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OIA-2025-5535

22<sup>nd</sup> September 2025

[REDACTED]@nzme.co.nz

Dear [REDACTED]

I refer to your email of 8 September 2025, requesting information with regard to former soldier [REDACTED]. I acknowledge that [REDACTED] has given his authority for you to ask questions and seek information on his behalf in relation to his engagement with Veterans' Affairs, since December 2024. Your request has been considered in accordance with the Official Information Act 1982 (OIA), and responses to the various parts of your request are provided below:

- 1. What is the legal or policy basis for requiring veterans on Weekly Compensation to provide a medical certificate every 13 weeks?*
- 2. If this requirement is set by internal policy rather than legislation, can you provide the specific policy document that establishes it?*

There is both a legal and clinical basis for recurring medical certificates. The legislative entitlement to weekly compensation is contingent upon there being an inability to work full-time in employment due to injury or illness related to qualifying service. This incapacity is not a static quality but evolves over time in response to treatment and rehabilitation, so there is a logical requirement for regular updates on the progression of these efforts while the veteran is in receipt of weekly compensation.

A secondary intent of this requirement is to maintain ongoing contact between the veteran and their health provider, ensuring continuity of care and engagement. In most cases, like ACC, Veterans' Affairs requires medical certificates to be submitted for long-term recipients of weekly compensation every 13 weeks. This is set in the Veterans' Affairs Weekly Compensation policy<sup>1</sup>, under appendix 1, section 3 (Frequency of medical certificates). Section 3 also notes that where a veteran is receiving treatment it may be appropriate to require more frequent certification to ensure the veteran attends appointments with the medical practitioner, and understand if the veteran's condition has changed in the meantime, enabling a return to work. Section 5 (Exemptions) notes it may be appropriate to require certification less frequently (and up to 12 months) where the relevant criteria are met.

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<sup>1</sup> <https://www.veteransaffairs.mil.nz/assets/Policy/Weekly-Compensation-for-Veterans.pdf>

3. *How many veterans are currently required to submit 13-weekly medical certificates, and how many of these do not have an active Individual Rehabilitation Plan?*

There are approximately 160 veterans currently receiving weekly compensation payments from Veterans' Affairs. Excluding those with new claims where an individual rehabilitation plan has not yet been developed, around 95% are required to provide medical certificates every 13 weeks.

4. *Do case managers have discretion to waive or extend the 13-week interval, and if so under what circumstances is this applied?*

There is no facility to waive the requirement for a medical certificate, however, as noted above in some exceptional circumstances the timeframe may be extended. The authority to extend the period of certification beyond 13 weeks is held by the Veterans' Affairs Team Leader Treatment and Rehabilitation.

5. *What guidance is provided to case managers when a GP advises that three-monthly check-ups are unnecessary and offers a longer-dated certificate?*

As stated above, authority to consider extension beyond the standard 13 weeks does not sit with case managers. Any decision to extend the timeframe for certification will be made only after consideration of the particulars of an individual veteran's situation, as part of the regular rehabilitation review process, informed by:

- treatment and rehabilitative progress;
- clinical risk;
- veteran engagement with their health provider(s);
- veteran compliance with treatment and rehabilitation plan(s);
- probability of vocational independence within timeframe of entitlement.

The Team Leader Treatment and Rehabilitation's decision occurs after multidisciplinary input from case managers, rehabilitation advisors, and the Veterans' Affairs Principal Clinical Advisor.

6. *How has Veterans' Affairs assessed the compatibility of the 13-week requirement with the Code of Health and Disability Services Consumers' Rights, particularly around informed consent and the right to refuse services?*

Veterans' Affairs is not a health and disability service provider in terms of the Health and Disability Commissioner Act 1994, and therefore it is not subject to the Code of Health and Disability Services Consumers' Rights.

7. *In cases like the Johnson vocational assessment where psychological rehabilitation is identified as the key barrier, how does Veterans' Affairs adapt its review and monitoring requirements to address those needs?*

A requirement for treatment or rehabilitation for a service-related condition is independent of the requirement for medical certification, or the timeframe of that certification. The factors that may inform a decision to extend the timeframe are provided in response to question 5, above.

The frequency and nature of engagement with a veteran, in the establishment and implementation of a treatment and rehabilitation plan, is in part determined by: clinical risk; extent of engagement with treatment and rehabilitation providers; veteran engagement



with the process of establishing a rehabilitation plan; and, veteran compliance with an existing rehabilitation plan.

8. *When specialised treatment or programmes are recommended (for example for PTSD or Operator Syndrome), what process does Veterans' Affairs follow to ensure treatment pathways are based on individual clinical needs rather than being curated or limited by Veterans' Affairs policy, and how is this monitored?*

Treatment plans are bespoke and unique to the circumstances and needs of individual veterans, and recommendations for treatment may come from any health provider engaged in the development or implementation of a treatment or rehabilitation plan.

Veterans' Affairs is liable for the costs associated with treatment of service-related injuries<sup>2</sup>, however that liability is excluded in certain circumstances<sup>3</sup>, and when considering the funding of a proposed treatment, Veterans' Affairs must take into consideration<sup>4</sup>:

- the nature and severity of the injury or illness;
- the generally accepted means of treating the injury or illness in New Zealand;
- any other means of treating the injury or illness in New Zealand;
- whether the treatment sought is necessary, appropriate, and of the quality required to treat the injury or illness;
- whether the treatment will be provided only on the number of occasions necessary;
- whether the treatment is of a type normally provided by the treatment provider for the injury or illness concerned;
- whether the treatment provider is sufficiently qualified and experienced to provide the treatment required.

These are legislative obligations rather than policy constraints, and are in place to ensure that treatment is appropriate for the service-related condition, reasonable in the context of the standard of care within New Zealand, delivered by an appropriately-qualified treatment provider, and are evidence-based, safe and effective.

9. *Beyond the 13-week rule, what internal reviews, Cabinet papers, or evaluation reports exist that set out the rationale and evidence base for other monitoring and compliance requirements placed on veterans, and how does Veterans' Affairs check that these requirements achieve their intended purpose without creating unnecessary burden?*

Veterans' Affairs is not aware of any such reviews or evaluations. As previously stated, the 13 week timeframe is in alignment with analogous requirements in the provision of weekly compensation by ACC.

The majority of veterans receiving weekly compensation payments from Veterans' Affairs actively engage with their treatment and rehabilitation plans, and comply with the 13 week medical certificate requirement. This is perhaps aided by the fact that Veterans' Affairs is liable for costs associated with obtaining the medical certificates.

10. *In the past three years, how often has Veterans' Affairs arranged for veterans to receive treatment overseas where the required expertise was not available in*

<sup>2</sup> Section 107(1) of the Veterans' Support Act 2014

<sup>3</sup> Section 107(2)(a)-(c) of the Veterans' Support Act 2014

<sup>4</sup> Section 108(1) and (2) of the Veterans' Support Act 2014

*New Zealand, or brought international specialists into the country, and what policy guides those decisions?*

In the past three years, Veterans' Affairs has not funded treatment overseas or funded international specialists to provide care for veterans resident within New Zealand where required expertise was not available here. Veterans' Affairs has not identified any significant deficit in the knowledge and expertise of health providers in New Zealand with regards to the treatment of service-related conditions.

You were also *keen to know if there are any fresh advisories or training changes relating to mTBI and/or concussive head injury*. The Australian Government Repatriation Medical Authority (the body responsible for the determination of Statements of Principles) recently published the outcome of an investigation into blast-induced mild traumatic brain injury. The authority concluded that there is currently insufficient sound medical/scientific evidence to justify a Statement of Principles, but that further research in this field is urgently required. Relevant information is online<sup>5</sup>.

You have the right, under section 28(3) of the OIA, to ask an Ombudsman to review this response to your request. Information about how to make a complaint is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or freephone 0800 802 602.

Please note that responses to official information requests are proactively released where possible. This response to your request will be published shortly on the NZDF website, with your personal information removed.

Yours sincerely

**GA Motley**

Brigadier

Chief of Staff HQNZDF

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<sup>5</sup> <https://www.rma.gov.au/assets/Other/Statement-of-Reasons-blast-induced-mild-traumatic-brain-injury.pdf>