Over the last 100 years we have supported veterans and their families to maintain their health.
A sister from a specialist renal unit prepares for a home visit with a dialysis patient, c. 1974. By the 1960s, home visits were an important element of Repatriation Department care.
Functions and powers

The Military Rehabilitation and Compensation Commission (MRCC) was established under section 361 of the Military Rehabilitation and Compensation Act 2004 (MRCA) in June 2004.

The MRCC provides rehabilitation, compensation and other benefits for current and former members of the Australian Defence Force (ADF), including reservists and cadets, who have an injury or disease due to service on or after 1 July 2004. It also includes dependants of members whose deaths were the result of an injury or disease due to service on or after 1 July 2004.

The MRCC functions are to:

- make determinations relating to the acceptance of liability for service-related conditions, the payment of compensation and the provision of treatment and rehabilitation
- minimise the duration and severity of service-related conditions and promote the return to suitable civilian work
- promote research into the health of members and former members, the prevention of injury and disease, and rehabilitation
- provide advice and information relating to the operation of the Act to ministers and departmental secretaries of Veterans’ Affairs and Defence, the Chief of the Defence Force and the Services chiefs, either on request or on its own initiative
- undertake other functions that may be conferred on it.

Schedule 2 to the Military Rehabilitation and Compensation (Consequential and Transitional Provisions) Act 2004 (Transitional Act) gives the MRCC functions and powers to determine and manage claims under the Safety, Rehabilitation and Compensation (Defence-related Claims) Act 1988 (DRCA) that relate to defence service.
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Structure

The MRCC has six members:

- the President of the Repatriation Commission
- the Deputy President of the Repatriation Commission
- the Services member of the Repatriation Commission
- a person nominated by the Minister for Jobs and Industrial Relations who is either a member of the Safety, Rehabilitation and Compensation Commission or a public servant working in the Department of Jobs and Industrial Relations
- two persons nominated by the Minister for Defence who are either permanent members of the ADF or public servants working in the Department of Defence.

The MRCC subcommittee, comprising the three members of the Repatriation Commission, considers routine administrative matters, but its decisions have no legal effect until ratified by the full MRCC.

Membership

Liz Cosson AM CSC, Chair

Ms Cosson is President of the Repatriation Commission; her biographical information is provided in that Commission’s annual report.

Craig Orme DSC AM CSC

Mr Orme is Deputy President of the Repatriation Commission; his biographical information is provided in that Commission’s annual report.

Major General Mark Kelly AO DSC

Major General Kelly is a Commissioner of the Repatriation Commission; his biographical information is provided in that Commission’s annual report.

Air Vice-Marshal Tracy Smart AM

Air Vice-Marshal Smart was appointed to the MRCC on 5 May 2016. As Commander Joint Health she is responsible for the provision of health care to ADF members and the health preparedness of the ADF for operations. As Surgeon General of the ADF, she is responsible for providing strategic health advice to the ADF and technical oversight of the Defence Health System.

Rear Admiral Brett Wolski AM RAN

Rear Admiral Wolski was appointed to the MRCC on 5 May 2016. He is Head People Capability, Department of Defence. He has served as the Commanding Officer of HMAS Tobruk and HMAS Stirling and filled a range of command and personnel-related appointments in Defence and Navy Headquarters.
Jennifer Taylor

Ms Taylor was appointed as a member on 11 December 2014. She is the Chief Executive Officer of Comcare. Ms Taylor has held senior positions in Australian Government and South Australian Government portfolios, and has extensive experience in employment and workforce issues, industrial affairs, workers compensation and work health and safety.

Relationship with the Department

The MRCC is vested with broad powers to enable it to carry out its functions. It has no staff of its own and relies on employees allocated to it by the Secretary of the Department of Veterans’ Affairs under the Public Service Act 1999, and on other specified persons, including consultants.

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 those 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.

Administration of the MRCA and DRCA

The MRCA provides a comprehensive range of compensation and rehabilitation for injured and ill ADF members and former members, including:

- payments for medical treatment
- income replacement for periods of incapacity for work
- compensation for permanent impairment
- payment for rehabilitation programs
- compensation and support following the death of a member or former member.

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 1999, 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 DRCA to the group of persons specified in section 384 of the MRCA.
Activity in 2017–18

In 2017–18, the full Commission held 10 formal meetings and considered 50 submissions. The subcommittee of the Commission held two meetings and considered four submissions.

Matters considered during 2017–18 included:

• amendments to treatment principles
• delegation of Commission powers
• high-level policy and procedures relating to the MRCA
• assistance for contemporary widows, widowers and dependants
• administration of the legislation and performance monitoring against key indicators and targets
• the DVA Strategic Research Model and associated research proposals.

Over the past six years, the number of matters considered by the MRCC has declined substantially, from 211 submissions in 2012–13 to 54 in 2017–18. Much of the decline has been a consequence of delegated decision-making by the MRCC and the development of full MRCC policies and guidelines to support decision-making by the MRCC delegates.