



NATIONAL REGISTRY

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SUBMISSION BY THE VETERANS' REVIEW BOARD

Background

1. The Veterans' Review Board ("the Board") is an independent statutory tribunal which operates out of the Veterans' Affairs portfolio and whose functions and powers are detailed in Part XI of the *Veterans' Entitlements Act 1986* ("the VEA"). The Board was originally established by the *Repatriation Legislation Amendment Act 1984* and commenced in 1985. It replaced the Repatriation Review Tribunal that was established in 1979 by the *Repatriation Act 1920*.
2. A veteran's right to seek review of decisions regarding entitlements originally extends back over 100 years, when the *War Pensions Act 1914* provided for a three person review board, which included a medical member. The first external appeals tribunals were established in 1929 and followed "*complaints from ex-service organisations about the absence of an independent right of appeal.*"¹
3. While it is an independent statutory tribunal, the current Veterans' Review Board is not a separate Commonwealth entity under the *Public Governance, Performance and Accountability Act 2013*, but is considered a Secondary Australian Government Body, receiving its funding and its corporate services from the Department of Veterans' Affairs. As a result, it does not have a budget allocation in the Portfolio Budget Statements. However, the Board provides an estimate of its costs and review of performance in its annual report.
4. While not titled as a tribunal, the Board performs the function of reviewing, on the merits, decisions made by primary decision-makers. Specifically, the Board reviews particular decisions or determinations of the Repatriation and Military Rehabilitation and Compensation Commissions. The Board does not have a general power to review decisions. Rather, the approximately 70 types of decisions it reviews are set out in two Commonwealth Acts: the *Veterans' Entitlements Act 1986* (VEA) and *Military Rehabilitation and Compensation Act 2004* (MRCA). The most common types of decisions the Board reviews relate to entitlement and assessment of disability pension or incapacity payments, allowances, and compensation.

¹ Creyke and Sutherland. (2016) *Veterans' Entitlements and Military Compensation Law*. Sydney, NSW: The Federation Press.

5. Prior to 2004, the Board had a limited jurisdiction of only four types of decisions under the VEA. However, with the introduction of the MRCA, the Board responded flexibly to its new jurisdiction under that Act, settling the number of potentially reviewable determinations and applying and considering legislation that was effectively untested. In addition, the introduction of a MRCA Single Appeal Pathway on 1 January 2017 has meant that all external applications concerning MRCA determinations now flow directly to the Board, which has resulted in an overall increase in applications before the Board.
6. At present, the Board deals with approximately 3000 applications per year. Currently, the Board has approximately 2500 applications on foot and that number is expected to grow. As at June 2018, applications under the MRCA comprise more than 40% of the Board's current caseload.
7. The Board remains flexible and responsive in adapting to changes in its jurisdiction and caseload. The skills and experience of the Board's staff and members, together with the Board's supportive infrastructure, including its learning and development capabilities, enables the Board to extend its remit in the provision of services to veterans according to current needs.

Composition of the Board

8. The Board comprises a Principal Member, who is a full-time statutory office holder, and 42 sessional members who are based in each State and Territory (with the exception of the Northern Territory). For its review task, the Board hears applications in panels of three persons (normally a Senior Member, Services Member and Member).
9. Senior Board Members are generally lawyers with wide experience extending over private legal practice, academia, law reform, government, tribunal and military legal practice. Services Members are selected from a list provided by National Ex Service Organisations and reflect all arms of service and rank. Additionally, Service Members reflect wide military service in both the Regulars and Reserves, and may include extensive operational service across historical conflicts and recent experience in Iraq and Afghanistan. Members reflect broad life experience across areas of health, psychology, social work, rehabilitation, management and public service.
10. The Board's National Registry, led by the National Registrar, is located in Sydney. Following a restructure, the Board consolidated its offices that were located nationally into two operational registries in Sydney and Brisbane. In its day to day operations, the Board conducts hearings in Sydney, Brisbane, Melbourne, Perth, Canberra, Adelaide, Hobart, as well as in regional centres.
11. The Secretary of the Department is required to make available any staff required to assist the Board in the performance of its statutory functions. The staff of the Board are public servants employed under the *Public Service Act 1999*. As at 1 July 2018, there were 26 full time equivalent staff.

12. The Board's functions and powers are contained in Part IX of the VEA. In carrying out its functions, the Board must pursue the objective of providing a mechanism of review that is:
 - (a) is accessible; and
 - (b) is fair, just, economical, informal and quick; and
 - (c) is proportionate to the importance and complexity of the matter; and
 - (d) promotes public trust and confidence in the decision making of the Board.

Merits review

13. In conducting 'merits' review, the Board's task is to consider all relevant issues of law, fact and policy in arriving at the correct and preferable decision. It is sometimes called a "de novo" appeal. This means that the Board puts itself in the shoes of the original primary decision-maker and considers all of the material before it 'afresh'. Importantly, the Board can consider not only the material that was before the original decision-maker, but also material obtained subsequent to the original decision.
14. The Board operates as the first tier of external, independent merits review in the veterans' appeals system. Further rights of appeal for all parties include a full merits "de novo" review by the Administrative Appeals Tribunal (AAT), as well as judicial review.

Applications for review by the Board

15. Veterans who wish to appeal a decision of the Commission can apply for review by the Board via lodgement of an application with the Department of Veterans' Affairs ("the Department"). In preparation for the review, the Department, pursuant to section 137 of the VEA, commences compiling documents relevant to the application, referred to as the 'section 137 report'. The legislation allows six weeks for the Department to prepare this material.
16. Where a veteran seeks review by the Board, the Department may also undertake a concurrent, internal review by an officer who was not involved in the initial decision. This is usually done on the papers, but may involve contact over the phone between the veteran and the Departmental officer. Similarly, an internal review can also be conducted following a Board decision that has been the subject of subsequent appeal to the AAT, provided it is within the specified time limits and the AAT has not yet made a determination.
17. Most commonly, applications that proceed to the Board are a result of the Departmental officer, tasked with conducting an internal review, deciding not to intervene. In some rare cases, a veteran may still be unsatisfied with a decision that has been varied as a result of the internal review, and wish for their appeal to proceed to the Board.

18. Upon receipt by the Board, all applications for review are triaged by the Board's Registry. Prior to January 2015, all applications would eventually be listed for hearing before a panel of three Board members. As part of the listing process, veterans or their representatives were requested to advise when they were ready to proceed to hearing, using a "Certificate of Readiness" form. The Board did not have any case management powers to progress an application to hearing, and the average length of time between the date of lodgement of application for review and the date of hearing was approximately 12 months.

Alternative Dispute Resolution

19. The Board has undergone a significant veteran centric transformation following the introduction of Alternative Dispute Resolution (ADR), which commenced as a trial at Board in January 2015. Following the trial's success, legislative amendments saw ADR become a permanent Board process. The ADR program was complemented by a suite of case management powers enabling the Board to deal with applications that have failed to progress or in which the veteran has failed to appear.

20. ADR puts the veteran at the centre of their application and promotes the concept of therapeutic jurisdiction. ADR aims to:

- Let the veteran tell their story;
- Avoid delay and resolve applications as quickly as possible;
- Be more accessible to veterans, by utilising a facilitative Conference Registrar;
- Resolve or limit the issues in dispute;
- Use resources more efficiently, avoiding costly postponements; and
- Give outcomes that are lawful, effective and acceptable to the veteran and the Commission.

21. The heart of the ADR program is 'outreach' events; in which veterans and their advocates are invited to speak directly with a Conference Registrar with a view to resolving their applications. The Conference Registrar will help veterans and their advocates to identify issues and the next best step to resolve their applications quickly. Practically, this means identifying evidence which may be relied upon to raise the relevant causal connection with service, and/or identifying any additional evidence which is likely to assist. There is no limit to the number of outreaches that may take place, only that they be utilised to resolve the veteran's application within a reasonable timeframe.

22. The aim of the ADR program is to quickly resolve veterans' applications without the need to go to full hearing. If available on the evidence before the Conference Registrar, and following both a peer and legal review, a favourable draft decision on the papers will be forwarded to the Principal Member for her approval. If the decision is accepted by the veteran, it is final and legally binding, and is forwarded to the Commission for implementation.

23. The ADR program also offers a 'conference' for suitable cases, which requires the active involvement of the Commission in reaching terms of settlement between the parties. In practice, this means that the person attending the conference on behalf of the Commission must have the necessary authority to settle the appeal. Conferences at the Board work in a similar way to a Conciliation model, where there is a 'hands-on' and facilitative approach by the Conference Registrar, which includes the ability to suggest terms of settlement that accord with the requirements of the legislation.

24. In addition to outreaches and conferences, ADR measures also include 'case appraisals' and 'neutral evaluations'; - assessments undertaken by Board members used to help veterans in making choices about their applications, including those that may have conflicting or insufficient evidence and/or unlikely to be successful.
25. ADR is conducted by Conference Registrars – who have extensive experience and knowledge of the veterans' entitlements and military rehabilitation and compensation systems. Conference Registrars are either full-time Board staff members or specific sessional Board Members with relevant skills and experience. There is no requirement that a Conference Registrar be legally qualified.
26. The role of the Conference Registrar is to facilitate resolution of veterans' applications quickly and fairly utilising the legislated ADR powers, and shaped by the policy developed over the three years in which ADR has been operating at the Board. The suite of case management powers complementing the ADR program has also ensured that Conference Registrars and Members are better equipped to solve complex problems and assist the veteran and/or advocate. This includes issuing directions to parties for the obtaining of additional material to assist in the finalisation of applications.
27. In the event that an application cannot be resolved using ADR and the veteran elects to continue their case, it will proceed to hearing before a 3-member panel.
28. The concept of a full hearing is an important part of the Board's ADR model. In practice, the fact that a hearing will result in the event that the matter is unable to be resolved, works as an incentive for the parties to actively engage in the ADR process. While the Board's hearings are both informal and inquisitorial, ADR is designed to be more collaborative and allows the parties' direct participation in developing solutions for their issues.
29. An aim of ADR is also to ensure that if the matter does proceed to hearing, the issues are narrowed or at least partly resolved. This ensures that Board hearings (which are scheduled quickly) are focused only on the issues left in dispute, and reduce the incidence of adjournment and delay. The hearing component, therefore, is a critical feature of the Board's ADR process, and is essential in reducing duplication and delay.
30. At the end of December 2017, more than 70% of matters were finalised via ADR, and this figure is expected to increase as older, non-ADR applications are transitioned out and ADR is rolled out to Queensland (the only location which is yet to have the full ADR program implemented). As Queensland represents the second largest centre of work for the Board, the finalisation of matters using ADR is expected to notably increase.
31. Significantly, applications proceeding through the ADR program are being finalised on average within 4 months, which represents an 8-month reduction in the time frame that existed prior to the program's introduction. Relevantly, the rate of Board decisions appealed to the AAT has also reduced, from 13.6% (prior to the introduction of ADR) to 5.8% in 2016-17.

32. The positive organisational culture at the Board has been an important factor in the delivery of better services to veterans through the ADR program. ADR has transformed the way in which the Board operates and has enabled staff and members to have more direct engagement with veterans. Throughout all aspects of case management, the Board focuses on direct oral communication with veterans. Veterans are given a single point of contact within the Board Registry, from the start to the resolution of their appeal.
33. Veteran and ex-service organisation feedback, received through ongoing consultation, has been critical in ensuring the ADR program meets its aim of putting the veteran at the centre of their appeal. This feedback has been extremely positive, and a recognition that the ADR program offers veterans the opportunity to be more involved in the appeal process and have more control over the outcome of their applications.
34. ADR is an example of one of the Board's living programs. When ADR first commenced, the number of options within the model was more limited. However, the program has evolved through successive updates informed by stakeholder feedback to a much broader model and has expanded nationally. The evolution of the program has not been limited only to the model underlying ADR, but also to matters such as improved scheduling events and correspondence, enabling optimal communication with veterans who make application for review.

Obtaining evidence

35. Pursuant to section 138 of the VEA, the Board is not bound by technicalities, legal forms or rules of evidence. The evidence for an individual matter will comprise primarily the section 137 report prepared by the Department. This includes the original claim form, the Commission's reasons for the original decision, the application for review, any internal review decision, relevant extracts from the veteran's service and medical records, and any medical assessments and reports arranged by the Department during the original claim process. Additional material provided by the veteran for the purposes of an application for review by the Board will be added to the report as it becomes available. This may include statements by the veteran and others, including family members, current or former colleagues, as well as additional or updated medical reports.
36. A considerable proportion of the material relied upon by the parties is medical evidence, which typically indicates diagnoses, clinical onset and causes of conditions. It may be the case that additional medical evidence is required to progress a veteran's application. Traditionally, the Board would request the Secretary of the Department to arrange for an assessment of the veteran and for a report to be obtained pursuant to section 152 of the VEA.
37. However, this process can result in unreasonable delay and has led to some concerns by veterans aggrieved at having to undergo further assessment, including by specialists with whom the veterans are unfamiliar and have no pre-existing relationship.
38. The Board has responded to these issues with recent initiatives that empower veterans to obtain their own evidence, including reports and information from their own treating health professionals.

39. Furthermore, Board members and Conference Registrars are encouraged to consider whether the oral evidence of, or a simpler report from, a relevant health professional would suffice to clarify a discrete issue in circumstances where a further full assessment is not required, and/or is unduly intrusive or would cause unreasonable expense or delay to the progress of a veteran's appeal. As this approach is further utilised, it is expected that the time taken to finalise veterans' applications will continue to further reduce.

Board hearings before a 3-member panel

40. Hearings are heard by a 3-member panel, comprising a Senior Member, Services Member and Member. Typically, a hearing will be listed for no longer than 1-2 hours, depending on its complexity and number of conditions and/or matters involved.
41. Unlike courts or higher tier Tribunals, Board hearings are not formal, adversarial proceedings. Rather, the Board is inquisitorial and informal in its approach. Veterans and/or their advocates generally attend Board hearings. As a matter of practice, a representative of the Commission does not attend the hearing. Nor are written submissions generally provided by the Commission. Neither party has a right to legal representation. Whilst lawyers are not prevented from making written submissions, pursuant to section 147 of the VEA, they are not permitted to appear for a party in Board hearings.
42. The strict rules of evidence do not apply. Witnesses are not required to give sworn evidence and expert witnesses are not commonly required to attend hearings. Consistent with its inquisitorial nature, the Board will use its inquisitorial powers to elicit evidence, especially where the veteran is unrepresented.
43. In the modern landscape of tribunals, the Board's 3-member panel is unique. This important feature of the Board has been shaped by Ex Service Organisations, who have a legislative right to nominate persons for appointment as Services Members of the Board.
44. In addition, the Board recognises the knowledge and skill-set that health professionals bring to the Board, and is actively seeking to ensure the membership includes relevant health professional expertise, including in relation to mental health.
45. Senior Members, who are generally lawyers, ensure that the principles of natural justice and procedural fairness are upheld and respected, and that hearings are conducted justly and fairly.
46. Importantly, the knowledge and experience of each type of panel member is relied upon significantly in the Board's decision-making process, particularly as a majority decision is required. The expertise of the Services Member is particularly important and is often pivotal in eliciting evidence from the veteran and the veterans' service records. Services members have a developed understanding of military history and practice, and the realities and challenges of service life. This knowledge is fundamental, particularly in light of the changing nature of conflict and the evolving roles and responsibilities of defence personnel.

Board decisions and reasons

47. Following the conclusion of a Board hearing, the panel will deliberate and arrive at its decision shortly afterwards. However, it has been the general practice of the panel to defer informing the parties of its decision until a written reasons for decision document is prepared and distributed.
48. Pursuant to section 140 of the VEA, the Board is required to give reasons for its decision either orally or in writing, and must do so within 28 days of a hearing.
49. A 28-day time frame can be perceived by some veterans and their families as an unduly lengthy period of time, which in some cases may have the effect of prolonging their grievance and distress, especially for veterans suffering from one or more mental health conditions or who may be at risk of self-harm. There are also particular concerns for veterans with a terminal illness or poor prognosis, where undue delay could be acutely distressing.
50. Additionally, the changing veteran demographic has seen younger veterans who conduct their daily affairs in a digital/online environment, where responses are immediate, bring the same expectation of a fast response to their dealings with the Board. The Board has delivered faster response times within the Alternative Dispute Resolution program and veterans now expect this to be consistent in all Board processes.
51. The Board has responded to these issues through its oral reasons pilot program which commenced in June 2018. As part of the program, members conducting hearings of matters falling within the pilot's scope are expected to deliver oral reasons on the day of the hearing. Usually this will occur shortly after the conclusion of the hearing and after the panel has finalised its deliberations.
52. The delivery of oral reasons enables veterans to get outcomes much faster and in an environment where they have immediate access to the support and advice of their advocates and/or family members. It enables advocates to explain and assist the veteran with the outcome contemporaneously while the evidence and the Board's reasoning are fresh in participants' minds, and where there is ready access to information about the implementation of the Board's decision or, alternatively, options for appeal.

Protocols for veterans at risk of harm

53. After musculoskeletal conditions, mental health conditions are the most claimed conditions amongst veterans who lodge applications for review by the Board. Some veterans with mental health concerns may not be well during their appeal process and require specialised support.
54. There are various ways in which the Board can identify a veteran who may be vulnerable, or at risk of self-harm or harm to others. These sources include:
 - the veteran or his/her family member
 - the veteran's advocate
 - treating health professionals
 - agencies including the Veterans' Affairs and Defence Departments, and
 - law enforcement agencies
 - Board members, Conference Registrars or staff.

55. Where the Board identifies a vulnerable or at risk veteran, their appeal is immediately triaged for an on-papers review by one of the Board's subject matter experts. If the appeal cannot be resolved on the papers, consideration will be given to arranging an urgent hearing with a full panel or a directions hearing, depending on the particular circumstances. If a veteran is unrepresented, the Board will assist the veteran to appoint an advocate.
56. In listing a hearing, the Board will liaise with the veteran's advocate, treating health professional and/or Departmental Liaison Officer. Consideration of a range of factors include:
- (a) the most convenient/appropriate time for the veteran and whether the veteran attends in person, by phone or video conference;
 - (b) the attendance of support persons including the veteran's advocate, treating health professional or others such as family members or assistance dogs etc.;
 - (c) the panel composition (e.g. an all-female or male panel or members with specialist expertise;
 - (d) any security presence required.
57. As an example of the consideration of these factors, a recent Board hearing was arranged which enabled a vulnerable veteran to attend the hearing from their home by telephone, in the company of his chosen support person, health professional and advocate.
58. At the conclusion of a Board hearing, careful consideration will be given as to how the decision should be delivered i.e. orally on the day of the hearing, or in writing following the hearing. The presiding Senior Member will make this decision in consultation with the advocate, treating health professional or other support person.
59. If a decision is to be given in writing, either following a hearing or on-papers review, Registry staff will contact the veteran's advocate, treating health professional and/or Departmental Liaison Officer to make arrangements for the decision to be conveyed to the veteran. For example, a written decision can be delivered to the office of the veteran's advocate or treating health professional. The aim is to ensure that the veteran has appropriate support persons available and accessible to discuss the Board's decision, whether favourable or unfavourable.
60. Generally, Registry staff will seek to ensure that decisions are not delivered on a Friday, or prior to a public holiday (or commemorative events such as ANZAC Day), or any other date that may be significant to the veteran. Similarly, the Board will ensure that hearings for vulnerable veterans are not listed on or around these days.
61. If there is an imminent threat at any point in the appeal process, Registry staff may contact the relevant arm of emergency services in order that a welfare check be undertaken. Additionally, Registry staff will also notify the Department's Security team with a view to an incident assessment being undertaken by relevant officers of that team.

Case management System

62. The Board's new case management system will be implemented later this year. It will be instrumental in supporting the final rollout of the ADR program to every Board location and will better enable modern, veteran-centric services to be delivered by the Board.

63. Veterans and their representatives will be able to e-file documents through automated case management and monitor the progress of their applications online. The Department will also be able to lodge documents online. As a result, the Board will transition to a paperless environment. The system will speed up internal processes, as well as reduce time frames and their associated costs.

Representation at the Board

64. Veterans who appeal to the Board are not required to be represented. If a veteran elects to be represented, most commonly, representation will be provided by an advocate from an ex-service organisation. In 2016-17, 86% of veterans were represented by such advocates.
65. It is important to note that although the VEA prevents legal representatives from appearing at Board hearings, there is no prohibition on accepting written submissions from legal representatives or preventing their engagement with the Board Registry in relation to veterans' cases.
66. Furthermore, there is no prohibition on legal representatives representing veterans and participating in the Board's ADR events. This is important to note, especially in light of the fact that approximately 70% of applications are now progressed through ADR, and this figure will inevitably increase as the ADR program is made available to Queensland residents later this year.

Advocates

67. The Board maintains constructive and important relationships with the advocates who represent veterans in their Board applications. That relationship starts at an early stage. Once a veteran lodges an application, the Registry will contact the veteran to determine if the veteran has selected an advocate for representation. If not, the Board will assist by providing the veteran with a list of active advocates in the veteran's location, and provide information as requested. If at the time of the first outreach event the veteran does not have an advocate, this will be further discussed with the Conference Registrar.
68. The Board maintains close contact with advocates representing veterans throughout the appeal process. The Board will work with the advocate on issues as they arise, including where a veteran has failed to make contact, or there are issues in obtaining evidence. For vulnerable or at-risk veterans, communication with advocates is paramount particularly when determining how, when, and in the presence of whom, a Board decision should be given.
69. The Board is aware that a number of advocates, throughout the appeal process, will visit veterans in their homes or health care facilities, including hospitals and aged care facilities. Some advocates will assist in transporting veterans to Board hearings and ADR events, and will actively engage with members of the veteran's family.
70. In addition, the Board's Principal Member and National Registrar regularly attend annual Congresses hosted by ex-service organisations, where the Principal Member will often address the Congress and provide an update of the Board's activities. Additionally, the Board regularly makes both staff and Members available to advocates to assist in their training needs, including presentations and workshops.

71. The Board also hosts advocate forums and workshops in locations around Australia, where there is an opportunity for discussion about legal developments, Board activities and pilot programs. New initiatives and processes, including the introduction of the ADR program, have involved close consultation with, and feedback from, the advocate community. The introduction of the Board's Case Management System and e-portal later this year will also involve workshops and training for advocates who regularly appear for veterans in Board appeals.
72. A Practice Direction, modelled closely on the Code of Conduct for representatives at the Board's English counterpart (the War Pensions Compensation Chamber), is currently being drafted, which will further clarify the expectations of representatives during the appeal process.

Self-represented veterans

73. The Board provides a comprehensive service to veterans who elect to be self-represented in their appeal proceedings. Once a veteran elects to be self-represented, their case is triaged to have direct oversight by the local Registrar who may arrange for an initial discussion about the appeal process.
74. Following discussion with a local Registrar, the appeal will be progressed to an immediate outreach with a Conference Registrar. At an initial outreach event, the Conference Registrar will explain to the veteran the process and likely time frames involved; and will discuss the application, including identifying the reasons for seeking review, and outcomes which are sought. The Conference Registrar plays an active role in the process, including with respect to obtaining further evidence, to ensure that the veteran is properly assisted, and is not disadvantaged by virtue of a lack of representation.
75. In addition, the Board is currently reviewing its correspondence to ensure that self-represented applicants are provided with plain-English, easily readable correspondence that highlights the 'next steps' required by the veteran. The Board also prioritises telephone communication with self-represented veterans and will generally follow up any written correspondence, letter or email, with a telephone call to ensure the veteran has understood its content and is aware of the obligations and expectations of the parties in the process.
76. For applications that have been brought to the attention of the Principal Member in the context of veterans (including those who are self-represented) failing to progress or appear in their matters, the Principal Member will speak directly with the veteran during a directions hearing with a view to understanding the issues, and providing a timetable for action in the event the veteran wishes to pursue their application before the Board. If the veteran is not in a position to proceed, the application may be withdrawn or dismissed, on an understanding that it is not a 'one-shot' jurisdiction and the veteran is at liberty to make a fresh claim to the Department in the future.

Liaison with the Department

77. As a party to all Board proceedings, the Commission is provided with the decision and any written reasons for every decision made by the Board. While traditionally not actively involved in hearings, the advent of ADR has provided opportunities for the more active participation of Commission representatives in the appeals process. Principally, Commission representatives participate in ADR conferences, where terms of settlement may be reached between the parties. Commission representatives are also involved in certain directions or preliminary hearings conducted by the Principal Member (or a Member to whom the Principal Member has delegated her authority). Directions hearing can also result in terms of settlement being reached or an own motion reconsideration being undertaken.
78. An important legislative reform measure, included as part of the Board's suite of case management powers, is the general remittal power. This power, which is widely used, enables the Board to make incremental decisions by remitting parts of an application to the Commission for further consideration. For example, if the Board finds in a veteran's favour on the issue of whether a condition is service related, the Board is not required to consider the amount of pension payable. Rather, the Board can remit the question of assessment of pension to the Commission. The frequent exercise of this power provides further opportunities for the Commission to review the reasoning of the Board in its decision to set aside the original decision under review.
79. Furthermore, the Board continues to actively engage and liaise with the Department in a variety of fora to assist in optimising primary decision-making, consistent with a shared view of veteran centric reform.

Conclusion

80. The Board has undergone significant transformation and change in the last three years, and is committed to meeting its objective of providing a mechanism of review which is accessible, fair, just, economical, informal and quick.
81. The impressive results of its ADR program and complementary case management powers has enabled the Board to be at the forefront of modern administrative review, which will be further enhanced by an innovative and responsive IT case management system. Such advances have directly addressed concerns about delay and the adversarial nature of proceedings by delivering improvements that go to the heart of veteran centric reform.
82. Moreover, as indicated by its current pilot programs and new initiatives, the Board continues to be responsive and adaptive, and will work collaboratively in continuously striving for excellence, in the interests of veterans and all of its users.