

Australian Government

Repatriation Medical Authority

Thirty-second Annual Report 2025–26

Publication information

© Commonwealth of Australia 2026

ISSN 1327-7278

This work is copyright. Apart from any use permitted under the *Copyright Act 1968*, no part may be reproduced without prior written permission.

Contact officer
The Registrar
Repatriation Medical Authority
GPO Box 1014
Brisbane QLD 4001

Telephone: (07) 2149 7499
Email: **info@rma.gov.au**
Website: **www.rma.gov.au**

Accessibility
This report is available in accessible electronic format. If you require assistance accessing this publication, please contact the Repatriation Medical Authority.

About this report

This report has been prepared in accordance with the reporting requirements of the *Veterans' Entitlements Act 1986* (VEA) and provides an account of the Repatriation Medical Authority's activities and performance for the period 1 July 2025 to 30 June 2026.

The report is submitted to the Minister for Veterans' Affairs and the Parliament of Australia and is intended to inform veterans, serving members, ex-service organisations, and other stakeholders about the Authority's operations and the discharge of its statutory functions during the reporting period.

Australian Government
Repatriation Medical Authority

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

Dear Minister

I am pleased to submit the Repatriation Medical Authority Annual Report for the period 1 July 2025 to 30 June 2026, in accordance with section 196UA of the *Veterans' Entitlements Act 1986*.

The report summarises the Authority's activities and performance in carrying out its statutory functions during the reporting period.

Yours sincerely



Professor Terence Campbell AM
Chairperson
Repatriation Medical Authority

3 September 2026

Level 8
480 Queen Street
Brisbane QLD 4000

GPO Box 1014
Brisbane QLD 4001

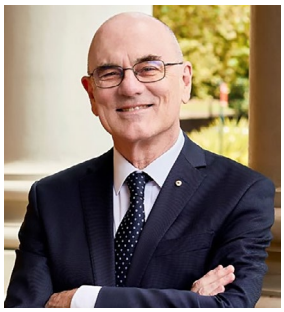
ABN 23 964 290 824

Telephone: (07) 2149 7499
Email: info@rma.gov.au
Website http://www.rma.gov.au

Contents

ACCOUNTABLE AUTHORITY: MESSAGE FROM THE CHAIRPERSON	**5**
Gulf War Illness	5
Blast-induced mild traumatic brain injury	5
Transition and legislative change	6
Looking ahead	6
OVERVIEW OF THE REPATRIATION MEDICAL AUTHORITY	**7**
Background	7
Role and functions	7
ABOUT THE AUTHORITY	**9**
Members	9
Member remuneration	9
Repatriation Medical Authority Chairperson	10
Repatriation Medical Authority Members	10
Repatriation Medical Authority Secretariat	10
The Authority members	11
OPERATIONAL PERFORMANCE	**13**
Statement of Principles determined	13
Investigations and reviews	14
MEETINGS, WEBSITE AND INFORMATION ACCESS	**15**
Authority meetings	15
Website	15
Freedom of Information and Information Publication Scheme	16
FINANCIAL PERFORMANCE	**17**
MANAGEMENT AND ACCOUNTABILITY	**18**
Governance and administrative support	18
Risk, integrity and transparency	18
Accountability and external scrutiny	18
Reviews by the Specialist Medical Review Council	18
Stakeholder engagement	19
Enterprise agreement and workplace arrangements	20
APPENDICES	**20**
Appendix 1: Statements of Principles determined in 2025–26	20
Appendix 2: Outstanding investigations and reviews at 30 June 2026	22
Appendix 3: Outcomes of investigations and reviews completed in 2025–26	26
Glossary	31
TABLES	
Table 1: The Repatriation Medical Authority Members	9
Table 2: Statements of Principles determined	13
Table 3: Investigations and reviews	14
Table 4: Meeting dates	15
Table 5: Website data	15
Table 6: Freedom of information requests and outcomes	16
Table 7: Expenditure	17
Table 8 provides the workforce profile by classification and gender	19
Table 9: Staff salary ranges	19
FIGURES	
Figure 1: Investigation process	8
Figure 2: Repatriation Medical Authority organisational structure at 30 June 2026	10

Accountable Authority: Message from the Chairperson



Professor Terence Campbell AM

The 2025–26 reporting period was the Repatriation Medical Authority's thirty-second year of operation. Throughout the year, the Authority continued to perform its important statutory role of considering sound medical-scientific evidence and determining Statements of Principles for use in the veterans' compensation system.

The Authority maintained a substantial program of work during the year. It notified 69 investigations and reviews and completed 44, comprising 40 full investigations and reviews and four focused reviews. The average completion time for all investigations and reviews was 373 days, an improvement on the previous reporting period. At 30 June 2026, 65 investigations and reviews remained under consideration.

Gulf War Illness

A significant area of work during the year concerned Gulf War Illness and chronic multisymptom illness. This work responded to the continuing importance of these conditions to Australian Gulf War veterans and reflected the Authority's commitment to considering emerging medical-scientific evidence and the experiences of the veteran community.

The Authority undertook consultation with veterans, ex-service organisations and subject matter experts as part of its investigation. The information received assisted the Authority in understanding stakeholder perspectives and ensuring the available evidence was considered comprehensively and transparently.

Following its review, the Authority determined a new Statement of Principles concerning Gulf War Illness and amended the existing Statements of Principles concerning chronic multisymptom illness. These determinations represent an important outcome for Gulf War veterans and reflect the Authority's ongoing commitment to evidence-based decision-making.

Blast-induced mild traumatic brain injury

The possible effects of repeated low-level blast exposure remained an important topic of interest during the reporting period. Following stakeholder engagement and a detailed review of the available evidence, the Authority completed its investigation into repetitive low-level blast overpressure exposure-induced mild traumatic brain injury, which had been gazetted as blast-induced mild traumatic brain injury.

The investigation generated significant interest from veterans, ex-service organisations, researchers and medical experts. The Authority carefully considered the submissions and scientific literature before concluding that the available sound medical-scientific evidence was insufficient to support the determination of a Statement of Principles for the condition at that time. A Statement of Reasons and declaration were subsequently published.

The Authority recognises the significance of this issue for serving and former Australian Defence Force members and will continue to monitor developments in this evolving area of medical research.

As noted in the previous annual report, further high-quality research is required to better understand the possible long-term effects of repeated low-level blast exposure.

Transition and legislative change

The end of the reporting period also marked an important transition for the Authority. I conclude my appointment as Chairperson with confidence in the Authority's continued commitment to independent, transparent and evidence-based decision-making. I welcome the incoming Chairperson, Dr Anthony Lynham, who will lead the Authority from 1 July 2026 and guide its work under the new legislative arrangements.

I sincerely thank the members whose appointments concluded during the year for their expertise, service and valuable contribution to the Authority. I also thank the members who will continue in their roles for their ongoing commitment and welcome the new members joining the Authority. The combination of experience and new perspectives will support continuity and strengthen the Authority's future work.

From 1 July 2026, amendments to veterans' compensation legislation commenced, resulting in the *Military Rehabilitation and Compensation Act 2004* (MRCA) becoming the legislative framework under which Statements of Principles are applied. The Authority has prepared for this transition and will continue to perform its functions under the revised legislative framework.

Looking ahead

Stakeholder engagement continued to be an important feature of the Authority's work during 2025–26. Contributions from veterans, ex-service organisations, eligible dependants, researchers, medical experts and government agencies assisted the Authority in identifying emerging issues and understanding the practical operation of Statements of Principles within the veterans' compensation system.

I thank my fellow Authority members, the Secretariat and the Department of Veterans' Affairs for their support and professionalism throughout the year. I also acknowledge the veterans, representatives, stakeholders and experts who contributed their time, experience and knowledge to the Authority's investigations and reviews.

The Authority remains committed to ensuring that its decisions are independent, transparent and based on sound medical-scientific evidence. I am confident that the incoming Chairperson, continuing members and new members are well placed to lead the Authority into its next chapter and continue this important work for the veteran community.



Professor Terence Campbell AM
Chairperson
Repatriation Medical Authority

Overview of the Repatriation Medical Authority

Background

The Repatriation Medical Authority (the Authority) was established following a series of reviews and inquiries into the veterans' compensation system. These included the 1992 Auditor-General's Report on compensation arrangements administered by the Department of Veterans' Affairs (DVA), the High Court decision in *Bushell v Repatriation Commission* (1992), and an inquiry by the Senate Standing Committee on Legal and Constitutional Affairs.

In response, the Veterans' Compensation Review Committee, chaired by Professor Peter Baume, conducted extensive consultation with the veteran community and delivered its report, A Fair Go, in March 1994. The report recommended the establishment of an independent expert medical body to provide a more equitable and consistent basis for determining claims for veterans' compensation.

The Australian Government accepted this recommendation and announced the establishment of the Authority in the 1994–95 Budget. Amendments to the *Veterans' Entitlements Act 1986* (VEA), effective from 30 June 1994, formally established the Authority.

The Authority's role was further expanded by the commencement of the *Military Rehabilitation and Compensation Act 2004* (MRCA), which extended the application of Statements of Principles (SoPs) to claims relating to service rendered on or after 1 July 2004. Subsequent legislative amendments in 2007 provided the Authority with discretion to determine whether existing SoPs should be reviewed in whole or in part.

Statements of Principles are legislative instruments for the purposes of the *Legislation Act 2003*. As legislative instruments, they are subject to statutory requirements, including periodic remaking to prevent automatic repeal under the legislative sunsetting framework.

Role and functions

Section 196B of the *Veterans' Entitlements Act 1986* sets out the Authority's functions. Its main role is to determine Statements of Principles (SoPs) for specific injuries, diseases and causes of death, based on sound medical-scientific evidence.

SoPs set out the factors that must be present, and connected to relevant service, before a causal link can be established between military service and a particular injury, disease or death. Separate SoPs apply to the two standards of proof used in veterans' compensation legislation:

- reasonable hypothesis
- reasonable satisfaction, also known as balance of probabilities.

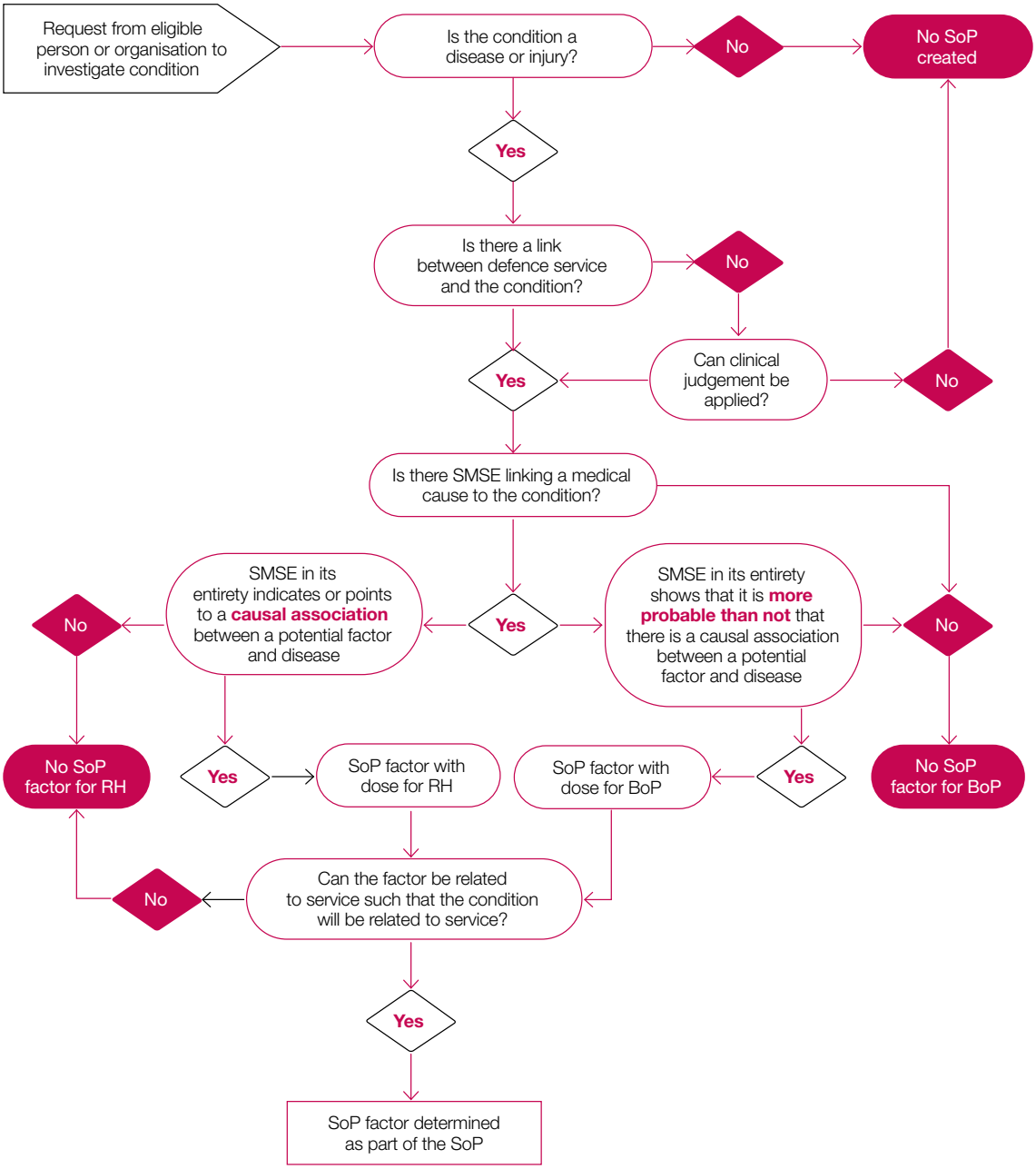
The Authority investigates specific injuries, diseases and causes of death either on its own initiative or following a request under section 196E of the VEA. After an investigation, it may make a new SoP, amend an existing SoP, or decide not to make or amend a SoP if the evidence does not support that action.

The Authority is separate from the claims assessment process and does not decide individual compensation claims. Instead, it develops and maintains the SoPs used by the Repatriation Commission and the Military Rehabilitation and Compensation Commission when determining veterans' compensation entitlements.

In performing its statutory functions, the Authority relies on sound medical-scientific evidence as defined in section 5AB of the VEA. This includes peer-reviewed medical and scientific research and evidence that accords with generally accepted medical practice, as well as epidemiological principles where questions of causation arise.

Figure 1 outlines the process the Authority follows when investigating a new condition. It summarises the key decision points used to assess the available sound medical-scientific evidence, apply the relevant standards of proof and determine whether a new Statement of Principles should be made. A similar process applies when the Authority reviews an existing Statement of Principles.

Figure 1: Investigation process



About the Authority

The Repatriation Medical Authority (the Authority) is an independent statutory authority within the Veterans' Affairs portfolio and forms part of the broader Defence portfolio. The Authority is responsible to the Minister for Veterans' Affairs and contributes to Australia's military compensation system by determining Statements of Principles based on sound medical-scientific evidence. These legislative instruments support consistent and equitable decision-making for current and former members of the Australian Defence Force and their dependants under the relevant veterans' compensation legislation. The Authority operates independently in carrying out its statutory functions and is supported administratively by the Department of Veterans' Affairs.

Members

The Repatriation Medical Authority (the Authority) comprises a Chair and four Members appointed by the Minister for Veterans' Affairs under the *Veterans' Entitlements Act 1986*. Members are eminent medical and scientific experts with qualifications and experience across a range of disciplines, including cardiology, psychiatry, epidemiology, rheumatology, general practice and respiratory medicine.

Members serve on a part-time basis and may be appointed for terms of up to five years, with eligibility for reappointment. The legislation requires that at least one Member possess substantial experience in the field of epidemiology.

During the 2025–26 financial year, the Authority was chaired by Professor Terence Campbell, who has served as Chairperson since 1 July 2021.

Table 1: The Repatriation Medical Authority Members

Name	Position title	Period during 2025–26
Professor Terence Campbell AM	Chairperson	1 July 2025 to 30 June 2026
Professor Gerard Byrne	Member	1 July 2025 to 30 June 2026
Professor Flavia Cicuttini AM	Member	1 July 2025 to 30 June 2026
Professor Jenny Doust	Member	1 July 2025 to 31 December 2025
Professor Michael Hensley	Member	1 July 2025 to 30 June 2026

Member remuneration

Remuneration for the Chair and Members of the Authority is determined by the Remuneration Tribunal.

During the reporting period, Members received an annual retainer together with a daily fee for attendance at Authority meetings and the conduct of Authority business. Remuneration arrangements applicable during the reporting period were set out in the Remuneration Tribunal (Remuneration and Allowances for Holders of Part-time Public Office) Determination 2025, which took effect on 18 June 2025.

Official travel undertaken on behalf of the Authority was governed by the Remuneration Tribunal (Official Travel) Determination 2025, which took effect on 16 August 2025.

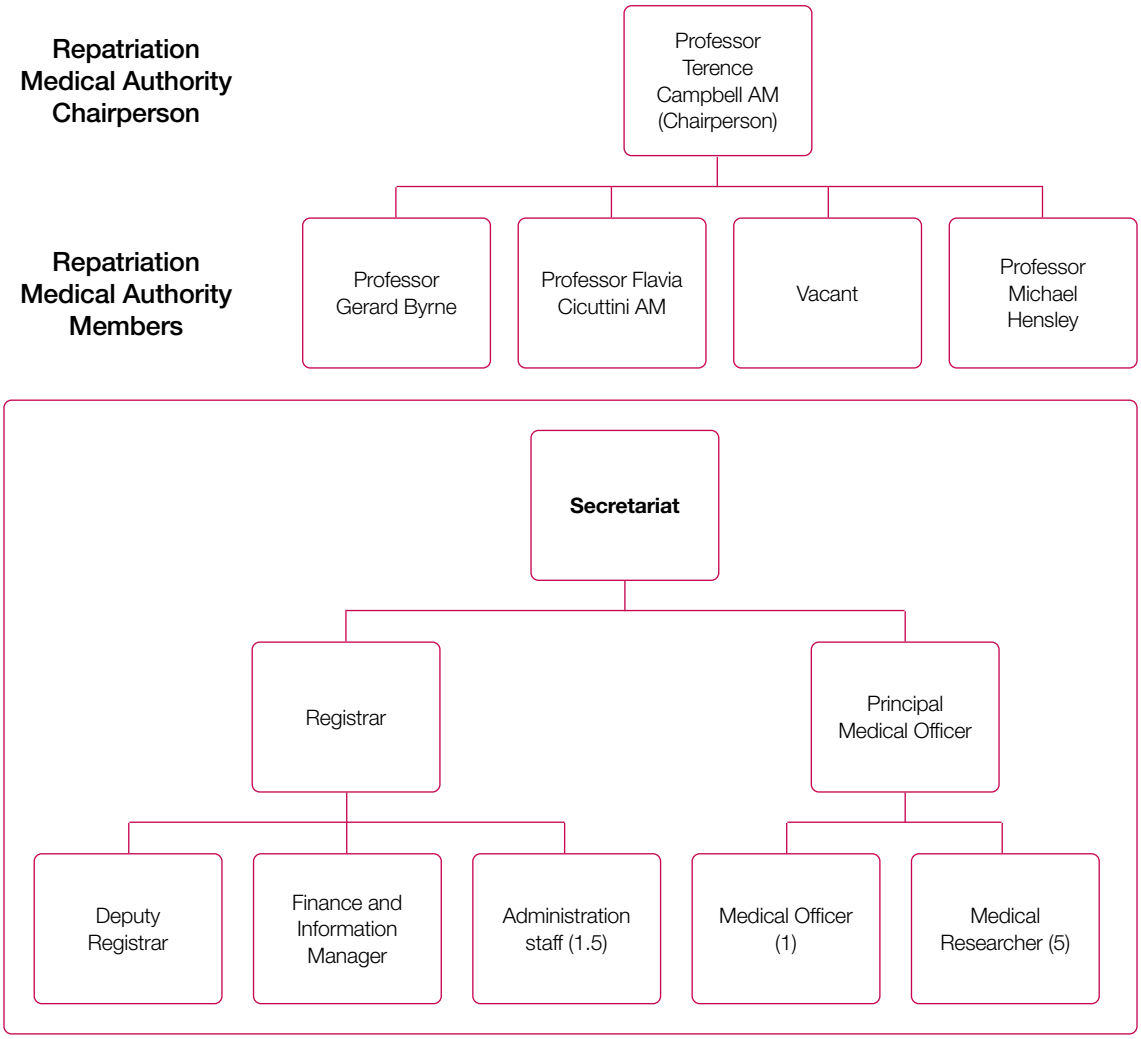
Repatriation Medical Authority Secretariat

The Authority is supported by a Secretariat comprising Australian Public Service employees engaged under the *Public Service Act 1999* and made available to the Authority by the Secretary of the Department of Veterans' Affairs (DVA) pursuant to the *Veterans' Entitlements Act 1986*.

The Secretariat provides administrative, operational and research support to assist the Authority in the performance of its statutory functions. This includes coordinating investigations and reviews, supporting Authority meetings, undertaking medical and scientific literature searches, preparing evidence summaries and briefing materials, maintaining records of proceedings, managing stakeholder correspondence and consultations, and supporting the publication and administration of Statements of Principles.

The diagram below shows the RMA's organisational structure during the reporting period. It outlines the Authority's governance arrangements, comprising the Chairperson and four members, and the Secretariat that supports the Authority's statutory functions. The Secretariat is led by the Registrar and Principal Medical Officer and includes medical, research, finance, information and administrative staff.

Figure 2: Repatriation Medical Authority organisational structure at 30 June 2026



The Authority members

Professor Terence Campbell AM

MD (UNSW), DPhil (Oxon), FRACP



Professor Terence Campbell is a Fellow and Past-President of the Cardiac Society of Australia and New Zealand and is now Emeritus Professor of Medicine at the University of New South Wales (UNSW), having been both Professor of Medicine at St Vincent's Hospital, Sydney and Deputy Dean of Medicine at UNSW.

Professor Campbell has held senior medical, academic and management positions and is also currently a Pro-Chancellor at UNSW.

He has served on many committees and councils associated with medicine and medical research and was a Member of the Board of Directors of the Victor Chang Cardiac Research Institute until 2020 having formerly been its Deputy Director.

Professor Campbell has made substantial contributions to research and scholarship and is widely published in his specialist field.

In 2003 Professor Campbell was awarded a Member, Order of Australia (AM) for service to medicine in the fields of clinical pharmacology and cardiology, to the development of medical and health policy, to education, and to the community.

Appointment ceased 30 June 2026

Professor Gerard Byrne

BSc(Med) 1978 UNSW, MBBS (Hons) 1980 UNSW, PhD 1997 UQ, 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.

Appointment until 31 December 2030

Professor Flavia Cicuttini AM

MBBS (Monash), PhD, FRACP, MSc (Lond), DLSHTM, FAFPHM, FAAHMS



Professor Cicuttini is Head of Rheumatology, Alfred Hospital and Head of Musculoskeletal Unit, School of Epidemiology and Preventive Medicine, Monash University.

Professor Cicuttini leads an active research group aimed at developing new approaches to the prevention and treatment of osteoarthritis.

Professor Cicuttini was first appointed to the Authority on 1 July 2009.

Appointment ceased 30 June 2026

Professor Jenny Doust

BA, BEcons, BMBS, Grad Dip Clin Epi, PhD, FRACGP



Professor Doust is Professor of Clinical Epidemiology at Bond University and a Clinical Professorial Research Fellow at the University of Queensland. She also works as a general practitioner in Brisbane.

Her research focuses on diagnostic, screening and monitoring tests in general practice, and overdiagnosis.

Professor Doust concluded her appointment on 31 December 2025, and the Authority continued to meet the membership requirements of the *Veterans' Entitlements Act 1986*.

Appointment ceased 31 December 2025

Professor Michael Hensley

MBBS, PhD, FRACP, Emeritus Professor of Medicine of the University of Newcastle, NSW, Australia.



Professor Michael Hensley was appointed to the Authority in April 2022.

He was the Dean of Medicine at the University of Newcastle, Faculty of Medicine and Public Health from 2002 to 2010, Director of Medical Services at John Hunter Hospital from 2014 to 2020 and Director of Medical Services at the Royal Prince Alfred Hospital, Sydney from 2020 to 2026.

Professor Hensley's primary professional focus is Epidemiology, especially with respect to Respiratory and Sleep Medicine and Clinical Epidemiology, with numerous publications.

He has had experience with Commonwealth and State Government medical regulatory work, including as a member of the Economic Sub-Committee of the Pharmaceutical Benefits Advisory Committee from 2013 to 2020.

Appointment until 4 April 2027

Operational performance

Statement of Principles determined

At its formal meetings during 2025–26, the Authority determined a total of 91 Statements of Principles (SoPs). These comprised 78 reissued SoPs, 10 amended SoPs and three SoPs for new conditions. The Authority continually reviews the current body of Statements of Principles to ensure they reflect the latest available sound medical-scientific evidence and remain relevant to the operation of the veterans' compensation system.

The majority of SoPs determined during the reporting period were reissued following review processes undertaken under the *Legislation Act 2003*. Reissued SoPs incorporate current medical-scientific evidence while maintaining consistency and clarity for decision-makers. The Authority also amended a number of existing SoPs where the evidence supported changes to factors or definitions and determined new SoPs for conditions that had not previously been the subject of a Statement of Principles.

Table 2 provides a summary of the Statements of Principles determined during the reporting period and compares the outcomes with the previous two reporting periods. The table demonstrates that the Authority maintained a significant review program during 2025–26, with the number of SoPs determined remaining broadly consistent with recent years.

Details of the individual SoPs determined during the reporting period, including instrument numbers and dates of determination, are provided in **Appendix 1**.

Table 2: Statements of Principles determined

Action	2025–26	2024–25	2023–24
Repealed SoPs*	78	90	65
Reissued SoPs	78	86	69
SoPs for new conditions	3	4	6
Amended SoPs	10	3	10
Other instruments	0	2	2
Total SoPs determined	91	95	85

*Note: Repealed SoPs are shown separately and are not included in the total number of SoPs determined.

Investigations and reviews

During 2025–26, the Authority notified 69 investigations and reviews, comprising 62 reviews initiated under the *Legislation Act 2003*, six focused reviews and one new investigation. The Authority completed 44 investigations and reviews during the year, including 40 full investigations and reviews and four focused reviews.

The Authority's review workload during 2025–26 was significantly higher than in previous reporting periods, reflecting the continuing program of legislative reviews required to maintain the currency of the Statements of Principles framework. Despite the increased number of reviews notified, the Authority continued to complete a substantial body of work, resulting in 91 Statements of Principles being determined during the reporting period.

The average completion time for all investigations and reviews completed during 2025–26 was 373 days. Full investigations and reviews took an average of 388 days, while focused reviews took an average of 267 days. These timeframes reflect the complexity of the medical-scientific evidence assessment process, which requires comprehensive literature review, evaluation of emerging evidence and consideration of stakeholder submissions before decisions are made.

Table 3 summarises the Authority's investigation and review activities for 2025–26 and provides comparative results for the previous two reporting periods. The table includes the number of investigations and reviews notified and completed, average completion times, outstanding matters at the end of the reporting period and requests refused.

At 30 June 2026, 65 investigations and reviews remained outstanding. Details of these matters are provided in **Appendix 2**. Outcomes for investigations and reviews completed during the reporting period, including the resulting SoPs and Statements of Reasons, are provided in **Appendix 3**.

Table 3: Investigations and reviews

Category	2025–26	2024–25	2023–24
Investigations notified	1	2	4
Legislation Act reviews notified	62	35	36
Focused reviews notified	6	2	2
Total notified	69	39	42
Total completed	44	46	36
Average completion time (days)	373	411	467
Focused reviews completed	4	1	1
Average focused review completion time (days)	267	266	114
Total outstanding	65	41	48
Requests refused	1	2	11

Meetings, website and information access

Authority meetings

During 2025–26, the Authority met six times to perform its statutory functions under the *Veterans' Entitlements Act 1986*. Meetings enabled the Authority to consider and determine matters relating to Statements of Principles, review medical-scientific evidence and conduct other business required to meet its legislative responsibilities.

Formal records of proceedings were prepared and retained for each meeting, as required by section 196R of the *Veterans' Entitlements Act 1986*.

These meetings supported the Authority's work program and enabled evidence-based decision-making and effective governance.

Table 4: Meeting dates

Meeting	Date	Location
1	5 August 2025	Brisbane
2	7 October 2025	Brisbane
3	2 December 2025	Brisbane
4	3 February 2026	Brisbane
5	7 April 2026	Brisbane
6	2 June 2026	Brisbane

Website

The Authority's website provides access to Statements of Principles, publications, current investigations and reviews, meeting outcomes and facilities for electronic lodgement of requests and submissions. The website is the Authority's principal channel for distributing Statements of Principles and related information.

Table 5: Website data

Measure	2025–26	2024–25
Unique visits	404,649	438,520
Subscribers at 30 June	763	767

Freedom of Information and Information Publication Scheme

The Repatriation Medical Authority (the Authority) complies with the requirements of the *Freedom of Information Act 1982* (FOI Act), including the Information Publication Scheme (IPS), which promotes public access to government information.

In accordance with the IPS, the Authority maintains an IPS page on its website containing its IPS plan and information required to be published under the scheme. Further information is available on the Authority website at **https://www.rma.gov.au/foi-ips.**

During 2025–26, the Authority received 13 requests for access to documents under the FOI Act. A summary of FOI requests received and their outcomes during the reporting period is provided in **Table 6**.

Table 6: Freedom of information requests and outcomes

Activity	2025–26	2024–25	2023–24
Information provided under section 196I	6	3	5
FOI requests received	13	5	10
Invalid requests	1	0	0
Requests granted	8	5	9
Requests refused	4	0	1
Requests completed	13	5	10

Note: The 13 completed matters comprised eight requests granted, four refused and one invalid request.

Financial performance

The Repatriation Medical Authority (the Authority) is supported by the Department of Veterans' Affairs (DVA), which provides corporate services including financial management, human resources, information technology, procurement and other administrative support. Expenditure incurred in delivering the Authority's functions is administered through DVA and reported in the Department's financial statements. The financial information presented in this report has been prepared on an accrual basis and reflects expenditure attributable to the Authority's operations during the reporting period.

The Authority's expenditure primarily relates to the operation of the Secretariat and the delivery of its statutory functions under the *Veterans' Entitlements Act 1986* and the *Military Rehabilitation and Compensation Act 2004*. Major expenditure items include employee salaries and related costs, the conduct of investigations and reviews of Statements of Principles, stakeholder engagement activities, information management, governance, legal services and administrative support.

During 2025–26, the Authority also undertook recruitment and succession planning activities in response to the expiry of several Authority member appointments. These activities were necessary to ensure continuity of operations and the ongoing availability of the specialised medical and scientific expertise required to support the Authority's legislative functions. Recruitment costs incurred during the year reflect the importance of maintaining the Authority's capability and ensuring a seamless transition of membership.

Total expenditure for 2025–26 was **$2,273,956**. This comprised salary and administrative expenses of **$86,762**, including costs associated with Authority member recruitment and appointments.

Table 7 summarises expenditure incurred by the Authority over the past three reporting periods and highlights the resources applied to support the Authority's statutory, governance and business continuity activities.

Table 7: Expenditure

Item	2025–26	2024–25	2023–24
Salary and related expenses	$2,187,194	$1,995,405	$2,042,897
Administrative expenses	$86,762	$47,065	$46,602
Total expenditure	**$2,273,956**	**$2,042,470**	**$2,089,499**

Management and Accountability

Governance and administrative support

The Department of Veterans' Affairs (DVA) provides the Authority with corporate and administrative services, including financial management, human resources, information technology, records management, accommodation and procurement support. These arrangements enable the Authority to focus on its independent statutory responsibilities while maintaining sound governance, accountability and administrative practices.

Risk, integrity and transparency

The Authority operates as an independent statutory authority. Through administrative arrangements with the DVA, the Authority applies relevant departmental policies and controls relating to risk management, fraud prevention, information security, records management and business continuity. Quality assurance processes are embedded throughout investigations and reviews to ensure decisions are evidence based, comply with legislative requirements and are consistent, transparent and accountable.

Authority members and Secretariat staff are expected to uphold the highest standards of integrity and professionalism in accordance with relevant legislation, the APS Values and Code of Conduct, and departmental policies. Processes are in place to identify, declare and manage actual, potential or perceived conflicts of interest.

Information relating to Statements of Principles (SoPs), investigations, reviews, annual reports and other publications are made publicly available through the Authority's website. The Authority also supports information access requirements under the Information Publication Scheme and the *Freedom of Information Act 1982*.

Accountability and external scrutiny

The Authority's governance framework supports appropriate stewardship of public resources and compliance with legislative obligations. The Authority is subject to parliamentary scrutiny, freedom of information legislation, administrative law requirements and statutory reporting obligations. Information about current investigations, reviews and SoPs is publicly available through the Authority's website and the Federal Register of Legislation.

Reviews by the Specialist Medical Review Council

Under the *Veterans' Entitlements Act 1986*, eligible persons and organisations may seek review by the Specialist Medical Review Council of certain Statement of Principles and related decisions. During 2025–26, the Council gazetted reviews concerning blast-induced mild traumatic brain injury and signal-to-noise ratio hearing loss. Both reviews remain under consideration at 30 June 2026.

Stakeholder engagement

Stakeholder consultation remained an important component in the Authority's investigation and review processes. Feedback received from ex-service organisations, veterans, eligible dependants and government agencies assisted the Authority in identifying emerging issues, understanding stakeholder perspectives and considering the practical operation of SoPs within the military compensation system.

Workforce profile

At 30 June 2026, the Repatriation Medical Authority (RMA) Secretariat comprised 11.5 full-time equivalent (FTE) positions. The workforce was primarily based in Brisbane, Queensland, with one staff member located in Sydney, New South Wales. Staffing consisted of one Executive Level 2 (EL2), six Executive Level 1 (EL1), one APS Level 6 (APS6), 1.5 APS Level 3 (APS3), one Medical Officer Level 4 (MO4), and one Medical Officer Level 3 (MO3) position.

Table 8 provides the workforce profile by classification and gender

Classification	Female FTE	Male FTE	Total FTE
EL2	1.0	0.0	1.0
EL1	4.0	2.0	6.0
APS6	1.0	0.0	1.0
APS3	1.5	0.0	1.5
MO4	1.0	0.0	1.0
MO3	1.0	0.0	1.0
Total	**9.5**	**2.0**	**11.5**

Note: Figures are reported as full-time equivalent positions.

Enterprise agreement and workplace arrangements

At 30 June 2026, RMA Secretariat staff were covered by the Department's Enterprise Agreement, available on the Department's website.

Table 9 sets out the applicable salary ranges.

Table 9: Staff salary ranges

Classification	Minimum salary ($)	Maximum salary ($)
EL2	$153,912	$173,235
EL1	$127,621	$140,143
APS6	$101,449	$115,199
APS3	$73,316	$78,758
MO4	$198,848	$218,580
MO3	$182,348	$190,667

Appendices

Appendix 1: Statements of Principles determined in 2025–26

This table lists the conditions for which the Authority determined Statements of Principles during 2025–26. It details 78 reissued SoPs, 10 amended SoPs and three SoPs for new conditions.

Condition or amendment	SoP instrument number(s)	Date determined
ascariasis	65 and 66 of 2025	22 August 2025
hookworm	67 and 68 of 2025	22 August 2025
gallstone disease (cholelithiasis)	69 and 70 of 2025	22 August 2025
hepatitis D infection	71 and 72 of 2025	22 August 2025
occipital neuralgia	73 and 74 of 2025	22 August 2025
sensorineural hearing loss	75 and 76 of 2025	22 August 2025
accidental hypothermia	23 and 24 of 2026	20 February 2026
suicide and attempted suicide	77 and 78 of 2025	22 September 2025
inguinal hernia	79 and 80 of 2025	22 September 2025
fibromuscular dysplasia	81 and 82 of 2025	24 October 2025
cardiac myxoma	83 and 84 of 2025	24 October 2025
alcohol use disorder	85 and 86 of 2025	24 October 2025
parkinson disease and secondary parkinsonism	87 and 88 of 2025	24 October 2025
incisional hernia	89 and 90 of 2025	24 October 2025
umbilical hernia, peri-umbilical hernia and para-umbilical hernia	91 and 92 of2025	24 October 2025
barrett oesophagus	93 and 94 of2025	24 October 2025
optochiasmatic arachnoiditis	95 and 96 of2025	24 October 2025
animal envenomation	1 and 2 of 2026	19 December 2025
femoroacetabular impingement syndrome	3 and 4 of 2026	19 December 2025
smallpox	5 and 6 of 2026	19 December 2025
bruxism	7 and 8 of 2026	19 December 2025
hepatitis B infection	9 and 10 of 2026	19 December 2025
malignant neoplasm of the oesophagus	11 and 12 of 2026	19 December 2025

Condition or amendment	SoP instrument number(s)	Date determined
relapsing polychondritis	13 and 14 of 2026	19 December 2025
cataract	15 and 16 of 2026	20 February 2026
malignant neoplasm of the brain	17 and 18 of 2026	20 February 2026
haemorrhoids	19 and 20 of 2026	20 February 2026
accommodation disorder	21 and 22 of 2026	20 February 2026
malaria	25 and 26 of 2026	20 February 2026
schizophrenia	27 and 28 of 2026	20 February 2026
tooth wear	29 and 30 of 2026	24 April 2026
sickle-cell disorder	31 and 32 of 2026	24 April 2026
labral tear of the hip and shoulder	33 and 34 of 2026	24 April 2026
popliteal entrapment syndrome	35 and 36 of 2026	24 April 2026
frostbite	37 and 38 of 2026	24 April 2026
pericarditis	39 of 2026	24 April 2026
myocarditis	40 of 2026	24 April 2026
complex regional pain syndrome	41 and 42 of 2026	24 April 2026
female sexual dysfunction	43 and 44 of 2026	24 April 2026
thromboangiitis obliterans	45 and 46 of 2026	24 April 2026
Gulf War Illness	47 of 2026	16 June 2026
chronic multisymptom illness (GWI)	48 and 49 of 2026	16 June 2026
substance use disorder	50 and 51 of 2026	19 June 2026
malignant neoplasm of the ovary and fallopian tube	52 and 53 of 2026	19 June 2026
benign paroxysmal positional vertigo	54 and 55 of 2026	19 June 2026
cirrhosis of the liver	56 and 57 of 2026	19 June 2026

Appendix 2: Outstanding investigations and reviews at 30 June 2026

The table lists 65 investigations and reviews notified during 2025–26 that were not completed as at 30 June 2026.

Investigation or review	Current SoP number(s)	Date notified	Type
osteoarthritis	61 and 62 of 2017	28 August 2025	Legislation Act review
immune thrombocytopaenia	63 and 64 of 2017	28 August 2025	Legislation Act review
ulnar neuropathy at the elbow	65 and 66 of 2017	28 August 2025	Legislation Act review
malignant neoplasm of the cerebral meninges	3 and 4 of 2018	28 August 2025	Legislation Act review
cerebral meningioma	1 and 2 of 2018	28 August 2025	Legislation Act review
non-freezing cold injury	5 and 6 of 2018	28 August 2025	Legislation Act review
migraine	7 and 8 of 2018	28 August 2025	Legislation Act review
hepatitis C	13 and 14 of 2018	28 August 2025	Legislation Act review
Zika virus infection	15 and 16 of 2018	28 August 2025	Legislation Act review
Guillain-Barre syndrome	23 and 24 of 2018	28 August 2025	Legislation Act review
popliteal cyst	31 and 32 of 2018	28 August 2025	Legislation Act review
toxic retinopathy	19 and 20 of 2018	28 August 2025	Legislation Act review
systemic sclerosis	25 and 26 of 2018	28 August 2025	Legislation Act review
malignant neoplasm of the eye	27 and 28 of 2018	28 August 2025	Legislation Act review
chilblains	29 and 30 of 2018	28 August 2025	Legislation Act review
personality disorder	17 and 18 of 2018	28 August 2025	Legislation Act review
tension type headache	37 and 38 of 2018	22 October 2025	Legislation Act review

Investigation or review	Current SoP number(s)	Date notified	Type
herpes simplex	39 and 40 of 2018	22 October 2025	Legislation Act review
electrical injury	41 and 42 of 2018	22 October 2025	Legislation Act review
Cushing syndrome	43 and 44 of 2018	22 October 2025	Legislation Act review
central serous chorioretinopathy	45 and 46 of 2018	22 October 2025	Legislation Act review
temporomandibular disorder	47 and 48 of 2018	22 October 2025	Legislation Act review
mesenteric panniculitis	49 and 50 of 2018	22 October 2025	Legislation Act review
bipolar disorder	53 and 54 of 2018	22 October 2025	Legislation Act review
panic disorder	55 and 56 of 2018	22 October 2025	Legislation Act review
cluster headache	57 and 58 of 2018	22 October 2025	Legislation Act review
macular degeneration	59 and 60 of 2018	22 October 2025	Legislation Act review
localised sclerosis	61 and 62 of 2018	22 October 2025	Legislation Act review
olecranon bursitis	63 and 64 of 2018	22 October 2025	Legislation Act review
knee bursitis	65 and 66 of 2018	22 October 2025	Legislation Act review
adrenal insufficiency	71 and 72 of 2018	22 October 2025	Legislation Act review
sinusitis	73 and 74 of 2018	22 October 2025	Legislation Act review
reactive arthritis	75 and 76 of 2018	22 October 2025	Legislation Act review
scrub typhus	77 and 78 of 2018	22 October 2025	Legislation Act review
bronchiolitis obliterans organising pneumonia	79 and 80 of 2018	22 October 2025	Legislation Act review

Investigation or review	Current SoP number(s)	Date notified	Type
acute articular cartilage tear	21 and 22 of 2019	15 April 2026	Legislation Act review
acute meniscal tear of the knee	25 and 26 of 2019	15 April 2026	Legislation Act review
Alzheimer disease	33 and 34 of 2019	15 April 2026	Legislation Act review
blepharitis	29 and 30 of 2019	15 April 2026	Legislation Act review
chondromalacia patella	1 and 2 of 2019	15 April 2026	Legislation Act review
chronic insomnia disorder	27 and 38 of 2019	15 April 2026	Legislation Act review
chronic pruritus ani	31 and 32 of 2019	15 April 2026	Legislation Act review
concussion	92 and 93 of 2018	15 April 2026	Legislation Act review
de Quervain tendinopathy	41 and 42 of 2019	15 April 2026	Legislation Act review
dental malocclusion	19 and 20 of 2019	15 April 2026	Legislation Act review
Dupuytren disease	9 and 10 of 2019	15 April 2026	Legislation Act review
human immunodeficiency virus infection	5 and 6 of 2019	15 April 2026	Legislation Act review
human T-cell lymphotropic virus type-1 infection	96 and 97 of 2018	15 April 2026	Legislation Act review
hypopituitarism	11 and 12 of 2019	15 April 2026	Legislation Act review
iliotibial band syndrome	3 and 4 of 2019	15 April 2026	Legislation Act review
internal derangement of the knee	7 and 8 of 2019	15 April 2026	Legislation Act review
methaemoglobinaemia	17 and 18 of 2019	15 April 2026	Legislation Act review
moderate to severe traumatic brain injury	94 and 95 of 2018	15 April 2026	Legislation Act review

Investigation or review	Current SoP number(s)	Date notified	Type
neurocognitive disorder with Lewy bodies	35 and 36 of 2019	15 April 2026	Legislation Act review
non-Hodgkin lymphoma	90 and 91 of 2018	15 April 2026	Legislation Act review
pilonidal sinus	27 and 28 of 2019	15 April 2026	Legislation Act review
sinus barotrauma	23 and 24 of 2019	15 April 2026	Legislation Act review
trigger finger	29 and 40 of 2019	15 April 2026	Legislation Act review
cervical spondylosis	11 and 12 of 2023	18 June 2026	Focused review
thoracolumbar intervertebral disc prolapse	68 and 69 of 2023	18 June 2026	Focused review
thoracolumbar spondylosis	13 and 14 of 2023	18 June 2026	Focused review
bronchiectasis	30 and 31 of 2017	28 April 2025	Legislation Act review
immersion pulmonary oedema	34 and 35 of 2017	28 April 2025	Legislation Act review
influenza	44 and 45 of 2017	28 April 2025	Legislation Act review
rheumatoid arthritis	50 and 51 of 2017	28 April 2025	Legislation Act review

Appendix 3: Outcomes of investigations and reviews completed in 2025–26

During 2025–26, the Authority completed 44 investigations and reviews, comprising 40 full investigations and reviews and four focused reviews.

Condition	Outcome
ascariasis	The previous Statements of Principles concerning ascariasis No. 9 and 10 of 2017 were repealed and new SoPs determined.
hookworm	The previous Statements of Principles concerning hookworm disease No. 7 and 8 of 2017 were repealed and new SoPs determined.
gallstone disease (cholelithiasis)	The previous Statements of Principles concerning cholelithiasis No. 51 and 52 of 2016 were repealed and new SoPs determined.
hepatitis D infection	The previous Statements of Principles concerning hepatitis D No. 11 and 12 of 2017 were repealed and new SoPs determined.
occipital neuralgia	Statements of Principles were determined under subsections 196B (2) and (3) of the VEA.
sensorineural hearing loss – focused	Amendment to definition in Statement of Principles concerning sensorineural hearing loss No. 98 and 99 of 2019.
repetitive low-level blast overpressure exposure-induced mild traumatic brain injury (gazetted as blast-induced mild traumatic brain injury)	Statements of Principles were not determined. A Statement of Reasons and declaration were published in August 2025.
fibromuscular dysplasia	The previous Statements of Principles concerning fibromuscular dysplasia No. 79 and 80 of 2016 were repealed and new SoPs determined.
cardiac myxoma	The previous Statements of Principles concerning cardiac myxoma, Nos 32 and 33 of 2017, were repealed and new SoPs were determined.
alcohol use disorder	The previous Statements of Principles concerning alcohol use disorder No. 48 and 49 of 2017 were repealed and new SoPs determined.
parkinson disease and secondary parkinsonism	The previous Statements of Principles concerning Parkinson's disease and secondary parkinsonism No. 55 and 56 of 2016 were repealed and a new SoP determined.
incisional hernia	The previous Statements of Principles concerning incisional hernia No. 73 and 74 of 2016 were repealed and new SoPs determined.

Condition	Outcome
umbilical hernia, peri-umbilical hernia and para-umbilical hernia	The previous Statements of Principles concerning umbilical hernia No. 93 and 94 of 2016 were repealed and new SoPs determined.
Barrett oesophagus	The previous Statements of Principles concerning Barrett's oesophagus No. 67 and 68 of 2016 were repealed and new SoPs determined.
optochiasmatic arachnoiditis	The previous Statements of Principles concerning optochiasmatic arachnoiditis No. 57 and 58 of 2016 were repealed and new SoPs determined.
animal envenomation	The previous Statements of Principles concerning animal envenomation No. 81 and 82 of 2016 were repealed and new SoPs determined.
femoroacetabular impingement syndrome	The previous Statements of Principles concerning femoroacetabular impingement syndrome No. 42 and 43 of 2017 were repealed and new SoPs determined.
smallpox	The previous Statements of Principles concerning smallpox No. 89 and 90 of 2016 were repealed and new SoPs determined.
bruxism	The previous Statements of Principles concerning bruxism No. 91 and 92 of 2016 were repealed and new SoPs determined.
hepatitis B infection	The previous Statements of Principles concerning hepatitis B No. 13 and 14 of 2017 were repealed and new SoPs determined.
malignant neoplasm of the oesophagus	The previous Statements of Principles concerning malignant neoplasm of the oesophagus No. 120 and 121 of 2015 were repealed and new SoPs determined.
relapsing polychondritis	The previous Statements of Principles concerning relapsing polychondritis No. 5 and 6 of 2017 were repealed and new SoPs determined.
cataract	The previous Statements of Principles concerning acquired cataract No. 87 and 88 of 2016 were repealed and new SoPs determined.
malignant neoplasm of the brain	The previous Statements of Principles concerning malignant neoplasm of the brain No. 85 and 86 of 2016 were repealed and new SoPs determined.
haemorrhoids	The previous Statements of Principles concerning haemorrhoids No. 3 and 4 of 2017 were repealed and new SoPs determined.
accommodation disorder	The previous Statements of Principles concerning accommodation disorder No. 38 and 39 of 2017 were repealed and new SoPs determined.

Condition	Outcome
accidental hypothermia	The previous Statements of Principles concerning accidental hypothermia No. 21 and 22 of 2018 were repealed and new SoPs determined.
malaria	The previous Statements of Principles concerning malaria No. 46 and 47 of 2017 were repealed and new SoPs determined.
schizophrenia	The previous Statements of Principles concerning schizophrenia No. 83 and 84 of 2016 were repealed and new SoPs determined.
tooth wear	The previous Statements of Principles concerning tooth wear No. 52 of 2017 were repealed and new SoPs determined.
sickle-cell disorder	The previous Statements of Principles concerning sickle-cell disorder No. 40 and 41 of 2017 were repealed and new SoPs determined.
labral tear of the hip and shoulder	The previous Statements of Principles concerning labral tear No. 36 and 37 of 2017 were repealed and new SoPs determined.
popliteal entrapment syndrome	The previous Statements of Principles concerning popliteal entrapment syndrome No. 54 and 55 of 2017 were repealed and new SoPs determined.
frostbite	The previous Statements of Principles concerning frostbite No. 11 and 12 of 2018 were repealed and new SoPs determined.
pericarditis – focused	Amendment to factor in Statement of Principles concerning pericarditis (balance of probabilities) No. 91 of 2023.
myocarditis – focused	Amendment to factor in Statement of Principles concerning myocarditis (balance of probabilities) No. 18 of 2024.
complex regional pain syndrome	The previous Statements of Principles concerning complex regional pain syndrome No. 97 and 98 of 2016 were repealed and new SoPs determined.
female sexual dysfunction	The previous Statements of Principles concerning female sexual dysfunction No. 95 and 96 of 2016 were repealed and new SoPs determined.
thromboangiitis obliterans	The previous Statements of Principles concerning thromboangiitis obliterans No. 28 and 29 of 2017 were repealed and new SoPs determined.
chronic multisymptom illness (GWI) – focused	Amendment to definitions in Statement of Principles concerning chronic multisymptom illness No. 3 and 4 of 2020 and Development of new Statement of Principles concerning Gulf War Illness (Reasonable Hypothesis) (No. 47 of 2026).

Condition	Outcome
substance use disorder	The previous Statements of Principles concerning substance use disorder No. 59 and 60 of 2017 were repealed and new SoPs determined.
malignant neoplasm of the ovary and fallopian tube	Statement of Principles concerning malignant neoplasm of the ovary No. 9 and 10 of 2018 were repealed and new SoPs concerning malignant neoplasm of the ovary and fallopian tube determined.
benign paroxysmal positional vertigo	The previous Statements of Principles concerning benign paroxysmal positional vertigo No. 56 of 2017 were repealed and new SoPs determined.
cirrhosis of the liver	The previous Statements of Principles concerning cirrhosis of the liver No. 1 and 2 of 2017 were repealed and new SoPs determined.

Glossary

Acronym	Meaning
BOP	Balance of Probabilities
DVA	Department of Veterans' Affairs
ESO	Ex-service organisation
FOI	Freedom of information
FRL	Federal Register of Legislation
FTE	Full-time equivalent
IPS	Information Publication Scheme
MRCA	*Military Rehabilitation and Compensation Act 2004*
RMA	Repatriation Medical Authority
SMRC	Specialist Medical Review Council
SoP	Statement of Principles
VEA	*Veterans' Entitlements Act 1986*



Australian Government

Repatriation Medical Authority