

Conditions subject to Streamlining/Straight Through Processing Policies under the MRCA and VEA

Notes:

1. Conditions and factors correct as at 03/08/2023. Condition names and factors may be amended from time to time as SOPs are updated by the RMA. See the SOP Information pages in CLIK for the latest SOP factors. ISH is updated to reflect changes in conditions as these occur.
2. Although a condition may be subject to streamlining and straight-through-processing on the basis of a factor, other factors may be applicable to a claim and should be investigated if conditions for application of the policy are not met.
3. Streamlining and STP does not apply if:
 - a. The relevant onset timeframe required is not met.
 - b. There is clear evidence available that the/a causal exposure was unrelated to service (for instance it occurred in an off duty incident unrelated to service or there is evidence on file of alternate causation) – note that the policy does not override the requirement for a claims assessor to be satisfied to the standard required by the legislation, nor does it permit them to disregard contrary evidence. If such evidence exists, it must be considered.
 - c. The relevant service duration/type for application of the policy has not occurred. These timeframes will vary according to the service, role and rank of the member, their length of service and the consequent timeframes and exposures.
 - d. The policy does not apply under DRCA as a) SOPs are not applicable and b) the requirement after 2007 for 'significant' contribution which requires assessment of non-service related exposure.

Note: some conditions are streamlined or STP for MRCA only given the confirmed evidence-base about cohort exposure relates only to more recent service.

Condition	MRCA	VEA	Type	SOP Type	SOP Factor
Achilles tendinopathy and bursitis	x		SL	BOP	undertaking weight bearing exercise involving repeated activity of the ankle joint of the affected leg, at a minimum intensity of five METs, for at least six hours per week for the four weeks before the clinical onset of Achilles tendinopathy or bursitis;
				RH	undertaking weight bearing exercise involving repeated activity of the ankle joint of the affected leg, at a minimum intensity of five METs, for at least four hours per week for the four weeks before the clinical onset of Achilles tendinopathy or bursitis
Acquired cataract	x	x	SL	BOP	Having sunlight exposure to the eye for at least 4500 hours while in a tropical area,

					or having equivalent sunlight exposure in other latitude zones, before the clinical onset of Acquired Cataract
				RH	Having sunlight exposure to the eye for at least 2250 hours while in a tropical area, or having equivalent sunlight exposure in other latitude zones, before the clinical onset of Acquired Cataract
Acute articular cartilage tear	x		SL	BOP	Having a significant physical force applied to or through the affected joint at the time of the clinical onset of acute articular cartilage tear
				RH	Having a significant physical force applied to or through the affected joint at the time of the clinical onset of acute articular cartilage tear
Acute meniscal tear of the knee	x		SL	BOP	Having a significant physical force applied to or through the affected knee joint at the time of the clinical onset of acute meniscal tear of the knee
				RH	Having a significant physical force applied to or through the affected knee joint at the time of the clinical onset of acute meniscal tear of the knee
Adjustment Disorder (Warlike service only)	x	x	STP	RH	Living or working in a hostile or life-threatening environment for a cumulative period of at least 4 weeks within the 3 months before the clinical onset of adjustment disorder
Anxiety Disorder (Warlike service only)	x	x	STP	RH	Living or working in a hostile or life-threatening environment for a cumulative period of at least 4 weeks within the 5 years before the clinical onset of anxiety disorder
Benign neoplasm of the eye and adnexa (keratoachanthoma of the conjunctiva) – Reasonable Hypothesis only.	x		SL	RH	For keratoachanthoma of the conjunctiva only, having sunlight exposure to the eye for a cumulative period of at least 2 250 hours while in a tropical area, or having equivalent sunlight exposure in other latitude zones, before the clinical onset of benign neoplasm of the eye and adnexa
Chondromalacia patella	x		SL	BOP	undertaking weight bearing exercise involving forceful loading of the affected patellofemoral joint, at a minimum intensity of five METs for at least six hours per week, for at least the four weeks before the clinical onset of chondromalacia patella
				RH	undertaking weight bearing exercise involving forceful loading of the

					affected patellofemoral joint, at a minimum intensity of five METs for at least four hours per week, for at least the four weeks before the clinical onset of chondromalacia patella
Cut, stab, abrasion or laceration	x		SL	BOP	having direct physical trauma to the affected site at the time of the cut, stab, abrasion or laceration
				RH	having direct physical trauma to the affected site at the time of the cut, stab, abrasion or laceration
Dislocation	x		SL	BOP	Having physical trauma to the affected joint at the time of the clinical onset of dislocation
				RH	Having physical trauma to the affected joint at the time of the clinical onset of dislocation
Explosive blast injury	x		SL	BOP	being exposed to an explosive blast
					being exposed to an explosive blast
External bruise	x		SL	BOP	having trauma involving the affected site within the 24 hours before the clinical onset of external bruise
					having trauma involving the affected site within the 24 hours before the clinical onset of external bruise
External burn	x		SL	BOP	Having exposure to a heat source sufficient to cause erythema at the affected area of the body at the time of the clinical onset of external burn
				RH	Having exposure to a heat source sufficient to cause erythema at the affected area of the body at the time of the clinical onset of external burn
Femoroacetabular impingement syndrome	x		SL	BOP	Undertaking weight bearing exercise involving repeated activity of the hip on the affected side, at a minimum intensity of five METs, for at least six hours per week for the one month before the clinical onset of femoroacetabular impingement syndrome
				RH	Undertaking weight bearing exercise involving repeated activity of the hip on the affected side, at a minimum intensity of five METs, for at least four hours per week for the one month before the clinical onset of femoroacetabular impingement syndrome
Fracture	x		SL	BOP	Having physical trauma to the affected bone at the time of the clinical onset of fracture
				RH	Having physical trauma to the affected bone at the time of the clinical onset of

					fracture
Gunshot injury	x		SL	BOP	experiencing a gunshot
				RH	experiencing a gunshot
Iliotibial band syndrome (runner's knee)	x		SL	BOP	Undertaking weight bearing exercise involving repeated flexion and extension of the affected knee, at a rate greater than 5 METs, for at least 6 hours per week for at least the 4 weeks before the clinical onset of iliotibial band syndrome.
				RH	Undertaking weight bearing exercise involving repeated flexion and extension of the affected knee, at a rate greater than 5 METs, for at least 4 hours per week for at least the 4 weeks before the clinical onset of iliotibial band syndrome.
Internal derangement of the knee	x		SL	BOP	having a sprain involving a ligament of the affected knee within the one year before the clinical onset of internal derangement of the knee
				RH	having a sprain involving a ligament of the affected knee within the one year before the clinical onset of internal derangement of the knee
Intervertebral Disc Prolapse (Thoracolumbar not cervical)	x		STP	BOP	Physically carrying or lifting loads of at least 10 kilograms, to a cumulative total Load-Factor of at least 300 000, within the 5 years before the clinical onset/worsening of intervertebral disc prolapse
				RH	Physically carrying or lifting loads of at least 10 kilograms, to a cumulative total Load-Factor of at least 150 000, within the ten years before the clinical onset/worsening of intervertebral disc prolapse
Joint instability	x		SL	BOP	Having damage to a soft tissue structure as specified, at the time of the clinical onset of joint instability
				RH	Having damage to a soft tissue structure as specified, at the time of the clinical onset of joint instability
Labral tear	x		SL	BOP	Having a significant physical force applied to or through the affected shoulder joint or the affected hip joint at the time of the clinical onset of labral tear
				RH	Having a significant physical force applied to or through the affected shoulder joint or the affected hip joint at the time of the clinical onset of labral tear
Lumbar Spondylosis (note: now a condition that is accessed according to the	x		STP	BOP	lifting loads of at least 20 kilograms while bearing weight through the lumbar spine to a cumulative total of at least 150 000 kilograms within any ten year period before the clinical onset of lumbar spondylosis where the clinical

thoracolumbar SOP)					onset of lumbar spondylosis occurs within the 25 years following that period
				RH	lifting loads of at least 20 kilograms while bearing weight through the lumbar spine to a cumulative total of at least 100 000 kilograms within any ten year period before the clinical onset of lumbar spondylosis
Malignant melanoma of the skin	x	x	SL	BOP	Having sunlight or ultraviolet light exposure to unprotected skin at the affected site for at least 4500 hours while in a tropical area, or having equivalent sunlight exposure in other latitude zones, before the clinical onset of Malignant melanoma of the skin
				RH	Having sunlight or ultraviolet light exposure to unprotected skin at the affected site for at least 2250 hours while in a tropical area, or having equivalent sunlight exposure in other latitude zones, before the clinical onset of Malignant melanoma of the skin
Malignant neoplasm of the eye	x		SL	BOP	having sunlight or ultraviolet light exposure to the eye for a cumulative period of at least 4500 hours while in a tropical area, or having equivalent sunlight exposure in other latitude zones, before the clinical onset of Malignant neoplasm of the eye
				RH	having sunlight or ultraviolet light exposure to the eye for a cumulative period of at least 2250 hours while in a tropical area, or having equivalent sunlight exposure in other latitude zones, before the clinical onset of Malignant neoplasm of the eye
Non-melanotic malignant neoplasm (NMMN) of the skin	x	x	SL	BOP	Having sunlight exposure to unprotected skin at the affected site for at least 4500 hours while in a tropical area, or having equivalent sunlight exposure in other latitude zones, before the clinical onset of Non-Melanotic malignant neoplasm of the skin
				RH	Having sunlight exposure to unprotected skin at the affected site for at least 2250 hours while in a tropical area, or having equivalent sunlight exposure in other latitude zones, before the clinical onset of Non-Melanotic malignant neoplasm of the skin
Osteoarthritis (of a joint of a lower limb)	x		STP	BOP	Lifting loads of at least 20 kilograms while bearing weight through the affected joint: (i) to a cumulative total of at least 150 000 kilograms within any ten year period before the clinical onset of osteoarthritis in that joint; and (ii) where the clinical onset of osteoarthritis in that joint occurs within the 25 years following that period.
				RH	Lifting loads of at least 20 kilograms while bearing weight through the affected

					joint to a cumulative total of at least 100 000 kilograms within any ten year period before the clinical onset of osteoarthritis in that joint.
Otitic Barotrauma (limited cohorts only)	x	x	SL	BOP	experiencing a change in the ambient barometric pressure as specified within the 24 hours before the clinical onset of otitic barotrauma
				RH	experiencing a change in the ambient barometric pressure as specified within the 24 hours before the clinical onset of otitic barotrauma
Patellar tendinopathy	x		SL	BOP	Undertaking weight bearing exercise involving jumping or repeated flexion and extension of the affected knee, at a minimum intensity greater than 6 METs, for at least 6 hours per week for the 4 weeks before the clinical onset of patellar tendinopathy.
				RH	Undertaking weight bearing exercise involving jumping or repeated flexion and extension of the affected knee, at a minimum intensity greater than 6 METs, for at least 4 hours per week for the 4 weeks before the clinical onset of patellar tendinopathy.
Pinguecula (conjunctival degeneration)	x		SL	BOP	Having sunlight exposure to the unprotected eye for at least 4 500 hours while in a tropical area, or having equivalent sunlight exposure in other latitude zones, before the clinical onset of pinguecula;
				RH	Having sunlight exposure to the unprotected eye for at least 2 250 hours while in a tropical area, or having equivalent sunlight exposure in other latitude zones, before the clinical onset of pinguecula
Plantar fasciitis	x		SL	BOP	Undertaking exercise, at a rate of at least five METs, that involves repetitive weight bearing on the affected foot, for at least four hours per week for the 6 months before the clinical onset of plantar fasciitis
				RH	Undertaking exercise, at a rate of at least five METs, that involves repetitive weight bearing on the affected foot, for at least four hours per week for the 3 months before the clinical onset of plantar fasciitis
Posttraumatic Stress Disorder (Warlike service only)	x	x	STP	RH	Living or working in a hostile or life-threatening environment for a period of at least 4 weeks before the clinical onset of posttraumatic stress disorder
Pterygium	x	x	SL	BOP	Having sunlight exposure to the unprotected eye at the affected site for at least 4500 hours while in a tropical area, or having equivalent sunlight exposure in other latitude zones, before the clinical onset of Pterygium
				RH	Having sunlight exposure to the unprotected eye at the affected site for at least

					2250 hours while in a tropical area, or having equivalent sunlight exposure in other latitude zones, before the clinical onset of Pterygium
Rotator Cuff Syndrome	x		STP	BOP	Performing any combination of: (i) repetitive or sustained activities of the affected shoulder when the shoulder on the affected side is abducted or flexed by at least 60 degrees; or (ii) forceful activities with the affected upper limb; for at least 160 hours within a period of 210 consecutive days before the clinical onset of rotator cuff syndrome, and where the repetitive or sustained or forceful activities have not ceased more than 30 days before the clinical onset of rotator cuff syndrome
				RH	Performing any combination of: (i) repetitive or sustained activities of the affected shoulder when the shoulder on the affected side is abducted or flexed by at least 60 degrees; or (ii) forceful activities with the affected upper limb; for at least 80 hours within a period of 120 consecutive days before the clinical onset of rotator cuff syndrome, and where the repetitive or sustained or forceful activities have not ceased more than 30 days before the clinical onset of rotator cuff syndrome
Seborrhoeic keratosis – Reasonable Hypothesis only	x		SL	RH	Having sunlight exposure to unprotected skin at the affected site for at least 2250 hours while in a tropical area, or having equivalent sunlight exposure in other latitude zones, before the clinical onset of solar keratosis; or
Sensorineural hearing loss (SNHL)	x	x	SL	BOP	being exposed to a peak sound pressure level at the tympanic membrane of at least 140 dB(C), before the clinical onset of sensorineural hearing loss
				RH	being exposed to a peak sound pressure level at the tympanic membrane of at least 140 dB(C), before the clinical onset of sensorineural hearing loss
Shin splints	x		SL	BOP	undertaking weight bearing exercise involving repeated activity of the lower leg on the affected side, at a minimum intensity of five METs, for at least six hours per week for the one month before the clinical onset of shin splints
				RH	undertaking weight bearing exercise involving repeated activity of the lower leg on the affected side, at a minimum intensity of five METs, for at least four hours per week for the one month before the clinical onset of shin splints;
Sinus Barotrauma (limited cohorts only)	x	x	SL	BOP	experiencing a change in the ambient barometric pressure as specified within the 24 hours before the clinical onset of sinus barotrauma
				RH	experiencing a change in the ambient barometric pressure as specified within the 24 hours before the clinical onset of sinus barotrauma
Solar keratosis	x	x	SL	BOP	Having sunlight exposure to unprotected skin at the affected site for at least 4500 hours while in a tropical area, or having equivalent sunlight

					exposure in other latitude zones, before the clinical onset of solar keratosis
				RH	Having sunlight exposure to unprotected skin at the affected site for at least 2250 hours while in a tropical area, or having equivalent sunlight exposure in other latitude zones, before the clinical onset of solar keratosis; or
Sprains and strains	x		SL	BOP	Experiencing a significant physical force applied to or through the affected joint, at the time of the clinical onset of a sprain to that joint ligament; or
				RH	Experiencing a significant physical force applied to or through the affected joint, at the time of the clinical onset of a sprain to that joint ligament; or
Thoracic Spondylosis (note: now a condition that is accessed according to the thoracolumbar SOP)	x		STP	BOP	lifting loads of at least 20 kilograms while bearing weight through the thoracic spine to a cumulative total of at least 150 000 kilograms within any ten year period before the clinical onset of thoracic spondylosis where the clinical onset of thoracic spondylosis occurs within the 25 years following that period
				RH	lifting loads of at least 20 kilograms while bearing weight through the thoracic spine to a cumulative total of at least 100 000 kilograms within any ten year period before the clinical onset of thoracic spondylosis
Tinea of the skin	x	x	SL	BOP	having skin maceration at the affected site between two days and four weeks before the clinical onset of tinea
				RH	having skin maceration at the affected site between two days and four weeks before the clinical onset of tinea
Tinnitus	x	x	SL	BOP	Being exposed to a peak sound pressure level at the tympanic membrane of at least 140 dB(C), before the clinical onset of tinnitus
				RH	Being exposed to a peak sound pressure level at the tympanic membrane of at least 140 dB(C), before the clinical onset of tinnitus
Trochanteric bursitis and gluteal tendinopathy	x		SL	BOP	Undertaking weight bearing exercise involving repeated activity of the hip on the affected side, at a minimum intensity of five METs, for at least six hours per week for the one month before the clinical onset of trochanteric bursitis or gluteal tendinopathy.
				RH	Undertaking weight bearing exercise involving repeated activity of the hip on the affected side, at a minimum intensity of five METs, for at least four hours per week for the one month before the clinical onset of trochanteric bursitis or gluteal

				tendinopathy.
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Streamlined Sequelae Conditions

Sequela condition	MRCA	VEA	Type	SOP Type	Service-related condition which must be present and have been accepted by DVA	SOP factor requires the causal service-related condition to be present...
acquired cataract	X	X	SL	BOP&RH	diabetes mellitus	Before clinical onset of sequela
alcohol use disorder*	X	X	SL	BOP&RH	substance use disorder	At the time of clinical onset of sequela
	X	X	SL	BOP&RH	depressive disorder	At the time of clinical onset of sequela
anosmia	X	X	SL	BOP&RH	alcohol use disorder	At the time of clinical onset of sequela
aortic aneurysm or aortic wall disorder	X	X	SL	BOP&RH	hypertension	Before clinical onset of sequela
aortic stenosis*	X	X	SL	BOP&RH	hypertension	Before clinical onset of sequela
	X	X	SL	BOP&RH	diabetes mellitus	Before clinical onset of sequela
atrial fibrillation or atrial flutter	X	X	SL	BOP&RH	hypertension	At the time of clinical onset of sequela

bipolar disorder	X	X	SL	BOP&RH	substance use disorder	At the time of clinical onset of sequela
bronchiectasis	X	X	SL	BOP&RH	inflammatory bowel disease	At the time of clinical onset of sequela
cardiomyopathy	X	X	SL	BOP&RH	diabetes mellitus	At the time of clinical onset of sequela
carotid artery disease*	X	X	SL	BOP&RH	diabetes mellitus,	Before clinical onset of sequela
	X	X	SL	BOP&RH	hypertension	Before clinical onset of sequela
cerebrovascular accident	X	X	SL	BOP&RH	diabetes mellitus	At the time of clinical onset of sequela
chronic pruritus ani*	X	X	SL	BOP&RH	diabetes mellitus	At the time of clinical onset of sequela
	X	X	SL	BOP&RH	inflammatory bowel disease	At the time of clinical onset of sequela
conjunctivitis	X	X	SL	BOP&RH	diabetes mellitus	At the time of clinical onset of sequela
depressive disorder	X	X	SL	BOP&RH	alcohol use disorder	At the time of clinical onset of sequela
Dupuytren disease*	X	X	SL	BOP&RH	diabetes mellitus	Before clinical onset of sequela
	X	X	SL	BOP&RH	alcohol use disorder	At the time of clinical onset of sequela
erectile dysfunction*	X	X	SL	BOP&RH	depressive disorder,	At the time of clinical onset of sequela
	X	X	SL	BOP&RH	diabetes mellitus,	At the time of clinical onset of sequela
	X	X	SL	BOP&RH	hypertension	At the time of clinical onset of sequela

female sexual dysfunction	X	X	SL	BOP&RH	depressive disorder	At the time of clinical onset of sequela
gingivitis	X	X	SL	BOP&RH	diabetes mellitus	At the time of clinical onset of sequela
heart block	X	X	SL	BOP&RH	diabetes mellitus	At the time of clinical onset of sequela
IgA nephropathy	X	X	SL	BOP&RH	inflammatory bowel disease	At the time of clinical onset of sequela
immune thrombocytopaenia	X	X	SL	BOP&RH	inflammatory bowel disease	At the time of clinical onset of sequela
ischaemic heart disease*	X	X	SL	BOP&RH	diabetes mellitus	Before clinical onset of sequela
	X	X	SL	BOP&RH	hypertension	Before clinical onset of sequela
non-aneurysmal aortic atherosclerotic disease*	X	X	SL	BOP&RH	diabetes mellitus	Before clinical onset of sequela
	X	X	SL	BOP&RH	hypertension	Before clinical onset of sequela
non-Hodgkin lymphoma	X	X	SL	BOP&RH	inflammatory bowel disease	Before clinical onset of sequela
osteomyelitis	X	X	SL	BOP&RH	diabetes mellitus	At the time of clinical onset of sequela
otitis externa	X	X	SL	BOP&RH	diabetes mellitus	At the time of clinical onset of sequela
periodontitis	X	X	SL	BOP&RH	diabetes mellitus	At the time of clinical onset of sequela
peripheral artery	X	X	SL	BOP&RH	diabetes mellitus	Before clinical onset of sequela

disease*	X	X	SL	BOP&RH	hypertension	Before clinical onset of sequela
peripheral neuropathy	X	X	SL	BOP&RH	diabetes mellitus	At the time of clinical onset of sequela
porphyria cutanea tarda	X	X	SL	BOP&RH	alcohol use disorder	At the time of clinical onset of sequela
renal artery atherosclerotic disease	X	X	SL	BOP&RH	diabetes mellitus	Before clinical onset of sequela
renal stone disease*	X	X	SL	BOP&RH	diabetes mellitus	At the time of clinical onset of sequela
	X	X	SL	BOP&RH	inflammatory bowel disease	At the time of clinical onset of sequela
retinal vascular occlusion*	X	X	SL	BOP&RH	diabetes mellitus	Before clinical onset of sequela
	X	X	SL	BOP&RH	hypertension	Before clinical onset of sequela
sick sinus syndrome	X	X	SL	BOP&RH	hypertension	At the time of clinical onset of sequela
steatohepatitis	X	X	SL	BOP&RH	diabetes mellitus	At the time of clinical onset of sequela
subarachnoid haemorrhage	X	X	SL	BOP&RH	hypertension	At the time of clinical onset of sequela
subdural haematoma	X	X	SL	BOP&RH	alcohol use disorder	At the time of clinical onset of sequela
substance use disorder*	X	X	SL	BOP&RH	alcohol use disorder	At the time of clinical onset of sequela
	X	X	SL	BOP&RH	depressive disorder	At the time of clinical onset of sequela

suicide or attempted suicide*	X	X	SL	BOP&RH	alcohol use disorder	At the time of clinical onset of sequela
	X	X	SL	BOP&RH	depressive disorder	At the time of clinical onset of sequela
	X	X	SL	BOP&RH	substance use disorder	At the time of clinical onset of sequela
tinea	X	X	SL	BOP&RH	diabetes mellitus	At the time of clinical onset of sequela
tooth wear (tooth erosion)	X	X	SL	BOP&RH	alcohol use disorder	At the time of clinical onset of sequela
trigeminal neuropathy	X	X	SL	BOP&RH	diabetes mellitus	At the time of clinical onset of sequela
trigger finger	X	X	SL	BOP&RH	diabetes mellitus	Before clinical onset of sequela
Tuberculosis	X	X	SL	BOP&RH	alcohol use disorder	Before clinical onset of sequela