Chair’s Report

The Commission
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Ian Campbell PSM, Acting Chair of the Military Rehabilitation and Compensation Commission

The Military Rehabilitation and Compensation Commission (MRCC) continued to focus on the objectives of the MRCA and SRCA.

There were a few changes in the Commission’s membership. Major General Mark Evans DSC AM resigned as a member of the MRCC on 8 February 2008. His successor is Major General Michael Slater DSC AM CSC. Mr Martin Dolan continued to act as a member of the MRCC for much of the year and provided valuable expertise. I would also like to thank Mr Mal Pearce who acted as a member of the MRCC during MAJGEN Evans’ absences.

Rehabilitation

The ADF Rehabilitation Program (ADFRP) was implemented nationally in 2006. Under the ADFRP, serving members requiring rehabilitation, whether they claim compensation or not, receive early referrals to rehabilitation assessments, coordinated management to quickly deal with injuries and illnesses, and receive case managers to coordinate their rehabilitation programs.

The aim of the ADFRP is to enable a quick and effective return of ADF members to their normal workplaces and duties and to ensure that the member, commander and health staff work together to reduce the likelihood of an aggravation of the injury or illness. The program also assists members requiring medical discharge by supporting transition to civilian employment.

The ADFRP has strengthened the interaction of rehabilitation policies and services between the ADF and the MRCC, providing discharging members far more integrated and coordinated rehabilitation services. The ADFRP was implemented across all Area Health Services in Australia during June to August 2006. Between June 2006 and June 2008 9361 members were referred for rehabilitation assessment. At the start of July 2008, there were 2007 active (open) cases.

In its first two years of operation, the program had a return to work rate (retained in the ADF) of 87 per cent, including cases assessed as not requiring a rehabilitation program. This exceeded the national jurisdictional average of 77 per cent and Comcare’s return to work rate of 85 per cent for 2006–07.

During the first 12 months of ADFRP operations (and other retention initiatives), the ADF medical discharge rate was decreased by 78 members.
Injured Veteran Goes Home

After four months of intensive rehabilitation, Ben Aldridge, a 23-year-old Timor veteran and a tetraplegic after a service-related accident, was glad to move into his new home in Perth. At his welcome home party was the team of Defence and DVA rehabilitation coordinators and care providers who are assisting him make the transition from the ADF to civilian life.

The team has worked together to make Ben’s transition a seamless one and as a result rehabilitation coordinators and providers from Defence, DVA, CRS Australia and Stanhope Care have been able to provide Ben with a comprehensive package of ongoing support and care.

Defence has responsibility for Ben’s rehabilitation until he is officially discharged (on medical grounds) from the ADF, and then DVA will continue to provide care and support. Ben’s accommodation has been customised with additional living aids and equipment provided by DVA, including a customised scooter, transfer hoist, automated door and customised gym equipment.

Ben is not one to let disability slow him down and he has given several inspirational talks to other disabled young people. He is waiting on the results of a driving assessment and is contemplating tertiary education. If he decides to take that path DVA will be there to assist.

Mental Health

The department’s mental health and wellbeing website, At Ease, was launched in May 2008. It provides evidence-based information about mental health problems common to the veteran community.

At Ease is a specialised website for veterans and their families and carers and encourages them to recognise the signs of mental illness, to take appropriate action, and to assume greater responsibility for their own health and wellbeing. It includes general mental health information as well as self-help and diagnostic tools.

Special Claims Unit

The Special Claims Unit (SCU), implemented in December 2007, is tasked with ensuring that casework is finished in a timely fashion. The virtual team is spread across multiple locations and comprises senior officers of the Veterans’ Compensation and the Military Rehabilitation and Compensation groups with responsibility for claims lodged under the VEA, the SRCA and the MRCA.
The SCU has convened regularly to coordinate and review performance monitoring, reporting and management; case conferencing; coaching and mentoring by claims facilitators; workload distribution (matching workloads with available resources across all locations); and policy and procedural changes.

The SCU has been particularly successful in improving the handling of VEA primary claims. In 2007–08 the department met all targets for the processing of VEA primary claims—time taken to process, average age of outstanding cases and quality. The initiatives of the SCU have become an ongoing part of the Primary Claims management team’s strategies to meet its business performance commitments.

These strategies have been instrumental in achieving significant performance improvements in the Military Rehabilitation and Compensation group’s claims processing despite increased workloads, with the greatest improvement the reduction in cases more than 360 days old. The Military Rehabilitation and Compensation Management group will continue to closely monitor the old cases and is also developing reporting strategies to ensure all new claims investigations commence as soon as possible.

**Quality Assurance**

The department has established quality assurance (QA) processes to help assure the integrity of its operations and enhance service delivery outcomes. QA is an important element of the DVA Corporate Plan 2006–09 and in July 2007 the MRCC endorsed the adoption of a nationally consistent QA framework. The department is reviewing its QA processes to that end and to identify whether QA needs to be applied elsewhere.

**National Younger Consultative Forum**

The National Younger Veterans’ Consultative Forum is chaired by the Repatriation Commissioner, Brigadier Bill Rolfe AO (Retd). In several states there are also Younger Veterans’ Consultative Forums. The department is working to better support transition from the ADF to civilian life, to improve access to information for younger clients, to assist this group during the claims process and to ensure staff have the skills to provide good service.

**Review of Military Compensation Arrangements**

The Government has committed to a review of military compensation arrangements. The Review of Military Compensation Arrangements (the Review) will take place during the current term of this Government and the Department of Veterans’ Affairs and Department of Defence have commenced preparatory work leading up to the consultation process.

The Review will cover:

- the operation to date of the *Military and Rehabilitation Compensation Act 2004*;
- the legislative schemes that govern military compensation prior to the MRCA and any anomalies that exist within these schemes; and
- the level of medical care and financial assistance provided to members of the ADF injured during peacetime service.
The full terms of reference and structure of the Review will be concluded following consultation with the Department of Defence, members and former members of the ADF, ex-service organisations and other relevant stakeholders. During the Review submissions will be sought from members and former members of the ADF, ESOs and other interested parties at the appropriate time.

**Liaison with DEEWR**

DVA and the Department of Education, Employment and Workplace Relations have worked to ensure that compensation provisions under the MRCA and the SRCA are consistent. Their considerations include:

- the definition and interpretation of dependants, for example the definition of partner/spouse;
- the most appropriate way of providing treatment to those with accepted conditions under the two Acts;
- the facilitation of appropriate social, recreational and community activities for those with severe impairment requiring the assistance of a carer;
- the implementation of the Government’s decision to remove discrimination from same sex couples; and
- technical advice provided to DEEWR to assist it in amending the SRCA to provide enhanced compensation for members of the AFP.

**Changes to the Disease and Travel Liability Provisions of the MRCA**

The MRCC has agreed not to pursue changes to the MRCA after changes to the SRCA provisions on disease and travel liability.

**Streamlining of the MRCA**

The MRCC issued guidelines to MRCA delegates streamlining investigation and decision-making for the conditions sensori-neural hearing loss; tinnitus; solar keratosis; non-melanotic malignant neoplasm of the skin; and acquired cataract.

**Closing Remarks**

This has been another busy year for the MRCC. On behalf of the MRCC I would like to express my appreciation to the staff of Comcare and the Departments of Veterans’ Affairs, Defence, and Education, Employment and Workplace Relations for their efforts during 2007–08.
The Commission

Introduction
The Military Rehabilitation and Compensation Commission (MRCC) is established under section 361 of the Military Rehabilitation and Compensation Act 2004 (MRCA), which provides for rehabilitation, compensation and other benefits to be provided for current and former members of the ADF, including Reservists and Cadets, who suffer an injury or disease due to service after 1 July 2004 and for the dependants of members whose deaths were the result of an injury or disease due to service after 1 July 2004.

The MRCC has five members:
- the President of the Repatriation Commission;
- the Deputy President of the Repatriation Commission;
- another member of the Repatriation Commission nominated by the Minister for Veterans’ Affairs;
- a person nominated by the Minister responsible for the Safety, Rehabilitation and Compensation Act 1986 (SRCA); and
- a person nominated by the Minister for Defence.

Functions
Section 362 sets out the functions of the MRCC, which include:
- making determinations relating to the acceptance of liability for service-related conditions, the payment of compensation and the provision of treatment and rehabilitation;
- minimising the duration and severity of service-related conditions and promoting the return to suitable work;
- promoting research into the health of members and former members, the prevention of injury and disease and rehabilitation;
- providing advice to the Ministers and departmental Secretaries of Veterans’ Affairs and Defence, the Chief of the Defence Force and the Service Chiefs, either on request or on its own initiative; and
- other functions that may be conferred on it.

Schedule 2 to the Military Rehabilitation and Compensation (Consequential and Transitional Provisions) Act 2004 (the Transitional Act) gives the MRCC functions and powers to determine and manage claims that relate to defence service under the SRCA.
Membership

Mark Sullivan AO

Mr Sullivan was appointed President of the Repatriation Commission, Chair of the MRCC and Secretary of the Department of Veterans’ Affairs in October 2004.


Ed Killesteyn PSM

Mr Killesteyn was appointed Deputy President of the Repatriation Commission and member of the MRCC in August 2005.


Brigadier Bill Rolfe AO (Retd)

Brigadier Rolfe was appointed as the Services member of the Repatriation Commission and member of the MRCC on 26 January 2007 for a period of three years following the resignation of Rear Admiral Simon Harrington AM RAN (Retd).


Martin Dolan

The office of the member appointed on the nomination of the Minister responsible for the SRCA was vacant since Ms Barbara Bennett’s appointment expired on 23 June 2007.2

On the nomination of the Minister for Employment and Workplace Relations Mr Dolan was appointed to act as a member of the Commission from 13 July 2007 to 12 October 2007 and again appointed to act as a member from 27 February 2008 to 30 June 2008.

Mr Dolan held senior positions in the Departments of Transport and Regional Services and Agriculture, Fisheries and Forestry from 1998 to 2005, prior to his appointment as the interim Chief Executive Officer of the Australian Energy Market Commission in 2005. Mr Dolan was appointed as the Deputy Chief Executive Officer of Comcare in 2006 and was appointed as Chief Executive Officer from 1 July 2008 to 1 July 2009, after acting in that position since 1 July 2007.

Mr Dolan has a Bachelor of Arts with Honours.

1 Mr Sullivan AO resigned as Secretary of the Department of Veterans’ Affairs and President of the Repatriation Commission with effect from 11 July 2008. Mr Ed Killesteyn PSM, as acting President of the Repatriation Commission, chaired the MRCC from 14 July 2008 to 21 September 2008. Mr Ian Campbell PSM, commenced as Acting Chair of the MRCC on 22 September.

2 Mr Dolan was appointed member of the Commission on 29 August 2008. His term expires 30 June 2009.
Major General Michael Slater DSC AM CSC

Major General Slater replaced Major General Mark Evans DSC AM, who resigned from the Commission on 8 February 2008. MAJGEN Slater was appointed as a member of the MRCC on 30 May 2008 for a period of five years.

MAJGEN Slater joined the Army in 1978 and following his officer training held various infantry regimental, instructional and staff appointments. His operational commands have included the 2nd Battalion, the Royal Australian Regiment and the 3rd Brigade. In addition to commanding the 3rd Brigade on operations in East Timor he served as an operations staff officer in the United States 3rd Army Headquarters in Kuwait. MAJGEN Slater’s senior staff appointments have included Director General Preparedness and Plans, Director General Personnel and Director General Intelligence Support to Operations. He was appointed as Head of Defence Personnel Executive in October 2007.

MAJGEN Slater is a graduate of the Command and Staff College Fort Queenscliff, the Joint Services Staff College and the United States Army War College. He holds Masters Degrees in Strategic Studies and Business Administration.

MRCC sub-committee

Operational arrangements of the MRCC have necessitated the establishment of a sub-committee made up of the three members who are also members of the Repatriation Commission. The sub-committee considers routine administrative matters but its decisions have no legal effect until ratified by the full MRCC.

Administration of the MRCA and the SRCA

The MRCC is vested with broad powers to enable it to carry out its functions. Like the Repatriation Commission, the MRCC has no staff of its own and relies on employees under the Public Service Act 1999, allocated to it by the Secretary of the Department of Veterans’ Affairs, and other specified persons including consultants. Section 384 of the MRCA allows the MRCC to delegate its functions or powers under that Act to individual members of the MRCC, staff assisting the MRCC, certain employees under the Public Service Act, members of the ADF and a consultant to the MRCC, or an employee of that consultant. Section 152 of the Transitional Act allows the MRCC to delegate its powers and functions under the SRCA to the same group of persons specified in section 384 of the MRCA.

3 Mr Malcolm Pearce, Director General Occupational Health, Safety and Compensation in the Department of Defence was appointed to act during absences of Major General Evans and Major General Slater.
Relationship with DVA and the Repatriation Commission

The Chair of the MRCC is also President of the Repatriation Commission and Secretary of the Department of Veterans’ Affairs. Two other members of the MRCC are also full-time members of the Repatriation Commission. The Secretary has delegated some departmental functions to these two members. This close working relationship enables the two commissions to work collaboratively and play an active role in the effective and accountable management of the department.

Commission Activity

During 2007–08 the MRCC considered 11 submissions and held one formal meeting. The MRCC sub-committee met on nine occasions and considered 29 submissions.

Matters considered included:

- performance reporting under the MRCA and SRCA;
- Quality Assurance Framework;
- pricing for public and private hospital services;
- provision of other health services, including pharmaceuticals, aids and appliances, veterans’ home care and associated changes to the MRCA Treatment Principles;
- contracting of services, including day procedure centres, transport, community nursing and non-emergency ambulance;
- submissions to the Repatriation Medical Authority concerning reviews of Statements of Principles;
- provision of medical advice; and
- delegation of powers under the MRCA.