Australian Government

Repatriation Medical Authority

Thirty-first Annual Report 2024–25

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Australian Government
Repatriation Medical Authority

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

Dear Minister

This report has been prepared in accordance with s196UA of the VEA, which requires that the Repatriation Medical Authority (the Authority) must, as soon as practicable after the end of each financial year, prepare and give to the Minister, for presentation to the Parliament, a report on the Authority's activities during the financial year. As per your request the Authority has consulted with the Department of Veterans' Affairs in the production of this report.

On behalf of the Authority, I am pleased to submit this report for the year ended 30 June 2025.

Yours sincerely

Professor Terence Campbell AM
Chairperson

25 August 2025

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Executive Statement by the Chairperson

In this, its thirty-first year of operation, the Authority finalised 46 investigations of the sound medical-scientific evidence for various conditions, 95 Statements of Principles (SOPs) including SOPs for 2 new conditions (traumatic brachial tendinopathy and distal biceps brachii tendinopathy).

There are now 746 SOPs on the Federal Register of Legislation covering some 373 diseases and injuries related to service and each year there are more SOPs due to be made and/or updated and renewed.

Workloads

Over the 2024–25 reporting period, 45 investigations involving either a complete review of an existing SOP or a determination of SOPs for a new condition were completed. As well, one separate investigation involving some of the contents of the SOPs were finalised. The latter investigations are conducted when the Authority becomes aware of a deficiency in the existing SOP for a disease or injury either of its own accord or when it is notified by a serving member, a veteran, or the Military Rehabilitation and Compensation Commission or the Repatriation Commission (the Commissions) of such.

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

Veterans' - Traumatic Brain injury

This year has seen a great deal of concern amongst veterans and interest in the media with respect to the incidence of traumatic brain injury amongst the veteran community.

The Authority has made a number of relevant SOPS in this area including those for concussion, moderate to severe traumatic brain injury and dementia pugilistica. Commonly reported symptoms experienced by veterans are cognitive impairment, headaches, dizziness, vision problems, fatigue, neck pain, anxiety and mood disturbances. There is also an overlap with psychiatric conditions such as posttraumatic stress disorder (PTSD).

Of specific interest at the moment are the effects of repeated trauma experienced over the length of a service career and especially where blast overpressure is involved. The available research in this area however is plagued by lack of adjustment for psychiatric confounders or prior head injury and differences in the way blast exposure and blast induced traumatic brain injury are defined, assessed and quantified.

Additionally there are currently no verified objective tests or universally accepted diagnostic instruments to inform a definitive diagnosis in the absence of acute symptoms of concussion or other clinical signs of brain injury especially in an operational environment.

In short a great deal more work needs to be done by the scientific community in this area before we have definitive answers, diagnoses and treatments. Nonetheless, we will continue to actively monitor emerging research in this area such as the findings of the American 'Long-term Impact of Military Relevant Brain Injury Consortium' (LIMBIC) study, which is eagerly awaited. Furthermore, in all current

and future investigations where low level blast exposure may be a potential factor, we will conduct literature searches for relevant studies analogous with our current practice of standard database searches for other contentious exposures such as burn pits, firefighting and per- and polyfluoroalkyl substances (PFAS) to name just a few.

Meetings

The Authority held 6 in-person meetings for the determination of SOPs during the course of this year.

In June of this year representatives of the Authority attended the RSL Queensland and Legacy Brisbane ESO Forum.

Terry Campbell AM

Chairperson

Background and Function

A formal review of the Veterans compensation program was prompted by the 1992 Auditor-General's report on the compensation provided to them and their dependants by the Department of Veterans' Affairs (DVA); the High Court case of Bushell1[1]; and the inquiry by the Senate Committee on Legal and Constitutional Affairs. The Veterans' Compensation Review Committee, chaired by Professor Peter Baume, took evidence from the veteran community and issued its report, 'A Fair Go' in March 1994.

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

The Government announced the establishment of the Authority in the 1994–95 Federal Budget. The *Veterans' Entitlements Act 1986* (VEA) was amended to reflect this announcement on 30 June 1994.

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

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

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

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

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

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

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

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

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

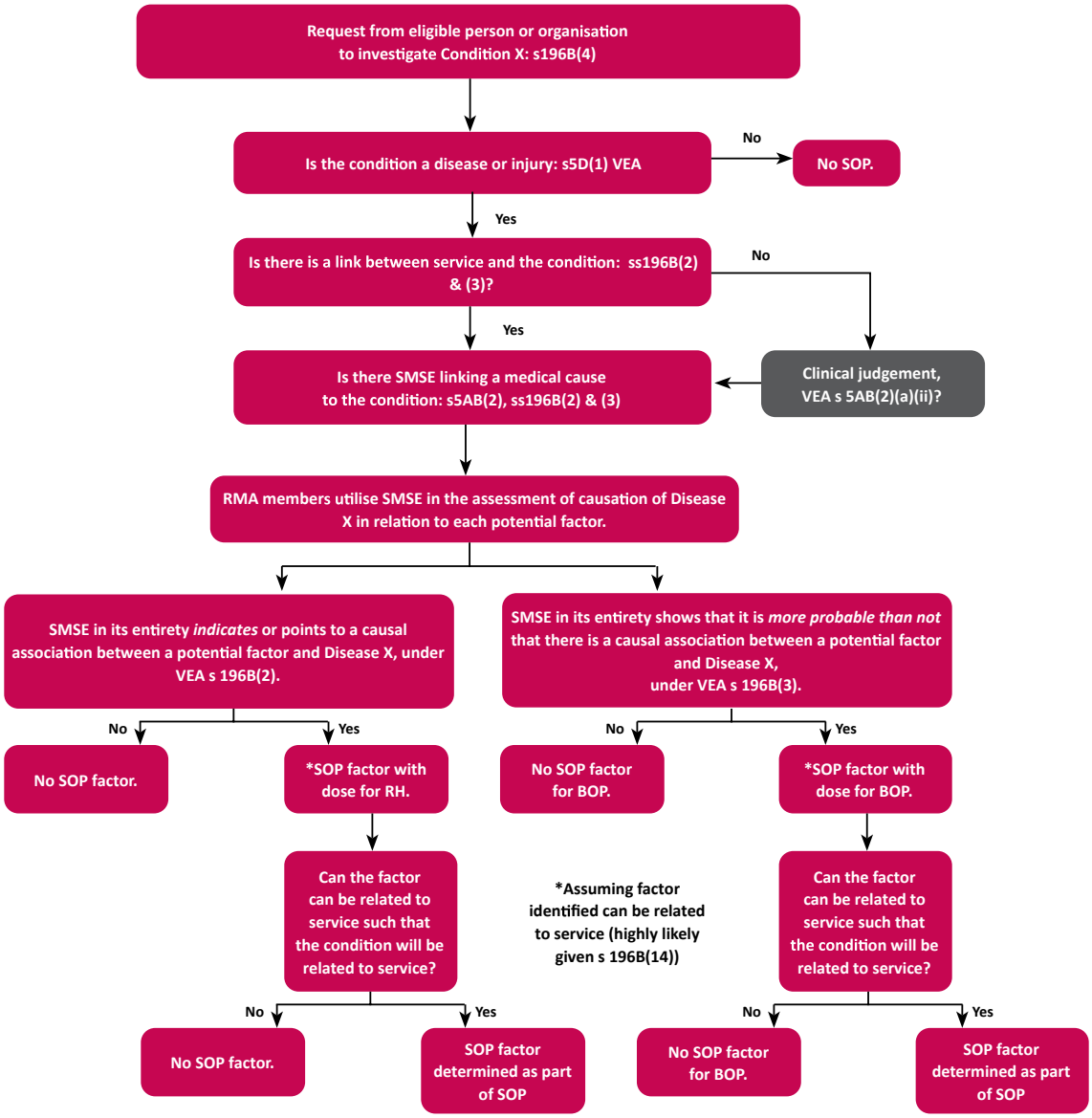
1. the information:
   (i) is consistent with material relating to medical science that has been published in a medical or scientific publication and has been, in the opinion of the Repatriation Medical Authority, subjected to a peer review process; or
   (ii) in accordance with generally accepted medical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

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

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

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

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



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

The Authority

Members

The membership of the Repatriation Medical Authority comprises a Chairperson and four other Members who are all eminent medical or scientific experts. Members work on a part-time basis and are appointed by the Minister for Veterans' Affairs. There is a legislative requirement for at least one Member to have at least 5 years' experience in the field of epidemiology. Members hold office for such period, not exceeding 5 years, as is specified in the instrument of appointment. They are eligible for reappointment.

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

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

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

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

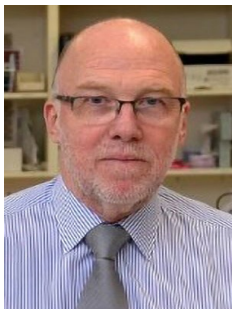
Professor Byrne's term of appointment is to 31 December 2025.

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

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

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

Professor Doust's term of appointment is to 31 December 2025.



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

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

Member remuneration

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

The Chairperson and Members receive an annual retainer, and a daily allowance payable for attendance at meetings and other business of the Authority. The details of the rates payable during the reporting period are contained in *Remuneration Tribunal (Remuneration and Allowances for Holders of Part time Public Office) Determination 2024* effective 1 July 2024. The Remuneration Tribunal reviews the rates annually. The provisions applying to travel for the Authority on official business for the 2024–25 year are contained in the *Remuneration Tribunal (Official Travel) Determination 2023 and the Remuneration Tribunal (Official Travel) Determination 2024*, this Determination having effect from 27 August 2023 and 25 August 2024 respectively.

Meetings

The Authority held meetings in person in Brisbane during 2024–25 on the following dates:

6 August 2024
1 October 2024
3 December 2024
4 February 2025
1 April 2025
3 June 2025

In accordance with s 196R of the VEA, minutes are kept of the proceedings of each meeting.

RMA Secretariat

The staff (see Appendix 1 – RMA Secretariat staffing structure) necessary to assist the Authority consists of persons appointed or employed under the *Public Service Act 1999* and made available to the Authority by the Secretary of DVA. For the year 2024–25, staffing of the Secretariat equated to 11.5 Full-Time Equivalent positions.

Website

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

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

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

The website received more than 438,520 unique visits over the course of the 2024–25 year. As at 30 June 2025, there were 767 subscribers receiving updates. Subscribers to the website receive notification of all changes to the website, including outcomes of meetings, SOPs determined and investigations advertised or completed.

The Authority regards the website as its principal method of communicating information, distributing SOPs and related information, and interacting with stakeholders.

Freedom of Information

Agencies subject to the *Freedom of Information Act 1982* (FOI Act) are required to publish information to the public as part of the Information Publication Scheme (IPS). Each agency must display on its website a plan showing what information it publishes in accordance with the IPS requirements. The plan and other published information can be accessed on the Authority website at **http://www.rma.gov.au/foi/main.htm.**

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

Table 1: Requests under the FOI Act

	2024–25	2023–24	2022–23
Information requested/provided under s 196I [1]	3	5	3
Requests received	5	10	9
Invalid requests	0	0	0
Requests granted	5	9	6
Requests refused	0	1	3
Requests completed2	5	10	9

1 Section 196I of the VEA which provides for eligible persons and organisations to access documents containing information considered by the Authority as part of an investigation, is the Authority's preferred mechanism for providing information and incurs no charge. In some cases not all aspects of a request can be addressed under s 196I. In 2024-2025 all requests under s 196I could be granted.

2 Some requests completed may have been dealt with in a number of ways (e.g., some information requested being provided under s 196I, some information requested being refused in part as exempt and access granted to other information requested). Where no documents are available, the FOI act considers this to be a refusal. Accordingly, the number of completed requests may not always equate to the total numbers in each column.

Statements of Principles

Determinations

At its formal meetings during 2024–25, the Authority determined a total of 95 SOPs. The various categories of SOPs determined are set out in Table 2, and the specific SOPs repealed and determined are detailed in Appendix 2.

Table 2: Statements of Principles

Action	2024–25	2023–24	2022–23
Repealed SOPs[1]	90	65	94
Re-issued SOPs[2]	86	69	94
SOPs issued for new conditions	4	6	9
Amended SOPs	3	10	11
Other instruments determined[3]	2	2	0
Total number of SOPs determined	95	85	114

1 The figures cited refer only to SOPs which are the Principal Instrument. Amending SOPs are automatically repealed pursuant to section 48 of the *Legislation Act 2003*.

2 The description and definition of the kind of injury, disease or death with which the SOP is concerned may vary slightly from that of the repealed SOP due to changes in accepted nomenclature and developments in medical science. An investigation may be conducted into some of the contents of a SOP (s 196B(7A) of the VEA). This may result in an amendment to only one of the SOPs for a particular kind of injury, disease or death.

3 This is the number of investigations that resulted in relevant declarations that a SOP would not be determined or amended in accordance with ss 196B(6) & (9) of the VEA.

Investigations and reviews

Under s 196E of the VEA the Repatriation Commission, the Military Rehabilitation and Compensation Commission, an ex-service person or eligible dependant, an organisation representing veterans or their dependants, or a person eligible to make a claim under the MRCA may request the Authority to carry out an investigation in respect of a particular kind of injury, disease or death, or to review the contents of a SOP. Subsection 196B(7A) of the VEA allows the Authority, at its discretion, to review some, rather than all of the contents of a SOP. Those reviews which the Authority determined should be restricted to some of the contents of the relevant SOP are referred to as “focused reviews”.

Table 3: Overview of investigations and reviews

Category	2024–25	2023–24	2022–23
Investigations notified[1]	2	4	3
Legislation Act reviews notified[2]	35	36	26
Focused reviews notified[3]	2	2	2
Total investigations and reviews notified	39	42	31
Total investigations and reviews completed[4]	46	36	57
Average time taken in days to complete[5]	411(418)	467(477)	370 (395)
Focused reviews completed	1	1	6
Average time in days taken to complete focused reviews	266	114	120
Investigations and reviews notified in previous reporting periods and yet to be completed[7]	6	11	17
Investigations and reviews notified in reporting period and yet to be completed6	35	37	25
Total investigations and reviews outstanding	41	48	42
Requests for investigation or review refused	2	11	11

1 These are investigation requests in relation to new conditions. An investigation is undertaken pursuant to s 196B(4) to determine whether a SOP may be determined.

2 These figures refer only to reviews of all of the contents of the particular SOPs prior to their repeal pursuant to the sunsetting provisions in s 50 of the Legislation Act.

3 A focused review is undertaken pursuant to s 196B(7A) and is restricted to some of the contents of a previously determined SOP.

4 These figures include all investigations and reviews completed, including focused reviews.

5 Time taken is measured from date of Gazette notice of investigation to date of signing of SOP determined, or to date of Gazette notice of Declaration that no SOP or Amendment SOP is to be determined, and expressed in days. The initial figure is the average time taken for all investigations and reviews. The average time taken for full investigations and full reviews (that is, excluding focused reviews) follows in brackets.

6 The investigations and reviews advertised but not finalised as at 30 June 2025 are detailed in Appendix 3.

Table 4: Outcome of investigations and reviews

Subject of investigation or review	Outcome
1. pinguecula	Previous Statements of Principles concerning pinguecula repealed and new Statements of Principles determined
2. fracture	Previous Statements of Principles concerning fracture repealed and new Statements of Principles concerning fracture and new Statements of Principles concerning pathological fracture determined
3. osteoporosis	Previous Statements of Principles concerning osteoporosis repealed and new Statements of Principles determined.
4. Meniere's disease	Previous Statements of Principles concerning Meniere's disease repealed and new Statements of Principles concerning Meniere disease and Meniere syndrome determined.
5. neoplasm of the pituitary gland	Previous Statements of Principles concerning neoplasm of the pituitary gland repealed and new Statements of Principles determined.
6. ingrowing nail	Previous Statements of Principles concerning ingrowing nail repealed and new Statements of Principles concerning ingrown nail determined.
7. dental caries	Previous Statements of Principles concerning dental caries repealed and new Statements of Principles concerning tooth decay (dental caries) determined.
8. myelodysplastic neoplasm	Previous Statements of Principles concerning myelodysplastic neoplasm repealed and new Statements of Principles concerning myelodysplastic neoplasm (syndrome) determined.
9. non-melanotic malignant neoplasm of the skin	Previous Statements of Principles concerning non-melanotic malignant neoplasm of the skin repealed and new Statements of Principles concerning non-melanoma malignant neoplasm of the skin and new Statements of Principles concerning Merkel cell carcinoma determined.
10. subcutaneous lipoma	Previous Statements of Principles concerning subcutaneous lipoma repealed and new Statements of Principles concerning lipoma determined.

Subject of investigation or review	Outcome
11. trigeminal neuralgia	Previous Statements of Principles concerning trigeminal neuralgia repealed and new Statements of Principles concerning trigeminal neuralgia or trigeminal neuropathy determined.
12. trigeminal neuropathy	Previous Statements of Principles concerning trigeminal neuropathy repealed and new Statements of Principles concerning trigeminal neuralgia or trigeminal neuropathy determined.
13. Achilles tendinopathy and bursitis	Previous Statements of Principles concerning Achilles tendinopathy and bursitis repealed and Statements of principles concerning Achilles tendinopathy and new Statements of Principles concerning retrocalcaneal heel bursitis determined.
14. antiphospholipid syndrome	Repeal of previous Statements of Principles concerning antiphospholipid syndrome.
15. traumatic brachial plexopathy	New Statements of Principles determined concerning traumatic brachial plexopathy.
16. distal biceps brachii tendinopathy	New Statements of Principles determined concerning distal biceps brachii tendinopathy.
17. polymyalgia rheumatica	Previous Statements of Principles concerning polymyalgia rheumatica repealed and new Statements of Principles determined
18. ganglion	Previous Statements of Principles concerning ganglion repealed and new Statements of Principles determined.
19. peritoneal adhesions	Previous Statements of Principles repealed concerning peritoneal adhesions and new Statements of Principles determined.
20. arachnoid cyst	Previous Statements of Principles concerning arachnoid cyst repealed and new Statements of Principles determined.
21. benign prostatic hyperplasia	Previous Statements of Principles concerning benign prostatic hyperplasia repealed and new Statements of Principles determined.
22. eating disorder	Previous Statements of Principles concerning eating disorder repealed and new Statements of Principles determined.
23. Lyme disease	Previous Statements of Principles concerning Lyme disease repealed and new Statements of Principles concerning Lyme disease/Lyme borreliosis determined.

Subject of investigation or review	Outcome
24. malignant neoplasm of the urethra	Previous Statements of Principles concerning malignant neoplasm of the urethra repealed and new Statements of Principles determined.
25. opisthorchiasis	Previous Statements of Principles concerning opisthorchiasis repealed and new Statements of Principles determined.
26. otosclerosis	Previous Statements of Principles concerning otosclerosis repealed and new Statements of Principles determined.
27. clonorchiasis	Previous Statements of Principles concerning clonorchiasis repealed and new Statements of Principles determined.
28. ischaemic heart disease	Previous Statements of Principles concerning ischaemic heart disease repealed and new Statements of Principles determined.
29. loss of teeth	Previous Statements of Principles concerning loss of teeth repealed and new Statements of Principles concerning tooth loss determined.
30. malignant neoplasm of the endometrium	Previous Statements of Principles concerning malignant neoplasm of the endometrium repealed and new Statements of Principles determined.
31. pterygium	Previous Statements of Principles concerning pterygium repealed and new Statements of Principles determined.
32. myopia, hypermetropia and astigmatism	Previous Statements of Principles concerning myopia, hypermetropia and astigmatism repealed and new Statements of Principles concerning visual refractive error determined.
33. cut, stab, abrasion and laceration	Previous Statements of Principles concerning cut, stab, abrasion and laceration repealed and new Statements of Principles determined.
34. suicide and attempted suicide	Previous Statements of Principles concerning suicide and attempted suicide repealed and new Statements of Principles determined.
35. spasmodic torticollis	Previous Statements of Principles concerning spasmodic torticollis repealed and new Statements of Principles concerning cervical dystonia (spasmodic torticollis) determined.
36. analgesic nephropathy	Previous Statements of Principles concerning analgesic nephropathy repealed and new Statements of Principles determined.

Subject of investigation or review	Outcome
37. Scheuermann's disease	Previous Statements of Principles concerning Scheuermann's disease repealed and new Statements of Principles for Scheuermann's disease (kyphosis) determined.
38. systemic lupus erythematosus	Previous Statements of Principles concerning systemic lupus erythematosus repealed and new Statements of Principles determined.
39. discoid lupus erythematosus	Previous Statements of Principles concerning discoid lupus erythematosus repealed and new Statements of Principles determined.
40. diverticular disease of the colon	Previous Statements of Principles concerning diverticular disease of the colon repealed and new Statements of Principles determined.
41.Cardiomyopathy	Amendment Statements of Principles concerning cardiomyopathy determined.
42. spondylolisthesis and spondylolysis	Previous Statements of Principles concerning spondylolisthesis and spondylolysis repealed and new Statements of Principles determined.
43. adjustment disorder	Previous Statements of Principles concerning adjustment disorder repealed and new Statements of Principles determined.
44. sarcoidosis	Previous Statements of Principles concerning sarcoidosis repealed and new Statements of Principles determined.
45. benign neoplasm of the eye and adnexa	Previous Statements of Principles concerning benign neoplasm of the eye and adnexa repealed and new Statements of Principles determined.
46. presbyopia	Repeal of previous Statements of Principles concerning Presbyopia

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

In summary, the Authority commenced the 2024–25 year with 48 investigations outstanding. During the course of the year, the Authority notified 39 further investigations, completed 46 investigations and as at 30 June 2025 had 41 ongoing investigations.

Distribution

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

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

Reviews by the Specialist Medical Review Council

The VEA provides that the Repatriation Commission, the Military Rehabilitation and Compensation Commission, an ex-service person or an eligible dependant, an organisation representing veterans or a person eligible to make a claim under the MRCA may ask the Specialist Medical Review Council (SMRC) to review:

- some or all of the contents of a SOP; or
- a decision of the Authority not to make or amend a SOP in respect of a particular kind of injury, disease or death; or
- a decision by the Authority under s 196C(4) of the VEA not to carry out an investigation in respect of a particular kind of injury, disease or death.

Reviews

In the period 1 July 2024 to 30 June 2025, the Authority did not receive any requests for review by SMRC. SMRC's review concerning Hashimoto Thyroiditis gazetted on 27 September 2022 was finalised on 10 April 2024 finding that there was insufficient sound medical and scientific evidence to justify the amendment of the Statements of Principles for Hashimoto Thyroiditis.

Department of Veterans' Affairs

Although the Authority is separate and independent of DVA in its decision making, the Department provided the Authority with assistance and support during the year including the staff necessary to assist the Authority (s 196T of the VEA).

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

Ex-Service Organisations, Veterans and Members

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

The Authority's Chair, Principal Medical Officer and Registrar attended the RSL Queensland and Legacy Brisbane ESO Forum on 13 June 2025.

Financial

A summary of expenditure incurred by the Authority in 2024–25 with comparison to 2023–24 and 2022–23 is detailed in Table 5.

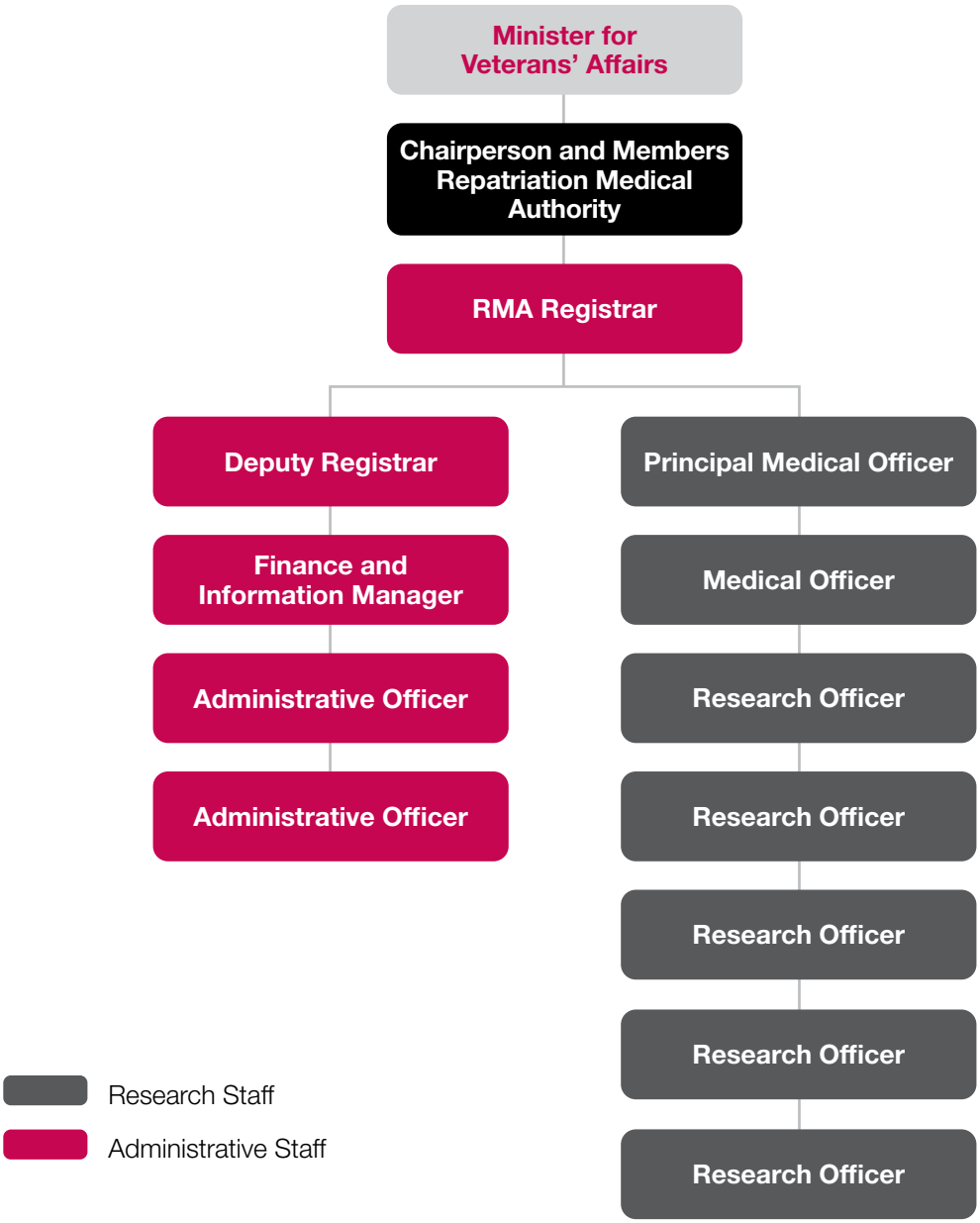
Financial information is prepared on an accrual basis and is also included in DVA Financial Statements.

Table 5: Financial expenditure

Item	2024–25	2023–24	2022–23
Salary and related expenses	$1,995,405.00	$2,042,897.00	$1,863,967.00
Administrative expenses	$47,065.00	$46,602.00	$50,778.00
Legal expenses	$0.00	$0.00	$0.00
Total expenditure	**$ 2,042,470.00**	**$2,089,499.00**	**$1,914,745.00**

Appendices

Appendix 1: RMA Secretariat staffing structure



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

Appendix 2: Statements of Principles determined 2024–25

Instrument No.	Title	Date Determined	Other Comments
60 & 61/2024	pinguecula	20/08/2024	Repeals 118 & 119/2015
62 & 63/2024	fracture	20/08/2024	Repeals 94 & 95/2015
64 & 65/2024	pathological fracture	20/08/2024	Repeals 94 & 95/2015
66 & 67/2024	osteoporosis	20/08/2024	Repeals 98 & 99/2014
68 & 69/2024	Meniere disease and Meniere syndrome	20/08/2024	Repeals 108 & 109/ 2015
70 & 71/2024	neoplasm of the pituitary gland	20/08/2024	Repeals 53 & 54/2015
72 & 73/2024	ingrown nail	20/08/2024	Repeals 106 & 107/2015
74 & 75/2024	tooth decay (dental caries)	18/10/2025	Repeals 122 & 123/ 2015
76 & 77/2024	myelodysplastic neoplasm	18/10/2025	Repeals 73 & 74/2015
78 & 79/2024	non-melanoma malignant neoplasm of the skin	18/10/2025	Repeals 7 & 8/2016
80 & 81/2024	Merkel cell carcinoma	18/10/2025	Repeals 7 & 8/2016
82 & 83/2024	subcutaneous lipoma	18/10/2025	Repeals 100 & 101/ 2015
84 & 85/2024	trigeminal neuralgia and trigeminal neuropathy	18/10/2025	Repeals 77 & 78/2015 79 & 80/2015
86 & 87/2024	Achilles tendinopathy	18/10/2025	Repeals 96 & 97/2015
88 & 89/2024	retrocalcaneal heel bursitis	18/10/2025	Repeals 96 & 97/2015
90/2024	antiphospholipid syndrome	18/10/2025	Revokes 69 & 70/2016
1 & 2/2025	traumatic brachial tendinopathy	17/12/2024	New SOPs
3 & 4/2025	distal biceps brachii tendinopathy	17/12/2024	New SOPs
5 & 6/2025	polymyalgia rheumatica	17/12/2024	Repeals 19 & 20/2016
7 & 8/2025	ganglion	17/12/2024	Repeals 71 & 72/2016
9 & 10/2025	peritoneal adhesions	17/12/2024	Repeals 3 & 4/2016
11 & 12/2025	arachnoid cyst	17/12/2024	Repeals 91 & 92/2015
13 & 14/2025	benign prostatic hyperplasia	17/12/2024	Repeals 17 & 18/2016
15 & 16/2025	eating disorder	17/12/2024	Repeals 13 & 14/2016
17 &18/2025	Lyme disease/Lyme borreliosis	17/12/2024	Repeals 25 & 26/2016

Instrument No.	Title	Date Determined	Other Comments
19 & 20/2025	malignant neoplasm of the urethra	18/02/2025	Repeals 49 & 50/2016
21 & 22/2025	opisthorchiasis	18/02/2025	Repeals 45 & 46 /2016
23 & 24/2025	otosclerosis	18/02/2025	Repeals 61 & 62/2016
25 & 26/2025	clonorchiasis	18/02/2025	Repeals 47 & 48/2016
27 & 28/2025	ischaemic heart disease	18/02/2025	Repeals 1 & 2/2016
29 & 30/2025	tooth loss	18/02/2025	Repeals 124 & 125/ 2015
31 & 32/2025	malignant neoplasm of the endometrium	18/02/2025	Repeals 11 & 12/2016
33 & 34/2025	pterygium	18/02/2025	Repeals 116 & 117/ 2015
35 & 36/2025	visual refractive error	18/02/2025	Repeals 9 & 10/2016
37 & 38/2025	cut, stab, abrasion and laceration	15/4/2025	Repeals 53 & 54/2016
39 & 40/2025	suicide and attempted suicide	15/4/2025	Repeals 65 & 66/2016
41 & 42/2025	cervical dystonia (spasmodic torticollis)	15/4/2025	Repeals 63 & 64/2016
43 & 44/2025	analgesic nephropathy	15/4/2025	Repeals 77 & 78/2016
45 & 46/2025	Scheuermann's disease (kyphosis)	15/4/2025	Repeals 75 & 76/2016
47 & 48/2025	systemic lupus erythematosus	15/4/2025	Repeals 21 & 22/2016
49 & 50/2025	discoid lupus erythematosus	15/4/2025	Repeals 126 & 127/ 2015
51 & 52/2025	diverticular disease of the colon	15/4/2025	Repeals 15 & 16/2016
53 & 54/2025	cardiomyopathy	15/4/2025	Amends 57 & 58/2024
55/2025	systemic lupus erythematosus	7/5/2025	Amends 48/2025
56 & 57/2025	spondylolisthesis and spondylolysis	20/06/2025	Repeals 24 & 25/2017
58 & 59/2025	adjustment disorder	20/06/2025	Repeals 23 & 24/2016
60 & 61/2025	sarcoidosis	20/06/2025	Repeals 59 & 60/2016
62 & 63/2025	benign neoplasm of the eye and adnexa	20/06/2025	Repeals 41 & 42/2016
64/2025	presbyopia	20/06/2025	Repeals 22 & 23/2017

Appendix 3: Outstanding investigations and reviews as at 30/06/2025

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 2025.

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

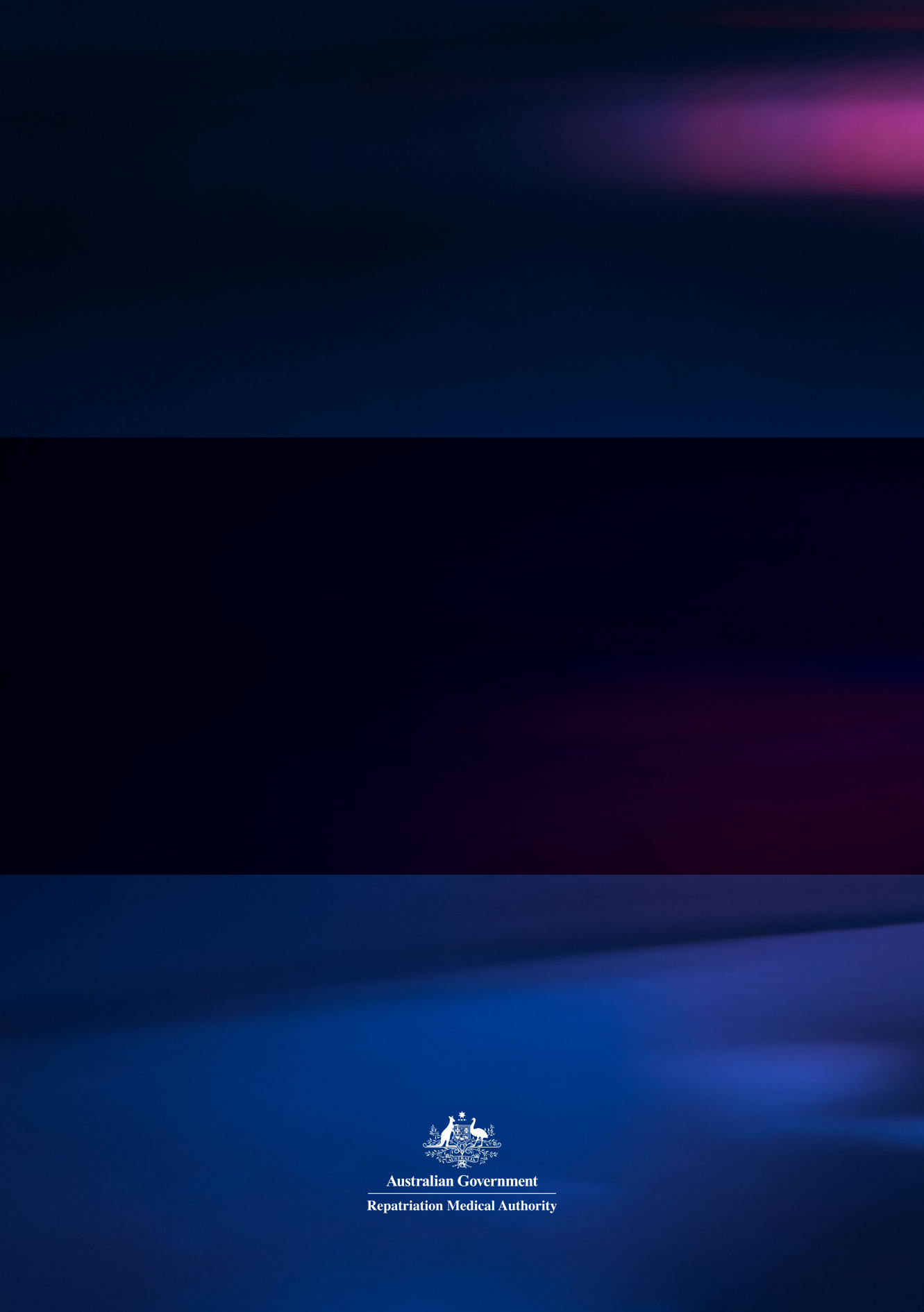
Table 6: Outstanding reviews pursuant to s 196B(7)

Review	Instrument No.	Date of Gazettal
1) accommodation disorder	Nos. 38 & 39/2017	28/04/2025
2) acquired cataract	Nos. 87 & 88/2016	30/10/2024
3) alcohol use disorder	Nos. 48 & 49/2017	28/04/2025
4) animal envenomation	Nos. 81 & 82/2016	30/10/2024
5) ascariasis	Nos. 9 & 10/2017	30/10/2024
6) Barrett's oesophagus	Nos. 67 & 68/2016	25/06/2024
7) benign paroxysmal positional vertigo	Nos. 56 & 57/2017	28/04/2025
8) blast induced mild traumatic brain injury	New condition	28/04/2025
9) bronchiectasis	Nos. 30 & 31/2017	28/04/2025
10) bruxism	Nos. 91 & 92/2016	30/10/2024
11) cardiac myxoma	Nos 32 &33/2017	28/04/2025
12) cholelithiasis	Nos 51 & 52/2016	25/06/2024
13) cirrhosis of the liver	Nos 1 & 2/2017	30/10/2024
14) complex regional pain syndrome	Nos. 97 & 98/2016	30/10/2024
15) female sexual dysfunction	Nos. 95 & 96/2016	30/10/2024
16) femoroacetabular impingement syndrome	Nos. 42 & 43/2017	28/04/2025
17) fibromuscular dysplasia	Nos. 79 & 80/2016	30/10/2024
18) haemorrhoids	Nos. 3 & 4/2017	30/10/2024
19) hepatitis B	Nos. 13 & 14/2017	30/10/2024
20) hepatitis D	Nos. 11 & 12/2017	30/10/2024
21) hookworm disease	Nos. 7 & 8/2017	30/10/2024

Review	Instrument No.	Date of Gazettal
22) immersion pulmonary oedema	Nos. 34 &35/2017	28/04/2025
23) incisional hernia	Nos. 73 & 74/2016	25/06/2024
24) influenza	Nos.44 & 45/2017	28/04/2025
25) labral tear	Nos. 36 & 37/2017	28/04/2025
26) malaria	Nos.46 & 47/2017	28/04/2025
27) malignant neoplasm of the brain	Nos. 85 & 86/2016	30/10/2024
28) malignant neoplasm of the oesophagus	Nos.120 & 121/2015	07/11/2023
29) occipital neuralgia	New condition	20/02/2025
30) optochiasmatic arachnoiditis	Nos. 57 & 58/2016	25/06/2024
31) Parkinson's disease and secondary parkinsonism	Nos. 55 & 56/2016	25/06/2024
32) popliteal entrapment syndrome	Nos.54 & 55/2017	28/04/2025
34) relapsing polychondritis	Nos. 5 & 6/2017	30/10/2024
35) rheumatoid arthritis	Nos. 50 & 51/2017	28/04/2025
37) schizophrenia	Nos. 83 & 84/2016	30/10/2024
38) sensorineural hearing loss ‡ definition	Nos. 98 & 99/2019	28/04/2025
39) sickle-cell disorder	Nos. 40 & 41/2017	28/04/2025
40) smallpox	Nos. 89 & 90/2016	30/10/2024
41) thromboangiitis obliterans	Nos 28 &29/2017	28/04/2025
42) tooth wear	Nos. 52 & 53/2017	28/04/2025
43) umbilical hernia	Nos. 93 & 94/2016	30/10/2024

Glossary of terms

BOP	Balance of Probabilities
DVA	Department of Veterans' Affairs
ESO	Ex-Service Organisation
FAQs	Frequently Asked Questions
FOI	Freedom of Information
FRL	Federal Register of Legislation
FTE	Full-Time Equivalent
IPS	Information Publication Scheme
MRCA	*Military Rehabilitation and Compensation Act 2004*
RH	Reasonable Hypothesis
RMA	Repatriation Medical Authority
SMRC	Specialist Medical Review Council
SOP	Statement of Principles
VEA	*Veterans' Entitlements Act 1986*



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