



Australian Government

Repatriation Medical Authority

Annual Report
2014/2015

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The Hon. Stuart Robert MP
Minister for Veterans' Affairs
Minister for Human Services
Minister Assisting the Prime Minister for the Centenary of ANZAC
Parliament House
CANBERRA ACT 2600

Dear Minister

On behalf of the Repatriation Medical Authority, I am pleased to submit this report for the year ending 30 June 2015.

Yours sincerely

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

Professor Nicholas Saunders AO
Chairperson

30 September 2015

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Executive Statement by the Chairperson

The Repatriation Medical Authority (the Authority) marked 21 years of operations in June 2015, a significant milestone. The Authority has continued to benefit from a stable membership, with no changes in its makeup during the reporting period. Professor Andrew Wilson has indicated he will not seek reappointment when his term expires on 30 September 2015. I would like to acknowledge and thank my colleagues for the continued quality of their contributions and deliberations.

Work loads and work practices

The Authority has confronted steady increases in its backlog of investigations and reviews each year since 2004. I reported in 2013 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 prepares a rolling three year workplan to ensure that all reviews of Statements of Principles (SOPs) are completed prior to their sunset date in an orderly and timely manner. I anticipated that the workplan, refining 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 following 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 now reduced to 50 as at 30 June 2015. The reporting period has once again been an extremely busy year for the Authority, reflected in the number of investigations and reviews completed and SOPs produced. The success in reducing the backlog of investigations will enhance the Authority's capacity to undertake reviews of the contents of SOPs in a timely manner, ensure consistency across conditions and incorporate the most up-to-date medical science as it becomes available.

New Zealand adoption of SOPs

The commencement in December 2014 of the Veterans' Support Act 2014 (replacing the War Pensions Act 1954) incorporated the SOPs as the primary basis for determining whether a claimed condition is recognised as service-related in New Zealand.

The adoption of the SOP regime arose from a review of the War Pensions Act completed by the New Zealand Law Commission in 2008. The adoption of SOPs was widely supported by stakeholders in the New Zealand veterans' compensation system, and can be seen as a further vote of confidence in the fairness and utility of the SOP regime. The RMA Registrar and I visited Wellington in August 2014 and held discussions with Veterans' Affairs New Zealand and the Health Advisory Panel established under the new Act. Given the extent to which Australian and New Zealand veterans and members have served together, and subsequently reside on both sides of the Tasman, the harmonisation of the two national systems is a welcome development.

Digital Transition

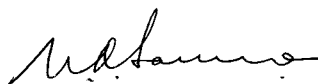
The Australian Government Digital Transition Policy, led by the National Archives of Australia, requires all agencies to move away from paper-based practices to digital records. The Authority moved to exclusive use of digital records in 2013, and the RMA Secretariat continued its efforts over the reporting period to convert outstanding paper records 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 since 2013 and ranked the Authority's performance above all other Australian Government agencies bar one.

The Authority regards the internet as its principal method to distribute SOPs and other information to stakeholders and continued efforts over the reporting period to enhance its website. Significant work has also been undertaken to develop a new website, which will be launched towards the end of 2015, following stakeholder consultation and testing. The new site features significantly enhanced searchability for users, allows on-line lodgement of requests for investigation or review, and is accessible from mobile phones and tablets.

RMA Secretariat

2015 saw the retirement of Dr Alex Bordujenko. Dr Bordujenko joined the RMA Secretariat in 1994, and served as the Authority's initial Principal Medical Officer from 1999 until 2003. She returned to work as a medical researcher from 2005 until April 2015, and we wish her well in her retirement.

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 *Veterans' Entitlements Act 1986* (the VEA) was amended to reflect this announcement on 30 June 1994.

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

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

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

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

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

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

Sound medical-scientific evidence (SMSE) 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:

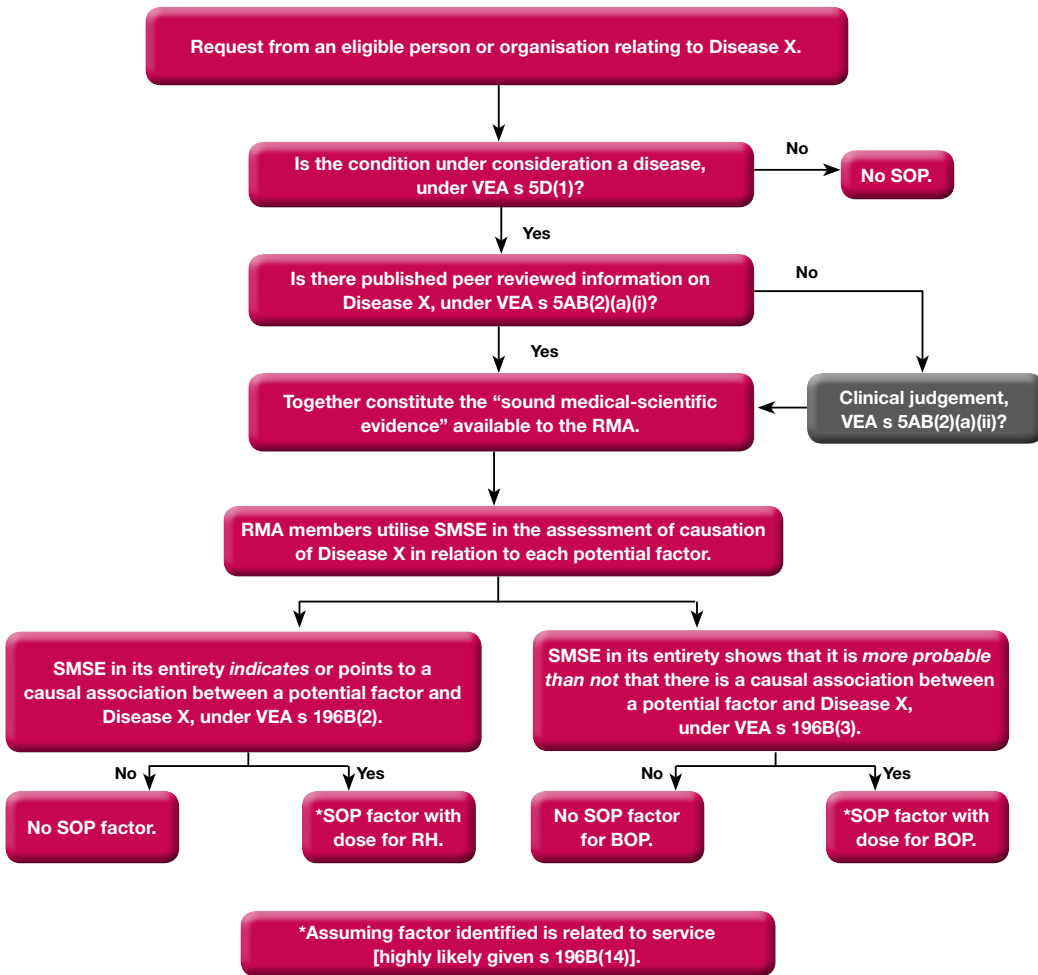
1. the information:
 - (i) is consistent with material relating to medical science that has been published in a medical or scientific publication and has been, in the opinion of the Repatriation Medical Authority, subjected to a peer review process; or
 - (ii) in accordance with generally accepted medical 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* (the 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, at the reasonable hypothesis (RH) and balance of probabilities (BOP) standards of proof.

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 2014/15 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 part-time Chief Commissioner 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 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 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 developing new approaches to the prevention and treatment 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 2014/03. While the Remuneration Tribunal reviews the rates annually, it announced on 31 March 2015 that it had "decided to defer until the second half of the 2015 calendar year its consideration of whether any increases to remuneration for offices in its jurisdiction should be determined." The provisions applying to travel on official business are contained in Remuneration Tribunal Determination 2013/16.

Meetings

The Authority held six meetings in Brisbane during 2014/15 on the following dates:

August 5 & 6	February 10 & 11
September 30/October 1	April 14 & 15
December 9	June 2 & 3

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

RMA Secretariat

The staff (see Appendix 1 – RMA organisational chart) 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 2014/15, staffing of the Secretariat equated to 9.94 FTE (Full-Time Equivalent) positions. There are no Senior Executive Service positions in the RMA Secretariat.

Website

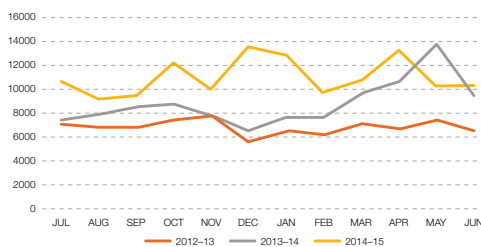
Launched in 2000, the Authority website continues to be refined and improved to increase the range, accessibility and timeliness of services to clients and stakeholders. A review of the content and design of the website was undertaken in 2014, with the aim of enabling information about the practices, 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 further increased over the reporting period, following implementation of these changes in early 2014. The website received more than 132 000 unique visits over the year, an increase of almost 25% over the preceding year.

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 2014/15 financial year, 2679 subscribers were receiving updates. This figure represents a 5.34% 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, www.rma.gov.au



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>.

The substantial increase in requests made under the FOI Act to the Authority during 2012/13 has now reduced to numbers more consistent with historical levels, which has substantially reduced the staff resources required to process requests. The one request received during the reporting period was addressed to the satisfaction of the applicant.

One request refused in 2012/13 was the subject of an application for review to the Administrative Appeals Tribunal, following 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. The request for review by the Administrative Appeals Tribunal was dismissed on 8 August 2014, following written notification from the applicant of withdrawal of the application.

Table 1: Requests under the FOI Act

	2014/15	2013/14	2012/13
Requests received	1	2	13
Information provided under s 196I ¹	0	1	4
Invalid requests	0	0	1
Requests granted	1	2	2
Requests refused (in full or part) ²	0	0	8
Requests completed ³	1	2	13

- 1 Section 196I of the VEA which provides for eligible persons and organisations to access documents containing information considered by the Authority as part of an investigation, is the Authority's preferred mechanism for providing information and incurs no charge. In some cases not all aspects of a request can be addressed under s 196I.
- 2 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 (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 2014/15, the Authority determined a total of 129 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	2014/15	2013/14	2012/13
Revoked SOPs ¹	122	78	56
Re-issued SOPs ²	114	76	56
SOPs issued for new conditions	4	12	18
Amendment SOPs	5	15	7
Total number of SOPs determined	129 ³	103	81

- 1 The figures cited refer only to SOPs which are the principal instrument, and do not include any amending instruments which may have also been revoked as a consequence of the principal instrument being revoked.
- 2 The definition of the kind of injury, disease or death with which the SOP is concerned may vary slightly from that of the previous (revoked) SOP.
- 3 This figure includes 6 instruments of revocation which were issued revoking Statements of Principles previously determined, on the basis that the kind of injury, disease or death with which the SOP was concerned could not be related to service.

Since its inception, the Authority has determined 2220 SOPs, with 321 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	2014/15	2013/14	2012/13
Investigations notified ¹	4	1	5
Reviews notified ²	19	3	35
Focussed reviews notified ³	4	16	3
Total investigations and reviews notified	27	20	43

Category	2014/15	2013/14	2012/13
Total investigations and reviews completed ⁴	74	53	38
Average time taken to complete (days) ⁵	1036 (939)	962 (850)	799 (759)
Focussed reviews completed	7	7	3
Average time taken to complete focussed reviews (days) ⁵	238	238	292
Investigations and reviews notified in previous reporting periods and yet to be completed ⁶	25	82	90
Investigations and reviews notified in reporting period and yet to be completed ⁶	25	15	40
Total investigations and reviews outstanding	50	97	130
Requests for investigation or review refused	14	7	13

- 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 2015 are detailed in Appendix 3.

Table 4: Outcome of investigations and reviews

Subject of investigation or review	Outcome
1. peripheral neuropathy	Previous Statements of Principles concerning peripheral neuropathy revoked and new Statements of Principles determined
2. Creutzfeldt-Jakob disease	Previous Statements of Principles concerning Creutzfeldt-Jakob disease revoked and new Statements of Principles determined
3. vascular dementia	Previous Statements of Principles concerning vascular dementia revoked and new Statements of Principles determined
4. malignant neoplasm of unknown primary site	Previous Statements of Principles concerning malignant neoplasm of unknown primary site revoked and new Statements of Principles determined
5. posttraumatic stress disorder	Previous Statements of Principles concerning posttraumatic stress disorder revoked and new Statements of Principles determined

Subject of investigation or review	Outcome
6. chronic lymphoid leukaemia ¹	Previous Statements of Principles concerning chronic lymphoid leukaemia revoked and new Statements of Principles determined for chronic lymphocytic leukaemia/small lymphocytic lymphoma
7. non-Hodgkin's lymphoma (the definition of non-Hodgkin's lymphoma & any consequential effects on any factors with regard to non-Hodgkin's lymphoma*) ¹	Amendment Statements of Principles concerning non-Hodgkin's lymphoma determined
8. chronic lymphoid leukaemia	Previous Statements of Principles concerning chronic lymphoid leukaemia revoked and new Statements of Principles determined for chronic lymphocytic leukaemia/small lymphocytic lymphoma
9. diabetes mellitus (posttraumatic stress disorder; antipsychotic medication; & antidepressant medication*)	Amendment Statements of Principles concerning diabetes mellitus determined
10. osteomyelitis	Previous Statements of Principles concerning osteomyelitis revoked and new Statements of Principles determined
11. malignant neoplasm of the lung	Previous Statements of Principles concerning malignant neoplasm of the lung revoked and new Statements of Principles determined
12. leptospirosis	Previous Statements of Principles concerning leptospirosis revoked and new Statements of Principles determined
13. malignant neoplasm of the breast	Previous Statements of Principles concerning malignant neoplasm of the breast revoked and new Statements of Principles determined
14. osteoporosis	Previous Statements of Principles concerning osteoporosis revoked and new Statements of Principles determined
15. rotator cuff syndrome	Previous Statements of Principles concerning rotator cuff syndrome revoked and new Statements of Principles determined
16. anxiety disorder	Previous Statements of Principles concerning anxiety disorder revoked and new Statements of Principles determined
17. alcohol use disorder (a threatening, hostile, hazardous and/or menacing situation and/or environment*)	Declaration that the sound medical-scientific evidence available is not sufficient to justify an amendment to the Statements of Principles concerning alcohol use disorder

1 This review was undertaken in accordance with a direction by the Specialist Medical Review Council (the SMRC), in Declaration No. 22 made under section 196W of the VEA and published in the Government Notices Gazette of 26 November 2013.

Subject of investigation or review	Outcome
18. substance use disorder (a threatening, hostile, hazardous and/or menacing situation and/or environment*)	Declaration that the sound medical-scientific evidence available is not sufficient to justify an amendment to the Statements of Principles concerning substance use disorder
19. bipolar disorder (a threatening, hostile, hazardous and/or menacing situation and/or environment*)	Declaration that the sound medical-scientific evidence available is not sufficient to justify an amendment to the Statements of Principles concerning bipolar disorder
20. panic disorder (a threatening, hostile, hazardous and/or menacing situation and/or environment*)	Declaration that the sound medical-scientific evidence available is not sufficient to justify an amendment to the Statements of Principles concerning panic disorder
21. schizophrenia (a threatening, hostile, hazardous and/or menacing situation and/or environment*)	Declaration that the sound medical-scientific evidence available is not sufficient to justify an amendment to the Statements of Principles concerning schizophrenia
22. suicide and attempted suicide (a threatening, hostile, hazardous and/or menacing situation and/or environment*)	Declaration that the sound medical-scientific evidence available is not sufficient to justify an amendment to the Statements of Principles concerning suicide and attempted suicide
23. malignant neoplasm of the small intestine	Previous Statements of Principles concerning malignant neoplasm of the small intestine revoked and new Statements of Principles determined
24. malignant neoplasm of the testis and paratesticular tissues	Previous Statements of Principles concerning malignant neoplasm of the testis and paratesticular tissues revoked and new Statements of Principles determined
25. soft tissue sarcoma	Previous Statements of Principles concerning soft tissue sarcoma revoked and new Statements of Principles determined
26. epicondylitis	Previous Statements of Principles concerning epicondylitis revoked and new Statements of Principles determined
27. shin splints	Previous Statements of Principles concerning shin splints revoked and new Statements of Principles determined
28. tinea of the skin	Previous Statements of Principles concerning tinea of the skin revoked and new Statements of Principles determined for tinea
29. decompression sickness	Previous Statements of Principles concerning decompression sickness revoked and new Statements of Principles determined
30. pulmonary barotrauma	Previous Statements of Principles concerning pulmonary barotrauma revoked and new Statements of Principles determined

Subject of investigation or review	Outcome
31. dysbaric osteonecrosis	Previous Statements of Principles concerning dysbaric osteonecrosis revoked and new Statements of Principles determined
32. albinism	Previous Statements of Principles concerning albinism revoked and new Statements of Principles determined
33. Charcot-Marie-Tooth disease	Previous Statements of Principles concerning Charcot-Marie-Tooth disease revoked and new Statements of Principles determined
34. haemophilia	Previous Statements of Principles concerning haemophilia revoked and new Statements of Principles determined
35. Marfan syndrome	Previous Statements of Principles concerning Marfan syndrome revoked and new Statements of Principles determined
36. Gaucher's disease	Previous Statements of Principles concerning Gaucher's disease revoked and new Statements of Principles determined
37. alpha-1 antitrypsin deficiency	Previous Statements of Principles concerning alpha-1 antitrypsin deficiency revoked and new Statements of Principles determined
38. horseshoe kidney	Previous Statements of Principles concerning horseshoe kidney revoked and new Statements of Principles determined
39. Wilson's disease	Previous Statements of Principles concerning Wilson's disease revoked and new Statements of Principles determined
40. osteogenesis imperfecta	Previous Statements of Principles concerning osteogenesis imperfecta revoked and new Statements of Principles determined
41. Huntington's chorea	Previous Statements of Principles concerning Huntington's chorea revoked and new Statements of Principles determined
42. autosomal dominant polycystic kidney disease	Previous Statements of Principles concerning autosomal dominant polycystic kidney disease revoked and new Statements of Principles determined
43. von Willebrand's disease	Previous Statements of Principles concerning von Willebrand's disease revoked and new Statements of Principles determined
44. multiple osteochondromatosis	Previous Statements of Principles concerning multiple osteochondromatosis revoked and new Statements of Principles determined
45. trochanteric bursitis of the hip	New Statements of Principles determined concerning trochanteric bursitis and gluteal tendinopathy

Subject of investigation or review	Outcome
46. herpes zoster	Previous Statements of Principles concerning herpes zoster revoked and new Statements of Principles determined
47. Paget's disease of bone	Previous Statements of Principles concerning Paget's disease of bone revoked and new Statements of Principles determined
48. plantar fasciitis	Previous Statements of Principles concerning plantar fasciitis revoked and new Statements of Principles determined
49. neoplasm of the pituitary gland	Previous Statements of Principles concerning neoplasm of the pituitary gland revoked and new Statements of Principles determined
50. seborrhoeic keratosis	Previous Statements of Principles concerning seborrhoeic keratosis revoked and new Statements of Principles determined
51. malignant neoplasm of the salivary gland	Previous Statements of Principles concerning malignant neoplasm of the salivary gland revoked and new Statements of Principles determined
52. spondylolisthesis and spondylolysis	Previous Statements of Principles concerning spondylolisthesis and spondylolysis revoked and new Statements of Principles determined
53. migraine (anxiety disorder; depressive disorder; & posttraumatic stress disorder*)	Declaration that the sound medical-scientific evidence available is not sufficient to justify an amendment to the Statements of Principles concerning migraine
54. X-linked myopathy with excessive autophagy	Declaration that X-linked myopathy with excessive autophagy does not have any factors which can be "related to service" as defined in s196B(14) of the VEA
55. gastric ulcer and duodenal ulcer	Previous Statements of Principles concerning gastric ulcer and duodenal ulcer revoked and new Statements of Principles determined
56. hepatitis A	Previous Statements of Principles concerning hepatitis A revoked and new Statements of Principles determined
57. cerebrovascular accident	Previous Statements of Principles concerning cerebrovascular accident revoked and new Statements of Principles determined
58. hereditary spherocytosis	Previous Statements of Principles concerning hereditary spherocytosis revoked and new Statements of Principles determined
59. malignant neoplasm of the bile duct	Previous Statements of Principles concerning malignant neoplasm of the bile duct revoked and new Statements of Principles determined

Subject of investigation or review	Outcome
60. alkaptonuria	Previous Statements of Principles concerning alkaptonuria revoked and declaration that alkaptonuria does not have any factors which can be “related to service” as defined in s196B(14) of the VEA
61. congenital cataract	Previous Statements of Principles concerning congenital cataract revoked and declaration that congenital cataract does not have any factors which can be “related to service” as defined in s196B(14) of the VEA
62. spina bifida	Previous Statements of Principles concerning spina bifida revoked and declaration that spina bifida does not have any factors which can be “related to service” as defined in s196B(14) of the VEA
63. acute myeloid leukaemia	Previous Statements of Principles concerning acute myeloid leukaemia revoked and new Statements of Principles determined
64. myelodysplastic disorder	Previous Statements of Principles concerning myelodysplastic disorder revoked and new Statements of Principles determined for myelodysplastic syndrome
65. myasthenia gravis	Previous Statements of Principles concerning myasthenia gravis revoked and new Statements of Principles determined
66. trigeminal neuralgia	Previous Statements of Principles concerning trigeminal neuralgia revoked and new Statements of Principles determined
67. trigeminal neuropathy	Previous Statements of Principles concerning trigeminal neuropathy revoked and new Statements of Principles determined
68. tuberculosis	Previous Statements of Principles concerning tuberculosis revoked and new Statements of Principles determined
69. depressive disorder	Previous Statements of Principles concerning depressive disorder revoked and new Statements of Principles determined
70. cardiomyopathy	Previous Statements of Principles concerning cardiomyopathy revoked and new Statements of Principles determined
71. familial hypertrophic cardiomyopathy	Previous Statements of Principles concerning familial hypertrophic cardiomyopathy revoked and new Statements of Principles determined for cardiomyopathy
72. chicken pox	Previous Statements of Principles concerning chicken pox revoked and new Statements of Principles determined for chickenpox

Subject of investigation or review	Outcome
73. malignant neoplasm of the gallbladder	Previous Statements of Principles concerning malignant neoplasm of the gallbladder revoked and new Statements of Principles determined
74. arachnoid cyst of the brain	New Statements of Principles determined concerning arachnoid cyst

[*] 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 an Amendment SOP concerning non-Hodgkin's lymphoma at the direction of the SMRC.

As at 30 June 2015, the Authority had received fourteen (14) 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 2014/15 year with 97 investigations outstanding. During the course of the year, the Authority notified 27 further investigations, completed 74 investigations and as at 30 June 2015 has ongoing investigations in respect of 50 conditions. Four of those ongoing investigations are in relation to some (rather than all) of the contents of the relevant SOPs.

The Authority declined to undertake 14 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 2679 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 96 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 96 recipients, 24 receive paper copies, 12 receive CD copies, while 60 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://www.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 2014 to 30 June 2015, the Authority received the following advice in relation to the status of reviews being conducted by the SMRC pursuant to s 196Y of the VEA:

1. Asbestosis

In November 2013 the SMRC advised the Authority that a request for review had been received in relation to SOPs concerning asbestosis, Instrument Nos. 55 and 56 of 2013. Notification of this review appeared in the Government Notices Gazette of 12 March 2014. As at 30 June 2015, the Authority had not been advised of the outcome of the review.

2. Fibrosing interstitial lung disease

In November 2013 the SMRC advised the Authority that a request for review had been received in relation to SOPs concerning fibrosing interstitial lung disease, Instrument Nos. 53 and 54 of 2013. Notification of this review appeared in the Government Notices Gazette of 12 March 2014. As at 30 June 2015, the Authority had not been advised of the outcome of the review.

3. Non-Hodgkin's lymphoma

In August 2014 the SMRC advised the Authority that a request for review had been received in relation to SOPs, Instrument Nos. 28 and 29 of 2010 as amended by Instrument Nos. 86 and 87 of 2014, concerning non-Hodgkin's lymphoma. Notification of this review appeared in the Government Notices Gazette of 6 August 2014. In the Government Notices Gazette of 27 April 2015, the SMRC notified its Declaration No. 26 in relation to this review.

Declaration No. 26 stated that:

1. In relation to the Repatriation Medical Authority (the RMA) Statement of Principles No. 28 of 2010 as amended by Statement of Principles No. 57 of 2014 and No. 86 of 2014 concerning non-Hodgkin's lymphoma and death from non-Hodgkin's lymphoma, made under section 196B of the *Veterans' Entitlements Act 1986* (the VEA), the Specialist Medical Review Council (the Council) under subsection 196W(4) of the VEA:

DECLARES that there is sound medical-scientific evidence on which the RMA could have relied to justify an amendment to Statement of Principles No. 28 of 2010 as amended

by Statement of Principles No. 57 of 2014 and No. 86 of 2014 to include a factor in that Statement of Principles for exposure to ionising radiation; and

DIRECTS the RMA to amend Statements of Principles No. 28 of 2010 as amended by Statement of Principles No. 57 of 2014 and No. 86 of 2014 by including the following factor:

having received a cumulative equivalent dose of at least 0.1 sievert of ionising radiation to the bone marrow at least five years before the clinical onset of Non-Hodgkin's Lymphoma.

2. In relation to the RMA Statement of Principles No. 29 of 2010 as amended by Statement of Principles No. 87 of 2014 concerning non-Hodgkin's lymphoma and death from non-Hodgkin's lymphoma made under section 196B of the VEA, the Council under subsection 196W(5) of the VEA:

DECLARES that the sound medical-scientific evidence available to the RMA is insufficient to justify an amendment to the Statement of Principles No. 29 of 2010 as amended by Statement of Principles No. 87 of 2014 to include a factor or factors in that Statement of Principles for exposure to ionising radiation.

4. Chronic multisymptom illness

In August 2014 the SMRC advised the Authority that a request for review had been received in relation to SOPs concerning chronic multisymptom illness, Instrument Nos. 55 and 56 of 2014. Notification of this review appeared in the Government Notices Gazette of 28 August 2014. As at 30 June 2015, the Authority had not been advised of the outcome of the review.

5. Malignant neoplasm of the prostate

In August 2014 the SMRC advised the Authority that a request for review had been received in relation to SOPs concerning malignant neoplasm of the prostate, Instrument Nos. 53 and 54 of 2014. Notification of this review appeared in the Government Notices Gazette of 27 October 2014. As at 30 June 2015, 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 2014	Chairperson and Deputy Registrar
RSL – South Australian/NT State Congress	Adelaide, SA	5 July 2014	Chairperson and Registrar
Legacy National Pensions Committee Annual General Meeting	Canberra, ACT	18 August 2014	Chairperson and Registrar
RSL – WA State Congress	Perth, WA	25 October 2014	Chairperson and Registrar
RSL - National Congress	Perth, WA	28-29 October 2014	Chairperson and Registrar
RSL - Tasmanian State Congress	Launceston, Tasmania	9 May 2015	Chairperson and Registrar
Vietnam Veterans' Association National Congress	Seymour, Vic	22 May 2015	Chairperson and Registrar
RSL - NSW State Congress	Coffs Harbour, NSW	25-26 May 2015	Chairperson and Registrar
RAAFA – Biennial National Conference	Canberra, ACT	10 June 2015	Chairperson and Registrar
RSL – ACT Branch Congress	Canberra, ACT	12 June 2015	Chairperson and Registrar
RSL - Queensland State Congress	Brisbane, Qld	19-20 June 2015	Chairperson and Registrar

Financial

A summary of cash expenditure incurred by the Authority in 2014/15 with comparison to 2013/14 and 2012/13 is detailed in Table 6.

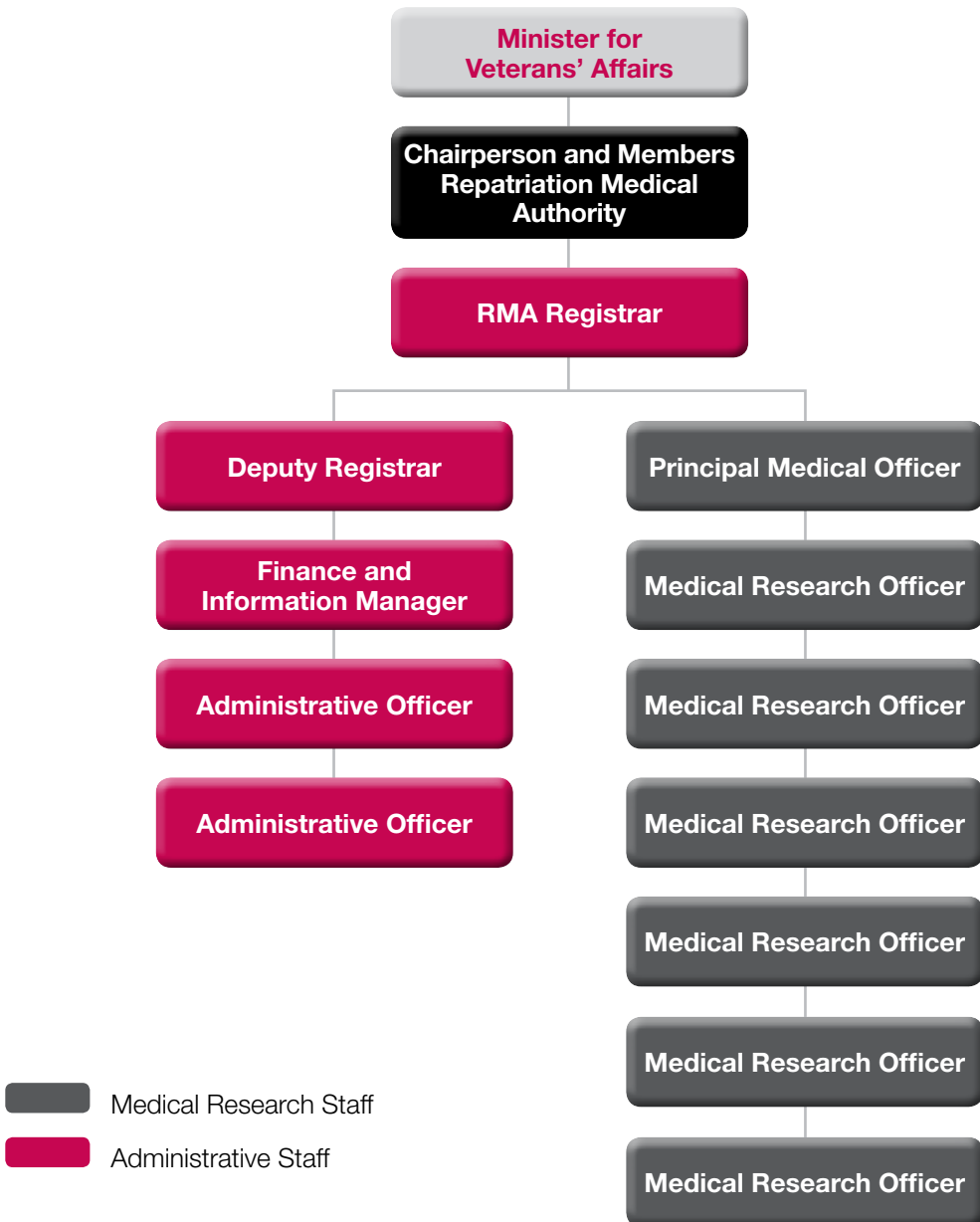
Financial information prepared on an accrual basis is included in the DVA Financial Statements.

Table 6: Financial expenditure

Item	2014/15	2013/14	2012/13
Salary and related expenses	\$1 630 471	\$1 580 955	\$1 603 289
Administrative expenses	\$151 978	\$265 599	\$230 974
Legal expenses	\$206 761	\$70 684	\$146 667
Total expenditure	\$1 989 210	\$1 917 238	\$1 980 930

Appendices

Appendix 1: RMA organisational chart



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

Appendix 2: Statements of Principles determined 2014/15

2014

Instrument No.	Title	Effective Date	Other Comments
74 & 75/2014	peripheral neuropathy	22/09/2014	74 revokes 41/2005 75 revokes 42/2005
76 & 77/2014	Creutzfeldt-Jakob disease	22/09/2014	76 revokes 34/2004 77 revokes 35/2004
78 & 79/2014	vascular dementia	22/09/2014	78 revokes 21/2006, as amended 79 revokes 22/2006, as amended
80 & 81/2014	malignant neoplasm of unknown primary site	22/09/2014	80 revokes 44/2004, as amended 81 revokes 45/2004, as amended
82 & 83/2014	posttraumatic stress disorder	22/09/2014	82 revokes 5/2008, as amended 83 revokes 6/2008
84 & 85/2014	chronic lymphocytic leukaemia/small lymphocytic lymphoma	22/09/2014	84 revokes 9/2005, as amended (chronic lymphoid leukaemia) 85 revokes 10/2005 (chronic lymphoid leukaemia)
86 & 87/2014	non-Hodgkin's lymphoma	22/09/2014	86 amends 28/2010 87 amends 29/2010
88 & 89/2014	diabetes mellitus	22/09/2014	88 amends 89/2011 89 amends 90/2011
90 & 91/2014	osteomyelitis	17/11/2014	90 revokes 5/2004 91 revokes 6/2004
92 & 93/2014	malignant neoplasm of the lung	17/11/2014	92 revokes 17/2006 93 revokes 18/2006
94 & 95/2014	leptospirosis	17/11/2014	94 revokes 50/2004 95 revokes 51/2004
96 & 97/2014	malignant neoplasm of the breast	17/11/2014	96 revokes 27/2006 97 revokes 28/2006
98 & 99/2014	osteoporosis	17/11/2014	98 revokes 29/2006 99 revokes 30/2006
100 & 101/2014	rotator cuff syndrome	17/11/2014	100 revokes 39/2006 101 revokes 40/2006
102 & 103/2014	anxiety disorder	17/11/2014	102 revokes 101/2007 103 revokes 102/2007

2015

Instrument No.	Title	Effective Date	Other Comments
1 & 2/2015	malignant neoplasm of the small intestine	27/01/2015	1 revokes 40/2004 2 revokes 41/2004
3 & 4/2015	malignant neoplasm of the testis and paratesticular tissues	27/01/2015	3 revokes 15/2004 4 revokes 16/2004
5 & 6/2015	soft tissue sarcoma	27/01/2015	5 revokes 13/2006 6 revokes 14/2006
7 & 8/2015	epicondylitis	27/01/2015	7 revokes 52/2004 8 revokes 53/2004
9 & 10/2015	shin splints	27/01/2015	9 revokes 49/2006 10 revokes 50/2006
11 & 12/2015	tinea	27/01/2015	11 revokes 13/2004 (tinea of the skin) 12 revokes 14/2004 (tinea of the skin)
13 & 14/2015	decompression sickness	27/01/2015	13 revokes 43/2006 14 revokes 44/2006
15 & 16/2015	pulmonary barotrauma	27/01/2015	15 revokes 45/2006 16 revokes 46/2006
17 & 18/2015	dysbaric osteonecrosis	27/01/2015	17 revokes 47/2006 18 revokes 48/2006
19 & 20/2015	albinism	27/01/2015	19 revokes 45/2007 20 revokes 46/2007
21 & 22/2015	Charcot-Marie-Tooth disease	27/01/2015	21 revokes 9/2007 22 revokes 10/2007
23 & 24/2015	haemophilia	27/01/2015	23 revokes 63/2007 24 revokes 64/2007
25 & 26/2015	Marfan syndrome	27/01/2015	25 revokes 53/2007 26 revokes 54/2007
27 & 28/2015	Gaucher's disease	27/01/2015	27 revokes 3/2007 28 revokes 4/2007
29 & 30/2015	alpha-1 antitrypsin deficiency	27/01/2015	29 revokes 1/2007 30 revokes 2/2007

Instrument No.	Title	Effective Date	Other Comments
31 & 32/2015	horseshoe kidney	27/01/2015	31 revokes 51/2007 32 revokes 52/2007
33 & 34/2015	Wilson's disease	27/01/2015	33 revokes 7/2007 34 revokes 8/2007
35 & 36/2015	osteogenesis imperfecta	27/01/2015	35 revokes 59/2007 36 revokes 60/2007
37 & 38/2015	Huntington's chorea	27/01/2015	37 revokes 5/2007 38 revokes 6/2007
39 & 40/2015	autosomal dominant polycystic kidney disease	27/01/2015	39 revokes 55/2007 40 revokes 56/2007
41 & 42/2015	von Willebrand's disease	27/01/2015	41 revokes 57/2007 42 revokes 58/2007
43 & 44/2015	multiple osteochondromatosis	27/01/2015	43 revokes 11/2007 44 revokes 12/2007
45 & 46/2015	tranchanteric bursitis and gluteal tendinopathy	27/01/2015	New condition
47 & 48/2015	herpes zoster	30/03/2015	47 revokes 27/2007 48 revokes 28/2007
49 & 50/2015	Paget's disease of bone	30/03/2015	49 revokes 19/2006 50 revokes 20/2006
51 & 52/2015	plantar fasciitis	30/03/2015	51 revokes 19/2007 52 revokes 20/2007
53 & 54/2015	neoplasm of the pituitary gland	30/03/2015	53 revokes 42/2004 54 revokes 43/2004
55 & 56/2015	seborrhoeic keratosis	30/03/2015	55 revokes 31/2006 56 revokes 32/2006
57 & 58/2015	malignant neoplasm of the salivary gland	30/03/2015	57 revokes 46/2004, as amended 58 revokes 47/2004, as amended
59 & 60/2015	spondylolisthesis and spondylolysis	30/03/2015	59 revokes 5/2006, as amended 60 revokes 47/2004, as amended
61 & 62/2015	gastric ulcer and duodenal ulcer	1/06/2015	61 revokes 57/2006 62 revokes 58/2006

Instrument No.	Title	Effective Date	Other Comments
63 & 64/2015	hepatitis A	1/06/2015	63 revokes 29/2007 64 revokes 30/2007
65 & 66/2015	cerebrovascular accident	1/06/2015	65 revokes 51/2006 66 revokes 52/2006
67 & 68/2015	hereditary spherocytosis	1/06/2015	67 revokes 13/2007 68 revokes 14/2007
69 & 70/2015	malignant neoplasm of the bile duct	1/06/2015	69 revokes 21/2007, as amended 70 revokes 22/2007, as amended
47 & 48/2007 - revocation	alkaptonuria	1/06/2015	revokes 47/2007 revokes 48/2007
49 & 50/2007 - revocation	congenital cataract	1/06/2015	revokes 49/2007 revokes 50/2007
61 & 62/2007 - revocation	spina bifida	1/06/2015	revokes 61/2007 revokes 62/2007
71 & 72/2015	acute myeloid leukaemia	20/07/2015	71 revokes 35/2006 72 revokes 36/2006
73 & 74/2015	myelodysplastic syndrome	20/07/2015	73 revokes 37/2006 (myelodysplastic disorder) 74 revokes 38/2006 (myelodysplastic disorder)
75 & 76/2015	myasthenia gravis	20/07/2015	75 revokes 15/2007 76 revokes 16/2007
77 & 78/2015	trigeminal neuralgia	20/07/2015	77 revokes 54/2009 78 revokes 55/2009
79 & 80/2015	trigeminal neuropathy	20/07/2015	79 revokes 29/2009 80 revokes 30/2009
81 & 82/2015	tuberculosis	20/07/2015	81 revokes 43/2007 82 revokes 44/2007
83 & 84/2015	depressive disorder	20/07/2015	83 revokes 27/2008 84 revokes 28/2008

Instrument No.	Title	Effective Date	Other Comments
85 & 86/2015	cardiomyopathy	20/07/2015	85 revokes 23/2007 (cardiomyopathy) and 35/2007 (familial hypertrophic cardiomyopathy) 86 revokes 24/2007 (cardiomyopathy) and 36/2007 (familial hypertrophic cardiomyopathy)
87 & 88/2015	chickenpox	20/07/2015	87 revokes 25/2007 88 revokes 26/2007
89 & 90/2015	malignant neoplasm of the gallbladder	20/07/2015	89 revokes 67/2007 90 revokes 68/2007
91 & 92/2015	arachnoid cyst	20/07/2015	New condition
93/2015	non-Hodgkin's lymphoma	27/04/2015	93 amends 28/2010

Appendix 3: Outstanding investigations and reviews as at 30/06/2015

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 2015. The amendments to the VEA introduced in 2007 give the Authority the discretion to limit the scope of a review. The Authority refers to such reviews as “focussed reviews” and they are listed in Table 9. The scope of each focussed review is also shown.

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. optochiasmatic arachnoiditis	04/11/2014
2. discoid lupus erythematosus	04/11/2014
3. Lyme disease	12/05/2015

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

Reviews	Instrument Nos.	Date of Gazettal
1. external burn	41 & 42 of 2006	02/11/2011
2. fracture	53 & 54 of 2006	02/05/2012
3. Meniere's disease	59 & 60 of 2006	02/05/2012
4. hepatitis E	31 & 32 of 2007	02/05/2012
5. Achilles tendinopathy and bursitis	37 & 38 of 2007	31/10/2012
6. intervertebral disc prolapse	39 & 40 of 2007, as amended	31/10/2012
7. malignant neoplasm of the oesophagus	41 & 42 of 2007, as amended	31/10/2012
8. Parkinson's disease and parkinsonism	65 & 66 of 2007, as amended	31/10/2012
9. myopia, hypermetropia and astigmatism	69 & 70 of 2007	31/10/2012
10. dental caries	71 & 72 of 2007	31/10/2012
11. loss of teeth	73 & 74 of 2007, as amended	31/10/2012
12. pterygium	75 & 76 of 2007	31/10/2012
13. pinguecula	77 & 78 of 2007	31/10/2012
14. malignant melanoma of the skin	79 & 80 of 2007	31/10/2012
15. non-melanotic malignant neoplasm of the skin	81 & 82 of 2007, as amended	31/10/2012
16. mesothelioma	83 & 84 of 2007	31/10/2012
17. systemic lupus erythematosus	85 & 86 of 2007, as amended	31/10/2012
18. ischaemic heart disease	89 & 90 of 2007, as amended	31/10/2012

Reviews	Instrument Nos.	Date of Gazettal
19. hallux valgus	91 & 92 of 2007	31/10/2012
20. ingrowing nail	93 & 94 of 2007	31/10/2012
21. lipoma	95 & 96 of 2007	31/10/2012
22. malignant neoplasm of the endometrium	99 of 2007 as amended	31/10/2012
23. peritoneal adhesions	103 & 104 of 2007	31/10/2012
24. eating disorder	47 & 48 of 2008, as amended	26/03/2014
25. adjustment disorder	37 & 38 of 2008	26/03/2014
26. cirrhosis of the liver	107 & 108 of 2007, as amended	12/05/2015
27. external bruise	109 & 110 of 2007	12/05/2015
28. opisthorchiasis	111 & 112 of 2007	12/05/2015
29. clonorchiasis	113 & 114 of 2007	12/05/2015
30. sarcoidosis	115 & 116 of 2007	12/05/2015
31. presbyopia	117 & 118 of 2007	12/05/2015
32. otosclerosis	119 & 120 of 2007	12/05/2015
33. malignant neoplasm of the urethra	1 & 2 of 2008, as amended	12/05/2015
34. cut, stab, abrasion and laceration	3 & 4 of 2008, as amended	12/05/2015
35. cholelithiasis	7 & 8 of 2008	12/05/2015
36. diverticular disease of the colon	13 & 14 of 2008, as amended	12/05/2015
37. benign prostatic hyperplasia	19 & 20 of 2008	12/05/2015
38. spasmodic torticollis	21 & 22 of 2008	12/05/2015
39. polymyalgia rheumatica	23 & 24 of 2008	12/05/2015
40. ascariasis	62 & 63 of 2008	12/05/2015
41. hookworm disease	64 & 65 of 2008	12/05/2015
42. schizophrenia	15 & 16 of 2009, as amended	12/05/2015
43. suicide and attempted suicide	11 & 12 of 2010	12/05/2015

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

Focussed Reviews	Focus of Review	Instrument Nos.	Date of Gazettal
1. chronic obstructive pulmonary disease	dust & recurrent lower respiratory tract infections	37 & 38 of 2014	13/01/2015
2. diabetes mellitus	androgen deprivation therapy	89 & 90 of 2011	12/05/2015
3. anxiety disorder	definition of condition & mefloquine	102 & 103 of 2014	2/07/2015
4. panic disorder	definition of condition & mefloquine	68 & 69 of 2009	2/07/2015

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>

