



Treatment Principles (Australian Participants in British Nuclear Tests) 2006

Instrument 2013 No. R54 as amended

made under the

Australian Participants in British Nuclear Tests (Treatment) Act 2006

Compilation start date: 28 August 2015

Includes amendments up to: LI No. R32/MRCC32, 2015

About this compilation

This compilation

This is a compilation of the *Treatment Principles (Australian Participants in British Nuclear Tests) 2006* as in force on 28 August 2015. It includes any commenced amendment affecting the legislation to that date.

This compilation was prepared on 28 August 2015.

The notes at the end of this compilation (the *endnotes*) include information about mending laws and the amendment history of each amended provision.

Uncommenced amendments

The effect of any uncommenced amendments is not reflected in the text of the compiled law but the text of the amendments is included in the endnotes.

Application, saving and transitional provisions for provisions and amendments

If the operation of a provision or amendment is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

Modifications

If a provision of the compiled law is affected by a modification that is in force, details are included in the endnotes.

Provisions ceasing to have effect

If a provision of the compiled law has expired or otherwise ceased to have effect in accordance with a provision of the law, details are included in the endnotes.

Interpretation

[2] Definition

modified TPs means the *Treatment Principles* (2013 No. R52) in force under the *Veterans' Entitlements Act 1986* as modified by the Schedule.

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substitute:

Table of provisions

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2. Title

substitute:

Australian Government

REPATRIATION COMMISSION

AUSTRALIAN PARTICIPANTS IN BRITISH NUCLEAR TESTS (TREATMENT) ACT
2006

Section 16

Treatment Principles (Australian Participants in British Nuclear Tests) 2006

Instrument 2013 No. No. R54

3. Paragraph 1.1.1 - Introduction/Commencement

substitute:

1.1.1 The *Treatment Principles*, prepared by the Repatriation Commission under section 16 of the Act, set out the circumstances in which, and the conditions subject to which, treatment of a particular kind, or included in a particular class of treatment, may be provided under the Act for eligible persons and are to be read subject to the Act.

4. Paragraph 1.4 Interpretation

substitute:

1.4 Interpretation

1.4.1 In these *Principles*, unless a contrary intention appears:

“ABN (Australian Business Number)” has the meaning given by the *A New Tax System (Australian Business Number) Act 1999*.

“Act” means the Australian Participants in British Nuclear Tests (Treatment) Act 2006.

“acute care certificate” means a certificate given by a medical practitioner in similar form to the acute care certificate provided for in section 3B of the *Health Insurance Act 1973* to the extent that the provisions of that section are applicable.

“allied health provider” means a category of provider mentioned in the Table in 7.1A.1.

“approved provider”, in relation to *transition care*, has the meaning it has in the *Aged Care Act 1997*.

Note: the *Aged Care Act 1997* can be found on COMLAW: <http://www.comlaw.gov.au>

“assistive communication device” means an object that enhances the ability of a person with complex communication needs to communicate and includes items such as:

- communication books or boards
- speech generating devices
- modified personal computers
- computerised devices, which may include a keyboard and screen display and which may incorporate synthetic speech, memory functions, and word prediction facilities
- devices commonly known as computer tablets and smart `phones.

“Australian Government’s Better Access initiative” means the mental health initiative described in the document entitled “Better Access to Psychiatrists, Psychologists & General Practitioners through the Medical Benefits Schedule Initiative” *in force on the date in Schedule 1*.

“authorised nurse practitioner” has the meaning it has in subsection 84(1) of the *National Health Act 1953*.

“carer” means a person who provides ongoing care, attention and support for a severely incapacitated or frail person to enable that person to continue to reside in his or her home, and is not limited to a person who is receiving a carer service pension.

“Chief Executive Medicare” has the meaning it has in the *Human Services (Medicare) Act 1973*.

“Classification Principles 2014” means the legislative instrument of that name made under section 96-1 of the *Aged Care Act 1997*.

“clinical psychologist” means a *psychologist*:

- (a) who has been given a *provider number* in respect of being a psychologist; and
- (b) who, in the opinion of an employee of, or consultant to, the *Department* or the *Department of Human Services*, has appropriate qualifications in clinical psychology and practises as a clinical psychologist.

“Commission” means the Repatriation Commission.

“Commission-funded treatment” means treatment for which the Commission may accept financial responsibility.

Note: although the Commission may accept financial responsibility for treatment, actual payment for that treatment is made by the Commonwealth.

“community nurse” means a *registered nurse* or *enrolled nurse* who works in a community nursing setting and who is employed or engaged by a *DVA-contracted community nursing provider*.

“community nursing services” means the community nursing services provided to an *entitled person*, in respect of which the *Commission* will accept financial responsibility for under Part 7 of the *Principles*.

“compensable patient” means a person who has established, or is likely to establish, an entitlement to damages or compensation from, or has commenced an action for damages against, another party that is not a registered health insurance organisation or a friendly society, for treatment of an injury, disease or other medical condition.

“consumable rehabilitation appliance” means an appliance with a short term function and includes appliances such as continence products.

“Contracted Day Procedure Centre” means premises:

- (a) at which any patient is admitted and discharged on the same day for medical, surgical or other treatment; and
- (b) operated by a person contracted to the *Commission* or the *Department* in respect of treatment provided at the premises to *entitled persons*;

but does not include any of the following premises:

- (c) premises conducted by or on behalf of the State;
- (d) a public hospital or health service under the control of a public health organisation;
- (e) a *private hospital*;
- (f) a nursing home;
- (g) a residential rehabilitation establishment.

“contracted private hospital” means a private hospital with which the Commission has entered into arrangements for the care and welfare of eligible persons.

“convalescent care” means a period of medically prescribed convalescence for a *entitled person* who is recovering from an acute illness or an operation.

“country area” means that part of the State outside the metropolitan area of the capital city of that State, determined by the Commission to be a country area under paragraph 80(2)(b) of the Act.

“Day Procedure Centre” means premises that would be *Contracted Day Procedure Centre* premises if the operator of the premises was contracted to the *Commission* or the *Department*.

“dental hygienist” means a person registered under the *National Law* that provides for the registration of dental practitioners but does not include a person:

- (a) whose registration to practise as a *dental hygienist* has been suspended, or cancelled, following an inquiry relating to his or her conduct; and
- (b) who has not, after that suspension or cancellation, again been authorised to practise as a *dental hygienist*.

“dental therapist” means a person registered under the *National Law* that provides for the registration of dental practitioners but does not include a person:

- (a) whose registration to practise as a *dental therapist* has been suspended, or cancelled, following an inquiry relating to his or her conduct; and
- (b) who has not, after that suspension or cancellation, again been authorised to practise as a *dental therapist*.

“dental prosthetist” means a person, however described, authorised under a law of a State or a Territory, to carry out the work of dental prosthetics without a written work order from a dentist or other person who may lawfully give a written work order for that purpose.

“dental specialist” means a qualified dental practitioner who:

- (a) is registered with a Dental Board of the State or Territory in which he or she practises; and
- (b) has obtained an appropriate higher qualification; and
- (c) has been recognised as a specialist in the particular field by:
 - (i) a Dental Board of the State or Territory in which he or she practises, where the Dental Board of the State or Territory has available a mechanism for such recognition; or
 - (ii) another appropriate body mutually agreed in advance with the Australian Dental Association Incorporated.

“dentist” means a person registered or licensed as a dentist under a law of a State or Territory that provides for the registration or licensing of dentists but does not include a person so registered or licensed:

- (a) whose registration, or licence to practise, as a dentist in any State or Territory has been suspended, or cancelled, following an inquiry relating to his or her conduct; and
- (b) who has not, after that suspension or cancellation, again been authorised to register or practise as a dentist in that State or Territory.

“Department” means the Commonwealth as represented by the Department of Veterans’ Affairs.

“Department of Health” means the Commonwealth Department of State, however named, that from time to time is responsible for the administration of the *National Health Act 1953*.

“Department of Human Services” means the Department administered by the Minister administering the *Human Services (Medicare) Act 1973*.

“diabetes educator” means a person who:

- (a) is credentialled as a *diabetes educator* by the Australian Diabetes Educators Association (ADEA); and
- (b) is a member of, or eligible for membership of, the ADEA.

“diabetes educator services” means a program of education about diabetes with an emphasis on self-care, provided by a *diabetes educator* to a person with diabetes.

“DVA-contracted community nursing provider” means a community nursing provider who has entered into a Deed of Standing Offer with the *Commission* to provide *community nursing services to entitled persons*.

“DVA document” means a document prepared in the *Department* and available on the Internet at:

<http://www.dva.gov.au/Pages/home.aspx>

“elective surgery” means any non-urgent surgical procedure performed for diagnostic or therapeutic purposes.

“eligible person” means a person who is eligible for treatment of malignant neoplasia under section 7 of the Act.

“emergency” means a situation where a person requires immediate treatment in circumstances where there is serious threat to the person’s life or health.

“emergency short term home relief” means care provided to an *entitled person* in his or her *home* on the following conditions:

- (a) the person or the person's carer is unable to provide care due to sudden and unforeseen circumstances; and
- (b) the period for which the care is provided does not exceed 72 hours (episode) per emergency except that, if the *entitled person* requires further care within 24 hours after the end of the previous episode in an emergency, and obtains prior approval, a further episode of care (up to 72 hours) may be provided in that emergency; and
- (c) the cumulative period of the care provided to the *entitled person* did not exceed 216 hours in a Financial year.

Note (1): *emergency short term home relief* is not relevant to the calculation of residential care amounts for *residential care* or *residential care (respite)*.

“enrolled nurse” means a person who is registered under a law of a State or Territory or of the Commonwealth to practise as an enrolled nurse.

“entitled person” means a person who is eligible for treatment under section 7 of the Act.

"episode of care" means services provided to a patient by a health provider that:

- (a) have been detailed in a patient care plan;
- (b) are characterised by continuity of treatment or provision of service;

and an episode of care arises:

- (c) every time a service provider sees a new patient; or
- (d) where a service provider has not seen a patient for some time and therefore no continuity of service can be provided, and the original patient care plan is no longer applicable or appropriate.

“exceptional case process” means the process whereby the *Commission* may accept financial liability for *community nursing services* provided to an *entitled person* who, due to dependency or complex needs, requires *community nursing services* which, in the opinion of the *Commission*, fall significantly outside those referred to in any arrangement between the *Commission* and a *DVA-contracted community nursing provider*.

Note: paragraph 3.5.1 (after paragraph (f)) enables the *Commission*, in exceptional circumstances to, among other things, accept financial liability for fees higher than those set out in an arrangement.

“Fee Schedule” means a *DVA document* approved by the *Commission* or a member thereof, or by the Secretary to the *Department*, with the words “Fees” and ‘Schedule”, in relation to a category of *health care provider*, in the title to the document, that sets out the terms on which, and the conditions subject to which, the *Commission* will accept financial responsibility for treatment provided to an *entitled person* by the *health care provider* the subject of the document.

Note: the DVA documents called Fee Schedules set out amounts the *Department* will pay for health care services and can designate whether a service required the prior approval of the *Commission* before it could be provided.

“flexible care” has the meaning it has in section 49-3 of the *Aged Care Act 1997*.

“health care provider” means a person who provides treatment to an *entitled person* in accordance with these *Principles*.

“high level of residential care” has the meaning given in clause 1 of Schedule 1 to the *Aged Care Act 1997*.

Note: Clause 1 of Schedule 1 to the *Aged Care Act 1997* provides that: ‘high level of residential care means a level of residential care corresponding to a classification level applicable to residential care (other than a classification level applicable only to respite care) that is not lower than the mid-point of all such classification levels that could apply to residential care.

The phrases ‘classification level’ and ‘respite care’ used in this definition are also defined in the *Aged Care Act 1997*.

This definition does not exclude entitled persons in respite care or convalescent care.

“high level of residential care (respite)”, in relation to a person, means that under the *Classification Principles 2014* the classification level for the person as a care recipient being provided with *residential care* as respite care is “high level residential respite care”.

Note: see section 7 and section 11(2) of the *Classification Principles 2014* and paragraph 7(6)(b) of the *Quality of Care Principles 2014*.

“home” includes:

- (a) the premises, or part of the premises, where the person normally resides; or
- (b) a share house where the person normally resides;

but does not include:

- (c) a hospital; or
- (d) the premises where the person is receiving residential care.

Note: ‘**residential care**’ is also defined in paragraph 1.4.1.”.

“in force on the date in Schedule 1”, in a reference in the *Principles* to a document, means that the version of the document as it exists on the date in Schedule 1 for the document is the version in the reference.

“in-home respite” means care provided to a person in his or her own home for a maximum of 196 hours in a Financial year to provide rest or relief from the role of caring:

- (a) to the person; or
- (b) to the person’s carer.

Note: *in-home respite* is not relevant to the calculation of *residential care amounts* for *residential care* or *residential care (respite)*.

“inpatient” means a person formally admitted for treatment by a hospital.

“institution”, in Part 11, includes:

- (a) a retirement village;
- (b) a cluster of self-care units.

Note: retirement village is defined in section 5M of the *Act* and the intention is that the power of the *Commission* in subsection 5M(4) to determine premises have the same function as a retirement village, for the purposes of the Act, applies for the purposes of the Part 11 of the *Principles*.

“Level A attendance” means a medical attendance described in an item in Level A, Group A1, Schedule of Services, Category 1-Professional Attendances, General Medical Services, of the *Medical Benefits Schedule*.

“LMO” means a *medical practitioner* who:

- (a) is registered under the *Notes for Local Medical Officers* as a Local Medical Officer and who treats an *entitled person* in accordance with the terms, and subject to the conditions, in these *Principles* and in the “*Notes for Local Medical Officers*”; and
- (b) has been given a *provider number*, in respect of being a *medical practitioner*, that has not been suspended or revoked.

Note: a *provider number* may be a number used by the *Department* and adopted by the *Department of Human Services*.

“low level of residential care” means a level of residential care that is not a *high level of residential care*.

“MBS” or **“Medicare Benefits Schedule”** mean, in the context of amounts payable for treatment under the *Principles*, a *Fee Schedule*, and in any other context means:

- (a) Schedule 1 to the *Health Insurance Act 1973* as substituted by regulations made under subsection 4(2) of that Act; and
- (b) Schedule 1A to the *Health Insurance Act 1973* as substituted by regulations made under subsection 4(2) of that Act; and
- (c) the table of diagnostic imaging services prescribed under subsection 4AA(1) of that Act as in force from time to time.

Note: an example of where “Medicare Benefits Schedule” is used in a non-payment context is paragraph 4.2.1.

“medicare benefit” has the meaning it has in the *Health Insurance Act 1973*.

“medicare program” has the meaning it has in the *Human Services (Medicare) Act 1973*.

“medical practitioner” has the same meaning as “medical practitioner” has in the *Health Insurance Act 1973*.

“medical specialist” means a medical practitioner who is recognised as a consultant physician or as a specialist, in the appropriate specialty, for the purposes of the *Health Insurance Act 1973*.

“minor procedure” means a surgical procedure that:

- (a) does not involve hospitalisation or theatre fees; and
- (b) is of a type that is undertaken routinely in doctors’ and specialists’ rooms; and
- (c) does not require general anaesthesia; and
- (d) is not undertaken in a private day facility centre.

“National Law” means a law of the Commonwealth, a State, or Territory, enacted pursuant to the Intergovernmental Agreement for a National Registration and Accreditation Scheme for the Health Professions made on 26 March 2008:

<http://www.ahwo.gov.au/documents/National%20Registration%20and%20Accreditation/NATREG%20-%20Intergovernmental%20Agreement.pdf>

“neuropsychologist” means a *person* who:

- (a) specialises in the assessment, diagnosis and treatment of psychological disorders associated with conditions affecting the brain such as difficulties with memory, learning, attention, language, reading, problem-solving, decision-making or other aspects of behaviour and thinking abilities; and
- (b) in the opinion of an employee of, or consultant to, the *Department* or the *Department of Human Services*, has appropriate qualifications in clinical neuropsychology and practises as a neuropsychologist.

“Notes for Allied Health Providers” means the document approved by the Secretary to the *Department* entitled “Notes for Allied Health Providers”, and *in force on the date in Schedule 1*, that sets out the terms on which, and the conditions subject to which, an *allied health provider* is to provide treatment to an *entitled person* in order for the *Commission* to accept financial responsibility for that treatment.

“Notes for Local Medical Officers” means the document:

- (i) approved by the *Commission* or a member thereof, or by the Secretary to the *Department*, entitled “Notes for Local Medical Officers”; and
- (ii) *in force on the date in Schedule 1*; and

(iii) that sets out the terms on which, and the conditions subject to which, a *LMO* is to provide treatment to an *entitled person* in order for the *Commission* to accept financial responsibility for that treatment, except those parts of the document that deal with the formation of a contractual relationship between a *LMO* and the *Commission* or the *Department*.

Note: the intention is that the treatment provided by a Local Medical Officer (LMO) to an *entitled person* may be regarded as having been provided in accordance with the *Principles* and the “Notes for Local Medical Officers” despite the LMO not entering into any arrangement with the *Commission* or the *Department* as required by the Notes (without the parts mentioned above omitted). See: paragraph 5.3 of the Notes for Local Medical Officers.

“Notes for Providers” means a *DVA document* approved by the Secretary to the *Department*, or by the *Commission* or a member thereof, with the word ‘Notes’ in its title, and *in force on the date in Schedule 1*, that sets out the terms on which, and the conditions subject to which, a *health care provider* is to provide treatment to an *entitled person* in order for the *Commission* to accept financial responsibility for that treatment.

“nursing-home-type care” means the treatment described in paragraph 9.3 of the *Principles*.

“occupational therapist” means an occupational therapist who has been given a *provider number* in respect of being an occupational therapist.

“occupational therapist (mental health)” means an *occupational therapist*:

- (a) who has been given a *provider number* in respect of being an occupational therapist; and
- (b) who, in the opinion of an employee of, or consultant to, the *Department* or the *Department of Human Services*, has appropriate qualifications in occupational therapy in the area of mental health and who practises as an *occupational therapist* in the area of mental health.

“Optical Coherence Tomography” means the treatment comprised of a non-contact, non-invasive high resolution imaging technique that provides cross-sectional tomographic images of the ocular microstructure through the thickness of the retina.

“optical dispenser”, in the case of an individual, means a person who:

- (a) interprets optical prescriptions and fits and services optical appliances such as spectacle frames and lenses; and
- (b) holds a qualification that, in the opinion of the *Commission*, is appropriate for the skills needed to practise optical dispensing; and
- (c) is a member of a body established to supervise the occupation of optical dispenser; and
- (d) holds a *provider number* as an optometrist, ophthalmologist, orthoptist or optical dispenser.

“optical dispenser”, in the case of a company, means a company that:

- (a) holds an *ABN (Australian Business Number)*;
- (b) carries on a business of optical dispensing;
- (c) employs or engages for the optical dispensing aspects of the business — an individual who is an optical dispenser.

“optical dispensing” means interpreting optical prescriptions and fitting and servicing optical appliances such as spectacle frames and lenses.

“oral health therapist” means a person registered under the *National Law* that provides for the registration of dental practitioners but does not include a person:

- (a) whose registration to practice as an *oral health therapist* has been suspended, or cancelled, following an inquiry relating to his or her conduct: and
- (b) who has not, after that suspension or cancellation, again been authorised to practice as an *oral health therapist*.

Note: oral health therapists are practitioners who are dually qualified as *dental therapists* and *dental hygienists*.

“other GP” means a *medical practitioner* who:

- (a) treats an *entitled person* in accordance with the terms, and subject to the conditions, in these *Principles*; and
- (b) has been given a *provider number*, in respect of being a *medical practitioner*, that has not been suspended or revoked.

Note 1: an *other GP*, unlike an *LMO*, does not provide treatment in accordance with the *Notes for Local Medical Officers*.

Note 2: a provider number may be a number used by the *Department* and adopted by the *Department of Human Services*

“outpatient service” means a health service or procedure provided by a hospital but not involving admission to the hospital.

"patient care plan" means a document that is completed by a health provider who provides a service to a patient and that contains details of:

- (a) the patient's medical history;
- (b) the injury or disease in respect of which the service is to be provided;
- (c) the proposed management of the injury or disease; and

- (d) an estimation of the duration and frequency of the service to be provided.

“**PBS**” means the Pharmaceutical Benefits Scheme authorised under the *National Health Act 1953*.

“**physiotherapy**” includes hydrotherapy.

“**practice nurse**” means a *registered nurse* or *enrolled nurse* employed or engaged by an *LMO* as a nurse in the *LMO*’s practice.

“**practitioner**” has the same meaning as in section 124B of the *Health Insurance Act 1973* in force from time to time.

“**Principles**” means the *Treatment Principles (Australian Participants in British Nuclear Tests) 2006* constituted by Instrument No. R54 of 2013.

“**prior approval**” means that approval for the assumption by the *Commission* of the whole, or partial, financial responsibility for certain treatment must be given by the *Commission* before that treatment is commenced or undertaken.

“**private health insurer**” has the meaning it has in the *Private Health Insurance Act 2007*.

“**private hospital**” means premises that have been declared specifically as private hospitals for the purposes of the *Health Insurance Act 1973*.

“**provider number**” means the number:

- (a) allocated by:
- (i) the *Chief Executive Medicare* or by his or her delegate or by a person authorised by the *Chief Executive Medicare* — to a *practitioner*; or

(ii) the Chief Executive Officer of Medicare Australia under the *Medicare Australia Act 1973* — to a *practitioner*; and

(b) which identifies the *practitioner* and the places where the *practitioner* practises his or her profession.

Note: see regulation 2 of the *Health Insurance Regulations 1975*.

"psychologist" means a psychologist who has been given a *provider number* in respect of being a psychologist.

"public hospital" has the same meaning as "recognized hospital" as defined in the *Health Insurance Act 1973*.

Note: Section 3 of the *Health Insurance Act 1973* defines "recognized hospital" in terms of hospitals recognized for the purposes of the Medicare agreement, or hospitals declared by the Minister who administers the *Health Insurance Act 1973* to be recognized hospitals.

"Quality of Care Principles 2014" means the legislative instrument of that name made under section 96-1 of the *Aged Care Act 1997*.

"RAP National Schedule of Equipment" means the document of that name approved by the *Commission* or a member thereof, or by the Secretary to the *Department*, and *in force on the date in Schedule 1*, that lists the surgical aids and appliances for self-help and rehabilitation available to an *entitled person* under the *Department's* Rehabilitation Appliances Program.

"Rehabilitation Appliances Program (RAP) National Guidelines" means the document of that name approved by the *Commission* or a member thereof, or by the Secretary to the *Department*, and *in force on the date in Schedule 1*, that assists *Commission* delegates when determining approval for surgical aids and appliances for self-help and rehabilitation (items) available under the *Department's* Rehabilitation Appliances Program and which informs prescribers and suppliers of the processes necessary for an item to be provided to an *entitled person*.

“registered nurse” means a person who is registered under a law of a State or Territory or of the Commonwealth to practise as a registered nurse.

"Repatriation Pharmaceutical Benefits Card" means the identification card entitled 'Repatriation Pharmaceutical Benefits Card' which is provided to a person pursuant to a determination under section 93X of the *Act* and which entitles the person to pharmaceutical benefits in accordance with the *Repatriation Pharmaceutical Benefits Scheme*.

Note: Part VA of the Act extends pharmaceutical benefits to eligible Commonwealth veterans, eligible allied veterans and to eligible allied mariners.

“Repatriation Pharmaceutical Benefits Scheme” means the *Repatriation Pharmaceutical Benefits Scheme (Australian Participants in British Nuclear Tests) 2006*.

"residential care" means personal care or nursing care, or both personal care and nursing care, that is provided to a person in a residential care facility in which the person is also provided with:

- (a) meals and cleaning services; and
- (b) appropriate staffing, furnishings, furniture and equipment for the provision of that care and accommodation;

but does not include any of the following:

- (c) care provided to a person in the person's private home; or
- (d) care provided in a hospital or psychiatric facility; or
- (e) care provided in a residential facility that primarily provides care to people who are not frail and aged.

"residential care amount" means:

- (a) in relation to an *entitled person* in a hospital — an amount determined under the *Health Insurance Act 1973* to be the resident contribution applicable under that Act to a nursing-home-type patient of that hospital; or
- (b) in relation to an *entitled person* (including a former *prisoner of war* or a person awarded the Victoria Cross) who is receiving, or received, *residential care* — an amount equivalent to the maximum daily amount of resident fees worked out under Division 58 of the *Aged Care Act 1997*.

Note: 'maximum daily amount of resident fees' is worked out under section 58-2 of the *Aged Care Act 1997*.

“residential care (consisting of at least one high or two medium domain categories)” means the care or service provided to a person in *residential care* who is a person described in paragraph 7(6)(a) of the *Quality of Care Principles 2014*.

Note (1): a person described in paragraph 7(6)(a) of the *Quality of Care Principles 2014* is a care recipient in *residential care* whose classification level under the *Classification Principles 2014* includes any of the following:

- (i) high ADL domain category;
- (ii) high CHC domain category;
- (iii) high behaviour domain category;
- (iv) a medium domain category in at least 2 domains.

These categories are worked out under the *Classification Principles 2014*.

Note (2) a person described in paragraph 7(6)(a) of the *Quality of Care Principles 2014* may be provided with care and services specified in Part 1, 2 or 3 of Schedule 1 of the *Quality of Care Principles 2014*.

“residential care facility” means a facility in which *residential care* is provided to a person.

"residential care (respite)" means *residential care* provided as *respite* and includes *residential care (28 day respite)*.

"residential care (28 day respite)" means *residential care* provided as *respite* for up to 28 days in a Financial year pursuant to the *Veterans' Home Care Program*.

"residential care subsidy" means an amount worked out under Chapter 3 of the *Aged Care Act 1997* that is payable by the Commonwealth in respect of an entitled person's residential care according to the classification level determined under Part 2.4 of that Act.

"respite" means a rest, break or relief for a person's carer or a person caring for himself or herself, from the role of caring.

"respite care in an institution" means care provided as *respite* to a person in an *institution*.

"speech pathologist", for the purposes of the *Principles*, is a person who:

- (a) has been trained to assess and treat people who have complex communication needs; and
- (b) has a *provider number* (i.e. "registered" with the Department of Human Services); and
- (c) is not a disqualified health care provider in the terms mentioned in paragraph 7.1B of the *VEA TPs*.

Note: under *VEA TP 7.1B* a disqualified health care provider is a person whose services would not, under section 19B of the *Health Insurance Act 1973*, attract a *medicare benefit*.

"Respite Care" means the service under the *Veterans' Home Care Program* consisting of *in-home respite*, *residential care (28 day respite)* or *emergency short term home relief*.

"revoked Treatment Principles" means the legislative instrument known as the *Treatment Principles (Australian Participants in*

British Nuclear Tests) 2006 (No. R30 of 2006) made under section 16 of the *Act*.

"Rural Enhancement Scheme" means the scheme established by the *Commission* under subsection 84(1) of the *Act*, in consultation with the Australian Medical Association Ltd, and which has the following features:

- (a) *LMOs* who provide medical services (services) to *entitled persons* under the *Rural Enhancement Scheme* (Scheme) receive higher payments (as set out in the *Principles*) from the *Department* for those services than they would receive if the services were not provided under the Scheme;
- (b) the Scheme only applies to *LMOs* who provide medical services to *entitled persons* at certain rural public hospitals (identified rural hospitals);
- (c) an identified rural hospital is a hospital at which a medical practitioner may provide a medical service (service) to the public and receive from the state or territory government that, respectively, administers the state or territory in which the hospital is located, an extra amount (extra amount) for that service.
- (d) the extra amount is an amount representing the difference between the amount the State or Territory actually pays the medical practitioner for the service and the fee for the service listed in the *Medicare Benefits Schedule*.

Note: as at 1 January 2005 the Rural Enhancement Scheme only operated in NSW, Vic, SA and WA.

"RPPPs" means the *Repatriation Private Patient Principles (Australian Participants in British Nuclear Tests) 2006* determined by the *Commission* under section 17 of the *Act*.

"social worker (mental health)" means a *social worker*:

- (a) who has been given a *provider number* in respect of being a social worker; and
- (b) who, in the opinion of an employee of, or consultant to, the *Department* or the *Department of Human Services*, has appropriate qualifications in social work in the area of mental health and who practises as a social worker in the area of mental health.

“**social worker (general)**” means a social worker who in the opinion of an employee of, or consultant to, the *Department*, has appropriate qualifications in social work and practises as a social worker.

“**Tier 1 Hospital**” means a hospital in the category described as Tier 1 in 2.1 of the *RPPPs*.

“**transition care**” has the meaning it has in section 15.28 of the *Flexible Care Subsidy Principles 1997*.

Note: the *Flexible Care Subsidy Principles 1997* can be found on COMLAW:
<http://www.comlaw.gov.au>

“**veteran**” means a person eligible for treatment under section 7 of the *Act*.

“**Treatment principles**” means the *Treatment Principles (Australian Participants in British Nuclear Tests) 2006* constituted by Instrument No. R54 of 2013.

“**VEA TPs**” means the *Treatment Principles* under the *Veterans’ Entitlements Act 1986* as they apply, unmodified, to an *eligible person* under the *Act*.

“**Vertical Platform Lift**” means a lift installed adjacent to vertical walls, which travels up and down, with the platform finishing flat against the floor, and the user embarking/disembarking onto an even surface.

“Veterans' Access Payment” means the amount set out in the *DVA document* entitled “Department of Veterans’ Affairs Fee Schedules for Medical Services”, *in force on the date in schedule 1*, and called the “Veterans’ Access Payment” — being an additional amount payable by the *Department* to an *LMO* for a medical service provided by the *LMO* to an *entitled person* in accordance with these *Principles* and the *Notes for Local Medical Officers*.

Note: a Veterans’ Access Payment is an amount additional to any amount otherwise payable by the *Department* to an *LMO* for a medical service provided by the *LMO* to an *entitled person* in accordance with these *Principles* and the *Notes for Local Medical Officers*.

“Veterans' Home Care Program” means the program of that name under the *Treatment Principles* in force under the *Veterans’ Entitlements Act 1986*.

“war-caused”, in relation to an injury or disease of a person, means the injury or disease is malignant neoplasia for which the person is eligible for treatment under section 7 of the Act.

“week” means the period from Sunday to Saturday, inclusive.

“White Card” means the identification card provided by the *Department* to a person who is eligible under the *Act* for treatment, subject to these *Principles*, for malignant neoplasia;

1.4.2 In the *Treatment Principles*, if a Note follows a principle, paragraph or subparagraph, the Note is taken to be part of that principle, paragraph or subparagraph, as the case may be.

5. Paragraph 2.1.1

substitute:

2.1.1 Subject to these *Principles*, the *Commission* may provide or arrange for treatment in Australia of:

- (a) *entitled persons* who have been issued with:
 - (i) a White Card; or

- (ii) a written authorisation issued on behalf of the *Commission*;

6. Paragraph 2.2.3 Note (1)

omit:

A "veteran" includes a former POW.

7. Paragraph 2.2.6

omit.

8. Paragraph 2.2.7 (including the Note)

omit.

9. Paragraph 2.4

substitute:

2.4 Treatment of malignant neoplasia

2.4.1 The *Commission* will provide, or accept financial responsibility for, treatment of an *entitled person* for malignant neoplasia, on and from the date that is three months before the date on which an application to be provided with that treatment is received at an office of the *Department* in Australia.

2.4.2 The *Commission* will provide, or accept financial responsibility for, treatment of an *entitled person* under paragraph 2.4.1 if the treating medical practitioner considers that a malignant neoplasm is the actual or most likely diagnosis.

2.4.3 Continuing financial responsibility for treatment under paragraph 2.4.1 may be reviewed and may be withdrawn by the *Commission* if —

- (a) the diagnosis is not confirmed to the satisfaction of the *Commission* within three months from the day on which an application to be provided with that treatment is received at an office of the Department in Australia; or
- (b) the *Commission* is satisfied that the *entitled person* does not suffer, or no longer suffers, any incapacity from a malignant neoplasm.

2.4.4 The *Commission* will provide or accept financial responsibility for the treatment of other conditions, symptoms, or sequelae resulting from the treatment of malignant neoplasia where it has provided treatment or accepted financial responsibility under paragraph 2.4.1.

10. Paragraph 2.5

omit.

11. Paragraph 2.6

omit.

13. Paragraph 2.7A

omit.

14. Paragraph 2.7B

omit.

15. Paragraph 2.8 (including the Note)

substitute:

2.8.1 The *Commission* will not provide, arrange, or accept financial responsibility for treatment for a person, as an *entitled person*, on or from the date of notification from the *Department* that the person is no longer eligible under section 7 of the Act.

16. Paragraph 4.3.1

substitute:

4.3.1 Subject to paragraph 3.5.1, and unless otherwise indicated in these *Principles*, the *Commission* will accept financial responsibility for treatment costs where a *LMO* or *other GP* or specialist provides or arranges for treatment of:

- (a) an *entitled person* who has been issued with a *White Card* for treatment of malignant neoplasia; or
- (b) a person who has been issued with a written authorisation on behalf of the *Commission* authorising the person's treatment for malignant neoplasia;

Note: Principle 3.5.1 also deals with financial liability for medical practitioner fees.

17. Paragraph 4.8.1(k)(including the Notes)

substitute:

- (k) vaccination for an *entitled person* who proposes to travel outside Australia.

18. Paragraph 5.2.5

substitute:

5.2.5 The annual monetary limit set under Dental Schedule C in 5.2.1 will not apply in relation to a dental service for malignant neoplasia.

19. Paragraph 5.3

substitute:

5.3 Eligibility

5.3.1 Subject to these *Principles*, an *entitled person* who holds a White Card or written authorisation issued on behalf of the

Commission, may be provided with dental services at the expense of the *Commission*.

5.3.4 A person who holds a *White Card* is entitled to dental treatment of a dental condition associated with malignant neoplasia and will be provided with:

- (a) the dental services listed in the *DVA document* entitled “Fee Schedule of Dental Services for Dentists and Dental Specialists”, *in force on the date in Schedule 1* — on condition the services are provided in accordance with that Schedule; and

Note: Schedule C of the Fee Schedule imposes an annual monetary limit

- (b) the dental services listed in the *DVA document* entitled “Fee Schedule of Dental Services for Dental Prosthetists”, *in force on the date in Schedule 1* — on condition the services are provided in accordance with that Schedule.

20. Paragraph 5.4.2

substitute:

5.4.2 Financial responsibility for emergency dental treatment for persons who hold a “White Card ” will only be accepted for treatment of a condition associated with malignant neoplasia for which the person is receiving treatment under principle 2.4.

21. Paragraph 5.5

omit.

22. Paragraph 5.7

substitute:

5.7 Prescribing of pharmaceutical benefits by dentists

5.7.1 Local Dental Officers or dental specialists may prescribe Pharmaceutical Benefits for *entitled persons*.

5.7.2 Subject to paragraph 5.7.4, prescriptions prescribed under paragraph 5.7.1 must be in accordance with the PBS.

5.7.3 The *Commission* will accept financial responsibility for Pharmaceutical Benefits, available under the PBS, that are required as part of dental treatment for a condition associated with malignant neoplasia other than the amount that would have been payable by the person if the person were a “concessional beneficiary” under the *National Health Act 1953*.

5.7.4 The *Commission* will accept financial responsibility for Pharmaceutical Benefits that are not available under the PBS and are required as part of dental treatment for a condition associated with malignant neoplasia but such a prescription must be written on a private prescription.

23. Paragraph 6.2

substitute:

6.2 Eligibility under the Repatriation Pharmaceutical Benefits Scheme

6.2.1 A person is eligible to receive Pharmaceutical Benefits under the *Repatriation Pharmaceutical Benefits Scheme* if that person holds a “White Card” for malignant neoplasia.

24. PART 6A

omit.

25. PART 6B

omit.

26. Paragraph 7.1A.1

omit:

or with the *VVCS OPC Provider Notes*, as the case may be,

27. Paragraph 7.1A.1 (the Table)

omit (wherever occurring):

(except where providing service as *outreach program counsellors*)

28 Paragraph 7.1A.1 (the Table)

omit item 18.

29. Paragraph 7.3A – 7.3A.22 (inc.)

omit.

30. Paragraph 7.7A

omit.

31. Paragraph 9.1.1

omit:

as well as urgent treatment for Vietnam veterans, not otherwise entitled, and their dependants as indicated in principle 2.5,

32. Paragraph 9.1.1

omit the Note.

33. Paragraph 9.3.2(d)

omit:

or (d) the *entitled person* is a former prisoner of war or an *entitled veteran* awarded the Victoria Cross;

34. Paragraph 9.3.3

omit:

Veterans' Entitlements Act 1986

substitute:

Act

35. Paragraph 10.1.1 (including the Notes)

substitute:

10.1.1 Residential care may be provided in accordance with this Part to a person who has a current valid White Card.

Note 1 '*residential care*' is defined in paragraph 1.4.1.

36. Paragraph 10.1.3 (the Note)

substitute:

Note: The effect of paragraph 10.1.3 is to provide for payment to be made under the *Act* instead of the *Aged Care Act 1997*. Section 96-10 of the *Aged Care Act 1997* provides that subsidies payable under Chapter 3 of the *Aged Care Act 1997* in respect of treatment under, among other Acts, the *Act*, are not payable as an automatic appropriation out of the Consolidated Revenue Fund under the *Aged Care Act 1997* but are payable out of that Fund in accordance with the relevant appropriation provisions relating to the arrangement of treatment by the Repatriation Commission under the *Act*.

37. Paragraph 10.1.4

omit:

Veterans' Entitlements Act 1986

substitute:

Act

38. Paragraph 10.2

omit.

39. Heading to paragraph 10.4 and paragraph 10.4

omit.

40. Paragraph 10.5

omit.

41. Paragraph 10.6.2 (Note (3))

omit.

42. Paragraph 10.6.2 (Table and definitions)

substitute:

**LIMITS OF FINANCIAL RESPONSIBILITY
ACCEPTED BY THE REPATRIATION
COMMISSION FOR RESIDENTIAL CARE
(RESPITE)**

<i>category of patient</i>	<i>type of care; max.period of care permitted; type of care costs accepted</i>	<i>type of care; max.period of care permitted; type of care costs accepted</i>
----------------------------	--	--

	<i>residential care (28 day respite)</i>	<i>residential care (respite) other than residential care (28 day respite)</i>
	up to 28 days (inclusive) in a Financial year	upon an entitled person exhausting 28 days of <i>residential care (28 day respite)</i> in a Financial year — between and including 29 to 63 days* in that Financial year
<i>entitled person</i>	RCS + RCA	RCS

For the purposes of this table:

‘RCA’ means the Commission will accept financial responsibility for the residential care amount.

‘RCS’ means the Commission will accept financial responsibility for the residential care subsidy.

‘RCS + RCA’ means the Commission will accept financial responsibility for the residential care subsidy and the residential care amount.

* or for such further period permitted under the *Residential Care Subsidy Principles*.

43. Paragraph 10.6.8 Note (1)

substitute:

Note (1): the effect of paragraph 10.6.8 is to provide for payment to be made under the *Act* instead of the *Aged Care Act 1997*. Section 96-10 of the *Aged Care Act 1997* provides that subsidies payable under Chapter 3 of the *Aged Care Act 1997* in respect of treatment under, among other Acts, the *Act*, are not payable as an automatic appropriation out of the Consolidated Revenue Fund under the *Aged Care Act 1997* but are payable out of that Fund in

accordance with the relevant appropriation provisions relating to the arrangement of treatment by the Repatriation Commission under the *Act*.

44. Paragraph 10.6.9

omit:

Veterans' Entitlements Act 1986

substitute:

Act

45. Part 10 Part D – CARE AT HOME PACKAGES

omit.

46. Part 10 Part E - TRANSITION CARE CO-PAYMENT

omit.

47. Paragraph 11.3.1

omit:

veterans who have a medically assessed need for these items due to a war-caused injury or disease or a *determined condition* other than a *determined residential care condition*

substitute:

entitled persons who have a medically assessed need for these items due to a condition associated with malignant neoplasia

47A. Paragraph 11.3.1(c)

substitute:

- (c) the supply of special vehicle driving controls and devices, if the *entitled person* owns the vehicle and is licensed under relevant State or Territory law to drive a modified vehicle;

48. Paragraph 11.3.2

substitute:

Assistive Communication Devices

11.3.2 Subject to paragraph 11.1.3 (clinical need, cost effective etc), the *Commission* may accept financial responsibility for the provision to an *entitled person* of an *assistive communication device*.

11.3.3 Where the *assistive communication device* is a computer tablet or smart `phone, the *Commission* may only accept financial responsibility for the device if:

- (a) the *entitled person* has been clinically assessed by a *speech pathologist* as having complex communication needs that would be significantly met by a computer tablet or smart `phone; and
- (b) in the case of a smart `phone — the *entitled person's* communication needs:
 - (i) could not be reasonably satisfied by the provision of a computer tablet; or
 - (ii) are not being reasonably satisfied by the use of a computer tablet; and
- (c) the computer tablet or smart `phone has been preloaded with a speech pathology application; and
- (d) the *Commission* considers all relevant guidelines in relation to the provision of an *assistive communication device* that is a computer tablet or a `smart phone as set out in the *RAP National Schedule of Equipment* and the *Rehabilitation Appliances Program (RAP) National Guidelines*.

Note: the repair and replacement of rehabilitation appliances is covered by *VEA TP 11.7*.

53. Paragraphs 11.5.1 and 11.5.2

substitute:

11.5.1 The *Commission* will approve the supply of a spectacle hearing aid when it is the only type of hearing aid appropriate and the person is entitled to the treatment of:

- (b) deafness associated with malignant neoplasia; or
- (c) a visual defect associated with malignant neoplasia and the need for a spectacle hearing aid arises from the person's inability to accommodate spectacles and a separate hearing aid.

11.5.2 Where a person who has a hearing defect associated with malignant neoplasia is provided with a spectacle hearing aid under paragraph 11.5.1:

- (a) new lenses will be provided; or
- (b) the existing spectacle lenses will be fitted as part of the aid.

54. Paragraph 11.6.1(a)

substitute:

- (a) became bald as a result of a condition associated with malignant neoplasia or as a result of treatment of the condition; or

55. Paragraph 11.9.1B (the Note)

omit.

56. Paragraph 12.3.1 (the Note)

omit.

57. Paragraph 12.5

omit.

58. Transitional Provisions

substitute.

<p style="text-align: center;">Transitional Provisions</p>

1. Treatment Principles No. R54 of 2013

(a) any arrangement entered into, or taken to have been entered into, by the *Commission* or the *Department* with a *health provider*, under the *revoked Treatment Principles*, being an arrangement that is in force immediately before the commencement of these *Principles* — is taken to have been entered into under these *Principles*.

(b) any decision made, or action commenced, by the *Commission*, the *Department*, a health provider or an *entitled person*, under the *revoked Treatment Principles* being a decision or action that, immediately before the commencement of these *Principles*, was still in force or uncompleted, as the case may be, is taken, respectively, to have been made or instigated under these *Principles*.

(c) a Scheme (eg Local Medical Officer Scheme, Local Dental Officer Scheme) prepared by the *Commission* under the Treatment Principles (2013 No. R52) under the *Veterans' Entitlements Act 1986* (VEA TPs) and that is referred to in these *Principles*, is incorporated-by-reference into these *Principles* as those Schemes exist on the date the VEA TPs commence.

Note: for the purposes of s.14 of the *Legislative Instruments Act 2003*, the documents containing the Schemes are incorporated into the Treatment Principles as they exist on

a specific date (date the VEA TPs commence) and not how they may exist from time to time.

59. Schedule 1

substitute:

<p style="text-align: center;">SCHEDULE 1 DATES FOR INCORPORATED DOCUMENTS</p>

The date for :

1. Notes for Local Medical Officers (paragraph 1.4.1);
2. Department of Veterans' Affairs Fee Schedules for Medical Services (paragraph 3.5.1);
3. Notes for Allied Health Providers (paragraphs 3.5.1 and 7.1A.1);
4. Optometrist Fees for Consultation (paragraph 3.5.1);
5. DVA Schedule of Fees Orthoptists (paragraph 3.5.1);
6. Pricing Schedule for Visual Aids (paragraph 3.5.1);
7. Fee Schedule of Dental Services for Dentists and Dental Specialists (paragraph 3.5.1);
8. Fee Schedule of Dental Services for Dental Prosthetists (paragraph 3.5.1);
9. Chiropractors Schedule of Fees (paragraph 3.5.1);
10. Diabetes Educators Schedule of Fees (paragraph 3.5.1);
11. Dietitians Schedule of Fees (paragraph 3.5.1);
12. Exercise Physiologists Schedule of Fees (paragraph 3.5.1);

13. Occupational Therapists Schedule of Fees (paragraph 3.5.1);
14. Osteopaths Schedule of Fees (paragraph 3.5.1);
15. Physiotherapists Schedule of Fees (paragraph 3.5.1);
16. Psychologists Schedule of Fees (paragraph 3.5.1);
17. Podiatrists Schedule of Fees (paragraph 3.5.1);
18. Social Workers Schedule of Fees (paragraph 3.5.1);
19. Clinical Counsellors Schedule of Fees (paragraph 3.5.1);
20. Speech Pathologists Schedule of Fees (paragraph 3.5.1);
21. Australian Government Department of Veterans' Affairs Classification System and Schedule of Item Numbers and Fees — Community Nursing Services;
22. Rehabilitation Appliances Program (RAP) National Guidelines (paragraph 11.2A.1);
23. RAP National Schedule of Equipment (paragraph 11.2A.1);
24. White Card (paragraph 1.4.1);

is 1 May 2015.

Endnotes

Endnote 1—About the endnotes

The endnotes provide details of the history of this legislation and its provisions. The following endnotes are included in each compilation:

- Endnote 1—About the endnotes
- Endnote 2—Abbreviation key
- Endnote 3—Legislation history
- Endnote 4—Amendment history
- Endnote 5—Uncommenced amendments
- Endnote 6—Modifications
- Endnote 7—Misdescribed amendments
- Endnote 8—Miscellaneous

If there is no information under a particular endnote, the word “none” will appear in square brackets after the endnote heading.

Abbreviation key—Endnote 2

The abbreviation key in this endnote sets out abbreviations that may be used in the endnotes.

Legislation history and amendment history—Endnotes 3 and 4

Amending laws are annotated in the legislation history and amendment history.

The legislation history in endnote 3 provides information about each law that has amended the compiled law. The information includes commencement information for amending laws and details of application, saving or transitional provisions that are not included in this compilation.

The amendment history in endnote 4 provides information about amendments at the provision level. It also includes information about any provisions that have expired or otherwise ceased to have effect in accordance with a provision of the compiled law.

Uncommenced amendments—Endnote 5

The effect of uncommenced amendments is not reflected in the text of the compiled law but the text of the amendments is included in endnote 5.

Modifications—Endnote 6

If the compiled law is affected by a modification that is in force, details of the modification are included in endnote 6.

Misdescribed amendments—Endnote 7

An amendment is a misdescribed amendment if the effect of the amendment cannot be incorporated into the text of the compilation. Any misdescribed amendment is included in endnote 7.

Miscellaneous—Endnote 8

Endnote 8 includes any additional information that may be helpful for a reader of the compilation.

Endnote 2—Abbreviation key

ad = added or inserted	pres = present
am = amended	prev = previous
c = clause(s)	(prev) = previously
Ch = Chapter(s)	Pt = Part(s)
def = definition(s)	r = regulation(s)/rule(s)
Dict = Dictionary	Reg = Regulation/Regulations
disallowed = disallowed by Parliament	reloc = relocated
Div = Division(s)	renum = renumbered
exp = expired or ceased to have effect	rep = repealed
hdg = heading(s)	rs = repealed and substituted
LI = Legislative Instrument	s = section(s)
LIA = <i>Legislative Instruments Act 2003</i>	Sch = Schedule(s)
mod = modified/modification	Sdiv = Subdivision(s)
No = Number(s)	SLI = Select Legislative Instrument
o = order(s)	SR = Statutory Rules
Ord = Ordinance	Sub-Ch = Sub-Chapter(s)
orig = original	SubPt = Subpart(s)
par = paragraph(s)/subparagraph(s) /sub-subparagraph(s)	

Endnote 3—Legislation history

Number and year	FRLI registration	Commencement	Application, saving and transitional provisions
2013 No. R54	2 December 2013 (see F2013L02031)	3 December 2013	
2014 No. R3	2 May 2014 (see F2014L00497)	3 May 2014	para. [3]
2014 No. R26	30 June 2014 (see F2014L00880)	1 July 2014	
2014 No.R78/MRCC78	14 October 2014 (see F2014L01348)	15 October 2014	para. [3]
2014 No.107/MRCC107	19 January 2015 (see F2015L00055)	6 February 2015	para. [3]
2015 No. R29/MRCC29	21 May 2015 (see F2015L00713)	22 May 2015	
2015 No.R32/MRCC32	27 August 2015 (see F2015L01342)	28 August 2015	

Endnote 4—Amendment history

Provision affected	How affected
Section [1]	rep. LIA s. 48D
Item 4. Paragraph 1.4	am. 2014 No. R3; am. 2014 No. R 26; am. 2014 No.R78/MRCC78; am. 2015 No.R32/MRCC32
Item 42 Paragraph 10.6.2 Table Heading	am. 2015 No.R32/MRCC32
Item 47A. Paragraph 11.3.1(c)	ad. 2014 No. R3
Item 48. Paragraph 11.3.2	rs. 2014 No. R3
Item 49. Paragraph 11.3.3	rep. 2014 No. R3
Item 50. Paragraph 11.3.3(a)	rep. 2014 No. R3
Item 51. Paragraph 11.3.4 preamble and para. (a)	rep. 2014 No. R3
Item 52. Paragraph 11.3.4(c)	rep. 2104 No. R3
Item 59. Schedule 1	rs. 2014 No. R3; rs. 2014 No. R 26; rs.2014 No.R107/MRCC107; rs; 2015 No. R29/MRCC29

Endnote 5—Uncommenced amendments [none]

Endnote 6—Modifications [none]

Endnote 7—Misdescribed amendments [none]

Endnote 8—Miscellaneous [none]