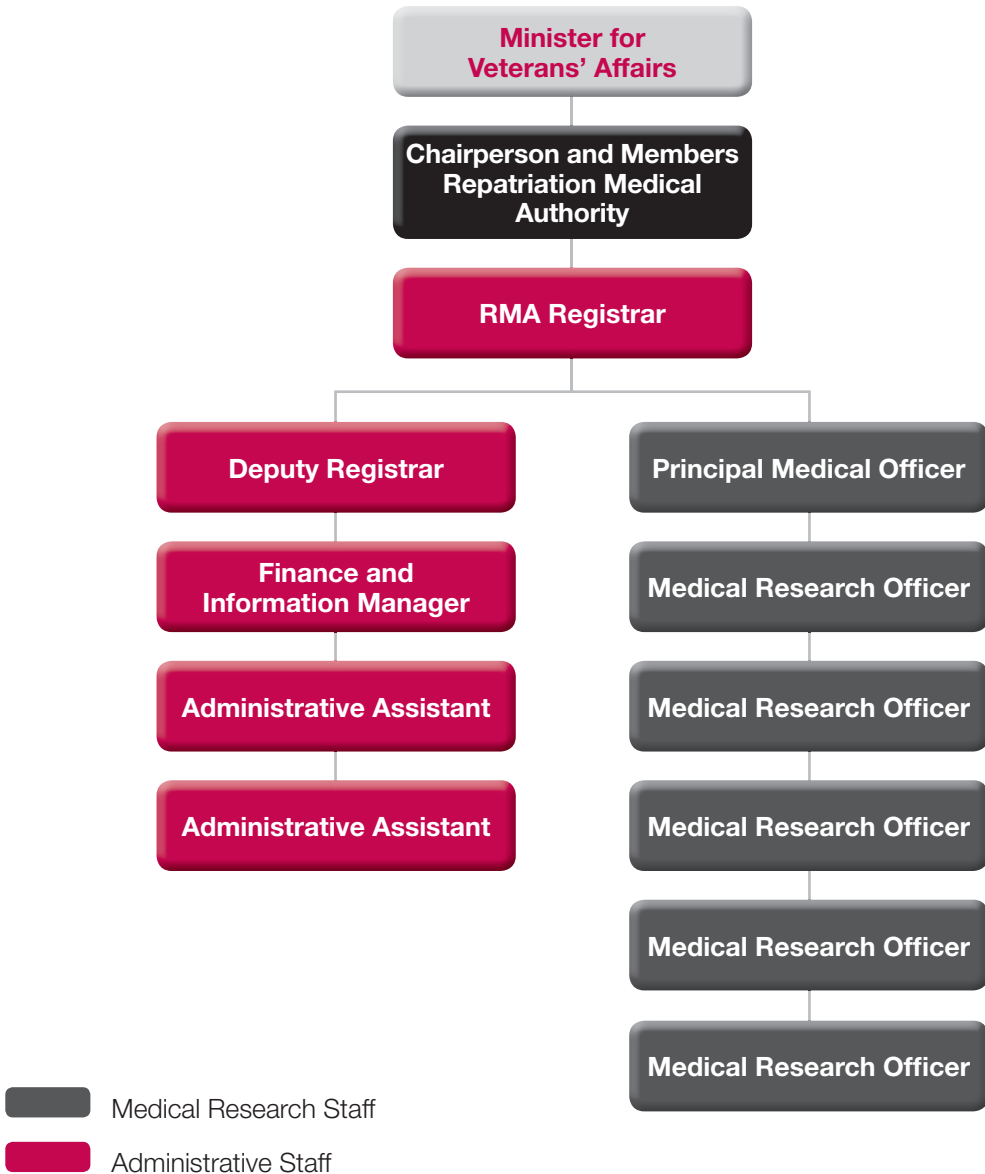
Financial information prepared on an accrual basis is included in the DVA Financial Statements.

Table 6: Financial expenditure

Item	2013/14	2012/13	2011/12
Salary and related expenses	\$1,580,955	\$1,603,289	\$1,458,438
Administrative expenses	\$ 265,599	\$ 230,974	\$ 241,155
Legal expenses	\$ 70,684	\$ 146,667	\$ 95,039
Total expenditure	\$1,917,238.00	\$1,980,930.00	\$1,794,632.00

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 2013/14

2013

Instrument No.	Title	Effective Date	Other Comments
51 & 52/2013	malignant neoplasm of the anus and anal canal	4/09/2013	51 revokes 34/2002 52 revokes 35/2002
53 & 54/2013	fibrosing interstitial lung disease	4/09/2013	53 revokes 35/2009, as amended by 59/2010, 79/2011 and 66/2012 54 revokes 36/2009, as amended by 60/2010, 80/2011 and 67/2012
55 & 56/2013	asbestosis	4/09/2013	55 revokes 23/2005 56 revokes 24/2005
57 & 58/2013	sudden unexplained death	4/09/2013	57 revokes 43/2005 58 revokes 44/2005
59 & 60/2013	Guillain-Barre syndrome	4/09/2013	59 revokes 53/2005 60 revokes 54/2005
61 & 62/2013	malignant neoplasm of the larynx	4/09/2013	61 revokes 1/2006 62 revokes 2/2006
63 & 64/2013	hypertension	4/09/2013	63 revokes 35/2003, as amended by 3/2004 and 11/2008 61 revokes 36/2003, as amended by 4/2004 and 12/2008
65 & 66/2013	gastro-oesophageal reflux disease	4/09/2013	65 revokes 11/2005 66 revokes 12/2005
67 & 68/2013	motor neurone disease	4/09/2013	67 revokes 7/2006, as amended by 53/2009 68 revokes 8/2006
69 & 70/2013	lumbar spondylosis	21/06/2012	69 amends 37/2005 70 amends 38/2005
71 & 72/2013	chronic solvent encephalopathy	13/11/2013	71 revokes 39/2005 72 revokes 40/2005
73 & 74/2013	malignant neoplasm of the pancreas	13/11/2013	73 revokes 45/2005 74 revokes 46/2005
75 & 76/2013	epilepsy	13/11/2013	75 revokes 49/2005 76 revokes 50/2005

Instrument No.	Title	Effective Date	Other Comments
77 & 78/2013	epileptic seizure	13/11/2013	77 revokes 47/2005, as amended by 37/2009 78 revokes 48/2005, as amended by 38/2009
79 & 80/2013	steatohepatitis	13/11/2013	79 revokes 55/2005 80 revokes 56/2005

2014

Instrument No.	Title	Effective Date	Other Comments
1 & 2/2014	heart block	15/01/2014	1 revokes 3/2006 2 revokes 4/2006
3 & 4/2014	dental pulp and apical disease	15/01/2014	3 revokes 73/2002 4 revokes 74/2002
5 & 6/2014	morbid obesity	15/01/2014	5 revokes 31/2003 6 revokes 32/2003
7 & 8/2014	narcolepsy	15/01/2014	7 revokes 57/2005 8 revokes 58/2005
9 & 10/2014	dermatomyositis	15/01/2014	9 revokes 51/2005 10 revokes 52/2005
11 & 12/2014	chronic fatigue syndrome	15/01/2014	11 revokes 23/2003 12 revokes 24/2003
13 & 14/2014	fibromyalgia	15/01/2014	New condition
15 & 16/2014	sick sinus syndrome	15/01/2014	New condition
17 & 18/2014	Alzheimer-type dementia	15/01/2014	17 amends 22/2010 18 amends 23/2010
19/2014	posttraumatic stress disorder	19/12/2013	19 amends 5/2008
20 & 21/2014	restless legs syndrome	26/03/2014	20 revokes 33/2003 21 revokes 34/2003
22 & 23/2014	allergic rhinitis	26/03/2014	22 revokes 3/2003 23 revokes 4/2003
24 & 25/2014	somatic symptom disorder	26/03/2014	New condition
26 & 27/2014	periodic limb movement disorder	26/03/2014	New condition
28/2014	chronic lymphoid leukaemia	26/11/2013	28 amends 9/2005

Instrument No.	Title	Effective Date	Other Comments
29 & 30/2014	alcohol use disorder	26/03/2014	29 amends 1/2009 30 amends 2/2009
31 & 32/2014	substance use disorder	26/03/2014	31 amends 3/2009 32 amends 4/2009
33 & 34/2014	ischaemic heart disease	26/03/2014	33 amends 89/2007 34 amends 90/2007
35 & 36/2014	Hodgkin's lymphoma	7/05/2014	35 revokes 28/2004 36 revokes 29/2004
37 & 38/2014	chronic obstructive pulmonary disease	7/05/2014	37 revokes 30/2004 38 revokes 31/2004
39 & 40/2014	malignant neoplasm of the thyroid gland	7/05/2014	39 revokes 9/2006 40 revokes 10/2006
41 & 42/2014	acute stress disorder	7/05/2014	41 revokes 33/2007 42 revokes 34/2007
43 & 44/2014	mitral valve prolapse	7/05/2014	43 revokes 11/2003 44 revokes 12/2003
45 & 46/2014	pleural plaque	7/05/2014	45 revokes 51/2003 46 revokes 52/2003
47 & 48/2014	chronic myeloid leukaemia	7/05/2014	47 revokes 15/2003, as amended by 47/2011 48 revokes 16/2003, as amended by 48/2011
49 & 50/2014	atrial fibrillation & atrial flutter	7/05/2014	49 revokes 19/2003 (atrial fibrillation) & 71/2002 (atrial flutter) 50 revokes 20/2003 (atrial fibrillation) & 72/2002 (atrial flutter)
51 & 52/2014	otitis media	7/05/2014	51 revokes 1/2003 52 revokes 2/2003
53 & 54/2014	malignant neoplasm of the prostate	14/05/2014	53 revokes 28/2005, as amended by 77/2012 54 revokes 29/2005, as amended by 78/2012
55 & 56/2014	chronic multisymptom illness	14/05/2014	New condition
57/2014	non-Hodgkin's lymphoma	7/05/2014	57 amends 28/2010

Instrument No.	Title	Effective Date	Other Comments
58 & 59/2014	malignant neoplasm of the stomach	2/07/2014	58 revokes 7/2003, as amended by 65/2011 59 revokes 8/2003, as amended by 66/2011
60 & 61/2014	meliodosis	2/07/2014	60 revokes 27/2003 61 revokes 28/2003
62 & 63/2014	lumbar spondylosis	2/07/2014	62 revokes 37/2005, as amended by 78/2008, 36/2010 and 69/2013 63 revokes 38/2005, as amended by 79/2008, 37/2010 and 70/2013
64 & 65/2014	thoracic spondylosis	2/07/2014	64 revokes 35/2005 65 revokes 36/2005
66 & 67/2014	cervical spondylosis	2/07/2014	66 revokes 33/2005, as amended by 76/2008 67 revokes 34/2005, as amended by 77/2008
68 & 69/2014	hiatus hernia	2/07/2014	68 revokes 17/2004 69 revokes 18/2004
70 & 71/2014	warts	2/07/2014	New condition
72 & 73/2014	myeloma	2/07/2014	72 amends 69/2012 73 amends 70/2012

Appendix 3: Outstanding investigations and reviews as at 30/06/2014

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 2014. The amendments to the VEA introduced in 2007 gives the Authority the discretion to limit the scope of a review. The Authority refers to such reviews as “focussed reviews” and they are listed in Table 9. The scope of each focussed review is also shown.

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

Reviews and focussed reviews listed in Tables 8 and 9 refer to action undertaken by the Authority pursuant to ss 196B(7) and 196B(7A) of the VEA, respectively.

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

Investigations	Date of Gazettal
1. arachnoid cyst of the brain	02/11/2011
2. trochanteric bursitis of the hip	02/07/2014

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

Reviews	Instrument Nos.	Date of Gazettal
1. chronic lymphoid leukaemia	9 & 10 of 2005	3/11/2010
2. osteomyelitis	5 & 6 of 2004	18/05/2011
3. tinea of the skin	13 & 14 of 2004	18/05/2011
4. malignant neoplasm of the testis and paratesticular tissues	15 & 16 of 2004	18/05/2011
5. Creutzfeldt-Jakob disease	34 & 35 of 2004	18/05/2011
6. malignant neoplasm of the small intestine	40 of 2004, as amended by 19 of 2010 & 41 of 2004	18/05/2011
7. malignant neoplasm of unknown primary site	44 & 45 of 2004	18/05/2011
8. malignant neoplasm of the salivary gland	46 & 47 of 2004	18/05/2011
9. leptospirosis	52 & 53 of 2004	18/05/2011
10. epicondylitis	52 & 53 of 2004	18/05/2011
11. peripheral neuropathy	41 & 42 of 2005	18/05/2011
12. spondylolisthesis and spondylolysis	5 & 6 of 2006, as amended by 44 & 45 of 2010	18/05/2011
13. soft tissue sarcoma	13 & 14 of 2006, as amended by 35 & 36 of 2008 and 73 & 74 of 2011	02/11/2011

Reviews	Instrument Nos.	Date of Gazettal
14. malignant neoplasm of the lung	17 & 18 of 2006, as amended by 87 & 88 of 2007 and 41 & 42 of 2011	02/11/2011
15. Paget's disease of bone	19 & 20 of 2006	02/11/2011
16. vascular dementia	21 & 22 of 2006, as amended by 63 & 64 of 2006 and 61 & 62 of 2010	02/11/2011
17. malignant neoplasm of the breast	27 & 28 of 2006, as amended by 53 & 54 of 2011	02/11/2011
18. osteoporosis	29 & 30 of 2006	02/11/2011
19. seborrhoeic keratosis	31 & 32 of 2006	02/11/2011
20. acute myeloid leukaemia	35 & 36 of 2006, as amended by 43 & 44 of 2011	02/11/2011
21. myelodysplastic disorder	37 & 38 of 2006, as amended by 45 & 46 of 2011	02/11/2011
22. rotator cuff syndrome	39 & 40 of 2006	02/11/2011
23. external burn	41 & 42 of 2006	02/11/2011
24. decompression sickness	43 & 44 of 2006	02/11/2011
25. pulmonary barotrauma	45 & 46 of 2006	02/11/2011
26. dysbaric osteonecrosis	47 & 48 of 2006	02/11/2011
27. shin splints	49 & 50 of 2006, as amended by 105 & 106 of 2007	02/11/2011
28. cerebrovascular accident	51 & 52 of 2006, as amended by 123 & 124 of 2011	02/05/2012
29. fracture	53 & 54 of 2006	02/05/2012
30. gastric ulcer and duodenal ulcer	57 & 58 of 2006	02/05/2012
31. Meniere's disease	59 & 60 of 2006	02/05/2012
32. alpha-1 antitrypsin deficiency	1 & 2 of 2007	02/05/2012
33. Gaucher's disease	3 & 4 of 2007	02/05/2012
34. Huntington's chorea	5 & 6 of 2007	02/05/2012
35. Wilson's disease	7 & 8 of 2007	02/05/2012
36. Charcot-Marie-Tooth disease	9 & 10 of 2007	02/05/2012
37. multiple osteochondromatosis	11 & 12 of 2007	02/05/2012
38. hereditary spherocytosis	13 & 14 of 2007	02/05/2012

Reviews	Instrument Nos.	Date of Gazettal
39. myasthenia gravis	15 & 16 of 2007	02/05/2012
40. plantar fasciitis	19 & 20 of 2007	02/05/2012
41. malignant neoplasm of the bile duct	21 & 22 of 2007, as amended by 49 & 50 of 2011	02/05/2012
42. cardiomyopathy	23 & 24 of 2007	02/05/2012
43. chicken pox	25 & 26 of 2007	02/05/2012
44. herpes zoster	27 & 28 of 2007	02/05/2012
45. hepatitis A	29 & 30 of 2007	02/05/2012
46. hepatitis E	31 & 32 of 2007	02/05/2012
47. familial hypertrophic cardiomyopathy	35 & 36 of 2007	02/05/2012
48. trigeminal neuralgia	54 & 55 of 2009	31/10/2012
49. trigeminal neuropathy	29 & 30 of 2009	31/10/2012
50. Achilles tendinopathy & bursitis	37 & 38 of 2007	31/10/2012
51. intervertebral disc prolapse	39 & 40 of 2007, as amended by 80 & 81 of 2008 and 38 & 39 of 2010	31/10/2012
52. malignant neoplasm of the oesophagus	41 & 42 of 2007, as amended by 55 & 56 of 2011	31/10/2012
53. tuberculosis	43 & 44 of 2007	31/10/2012
54. albinism	45 & 46 of 2007	31/10/2012
55. alkaptonuria	47 & 48 of 2007	31/10/2012
56. congenital cataract	49 & 50 of 2007	31/10/2012
57. horseshoe kidney	51 & 52 of 2007	31/10/2012
58. Marfan syndrome	53 & 54 of 2007	31/10/2012
59. autosomal dominant polycystic kidney disease	55 & 56 of 2007	31/10/2012
60. von Willebrand's disease	57 & 58 of 2007	31/10/2012
61. osteogenesis imperfecta	59 & 60 of 2007	31/10/2012
62. spina bifida	61 & 62 of 2007	31/10/2012
63. haemophilia	63 & 64 of 2007	31/10/2012
64. Parkinson's disease and parkinsonism	65 & 66 of 2007, as amended by 83 of 2010	31/10/2012
65. malignant neoplasm of the gallbladder	67 & 68 of 2007, as amended by 51 & 52 of 2011	31/10/2012

Reviews	Instrument Nos.	Date of Gazettal
66. myopia, hypermetropia and astigmatism	69 & 70 of 2007	31/10/2012
67. dental caries	71 & 72 of 2007	31/10/2012
68. loss of teeth	73 & 74 of 2007, as amended by 121 & 122 of 2007	31/10/2012
69. pterygium	75 & 76 of 2007	31/10/2012
70. pinguecula	77 & 78 of 2007	31/10/2012
71. malignant melanoma of the skin	79 & 80 of 2007	31/10/2012
72. non-melanotic malignant neoplasm of the skin	81 & 82 of 2007, as amended by 71 & 72 of 2011	31/10/2012
73. mesothelioma	83 & 84 of 2007	31/10/2012
74. systemic lupus erythematosus	85 & 86 of 2007, as amended by 41 & 42 of 2009	31/10/2012
75. ischaemic heart disease	89 & 90 of 2007, as amended by 43 & 44 of 2009, 96 & 97 of 2010 and 125 & 126 of 2011	31/10/2012
76. hallux valgus	91 & 92 of 2007	31/10/2012
77. ingrowing nail	93 & 94 of 2007	31/10/2012
78. lipoma	95 & 96 of 2007	31/10/2012
79. malignant neoplasm of the endometrium	99 & 100 of 2007, as amended 91 of 2011	31/10/2012
80. anxiety disorder	101 & 102 of 2007, as amended by 42 & 43 of 2010 and 15 & 16 of 2011	31/10/2012
81. peritoneal adhesions	103 & 104 of 2007	31/10/2012
82. posttraumatic stress disorder	5 & 6 of 2008, as amended by 19 of 2014	21/08/2013
83. chronic lymphoid leukaemia	9 & 10 of 2005, as amended by 28 of 2014	18/12/2013
84. depressive disorder	27 & 28 of 2008, as amended by 41 & 42 of 2010	26/03/2014

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

Focused Reviews	Focus of Review	Instrument Nos.	Date of Gazettal
1. diabetes mellitus	posttraumatic stress disorder, antipsychotic medication & antidepressant medication	89 & 90 of 2011	18/12/2013
2. non-Hodgkin's lymphoma	definition /small lymphocytic lymphoma	28 & 29 of 2010	18/12/2013
3. alcohol use disorder	threatening, hostile, hazardous and/or menacing situation and/or environment	1 & 2 of 2009, as amended by 29 & 30 of 2014	26/03/2014
4. substance use disorder	threatening, hostile, hazardous and/or menacing situation and/or environment	3 & 4 of 2009, as amended by 31 & 32 of 2014	26/03/2014
5. bipolar disorder	threatening, hostile, hazardous and/or menacing situation and/or environment	27 & 28 of 2009	26/03/2014
6. panic disorder	threatening, hostile, hazardous and/or menacing situation and/or environment	68 & 69 of 2009	26/03/2014
7. schizophrenia	threatening, hostile, hazardous and/or menacing situation and/or environment	15 & 16 of 2009, as amended by 93 of 2011	26/03/2014
8. adjustment disorder	threatening, hostile, hazardous and/or menacing situation and/or environment	37 & 38 of 2008	26/03/2014
9. eating disorder	threatening, hostile, hazardous and/or menacing situation and/or environment	47 & 48 of 2008, as amended by 47 & 48 of 2009	26/03/2014
10. suicide and attempted suicide	threatening, hostile, hazardous and/or menacing situation and/or environment	11 & 12 of 2010	26/03/2014
11. migraine	anxiety, depressive & posttraumatic disorders	56 & 57 of 2009	2/07/2014

Glossary of terms

BOP	balance of probabilities
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, American Psychiatric Association 2013
DVA	Department of Veterans' Affairs
ESO	Ex-Service Organisation
FOI	Freedom of Information
LIA	<i>Legislative Instruments Act 2003</i>
MRCA	<i>Military Rehabilitation and Compensation Act 2004</i>
PTSD	posttraumatic stress disorder
RH	reasonable hypothesis
RMA	Repatriation Medical Authority
SMRC	Specialist Medical Review Council
SOP	Statement of Principles
VEA	<i>Veterans' Entitlements Act 1986</i>

