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THE INDUSTRIAL INJURIES ADVISORY COUNCIL

ANNUAL REPORT
2013/14

www.iiac.independent.gov.uk

Annual Report 2013/2014

Foreword

A large part of the Council's time is spent in detailed assessment of evidence, usually with the intention of exploring whether the list of diseases for which benefit is payable can be enlarged. This past year ran true to form. Investigations into terminal cancers, chloracne, vibration-related Dupuytren's contracture, bladder cancer, oesophageal cancer, cervical cancer and sundry other topics all attest to this. Additionally, however, the Council has been engaged in consideration of several general issues with the potential to impact upon the Scheme as a whole.

Foremost amongst these has been the consideration of "presumption", a regulation which governs when a prescribed disease can be presumed by decision-makers to have been caused by a scheduled work exposure. This regulation is key to the Scheme's administrative efficiency. It has the policy intention of making life easier for claimants and decision-makers, by sparing them the burden of collecting detailed evidence case by case. In practice, however, the regulation has complex nuances, some of which ill-fit some of the diseases currently prescribed. Work to propose an overhaul to the section of the rules concerning coverage and time limits of prescription has been finalised and is currently being considered by Ministers. This represents the first stage of our review of presumption.

In 2014/2015 we will be launching the second part, which will focus on how, when diseases have other non-occupational causes in the population at large, rebuttal is and should be handled within the Scheme. In parallel, we are continuing our investigation into the process by which disablement is assessed under the Scheme, a central step in deciding claims for Industrial Injuries Disablement Benefit (IIDB), but one with particular challenges.

The Council's 2013/2014 Public Meeting was held in Southampton in June 2013, with great success and a good deal of audience participation. The Council remains committed, in the spirit of openness and transparency, to hosting Public Meetings annually at locations across the country. The 2014 meeting will be held in Edinburgh on 19 June and we extend a warm invitation to anyone who would like to attend.

I would like to thank the members of the Council and Secretariat, the Health and Safety Executive (HSE) and Ministry of Defence (MoD) and DWP observers and officials, for their help and enthusiasm in accomplishing our goals and in helping me to deliver my role as Chairman of the Council. I would also like to thank Professor Sir Mansel Aylward, an independent member, and Professor Russel Griggs, a representative of employers, both of whom stepped down from the Council in 2013/2014 to meet other work commitments, for their diligent work during their time on the Council.

The forthcoming year will see the commencement of the Department's second triennial review of IIAC as a Non-Departmental Public Body (NDPB) and in parallel its review as a Scientific Advisory Committee. We look forward to providing our full assistance to the Department during the course of its review.

The programme of work for 2014/2015 offers much of interest, challenge and importance. On a personal note, I feel privileged to be leading the Council at this active and exciting time.

Professor Keith Palmer
Chairman

Introduction

The Industrial Injuries Advisory Council (IIAC) is a non-departmental public body (NDPB) established under the National Insurance (Industrial Injuries) Act 1946, which came into effect on 5 July 1948. The Council provides independent advice to the Secretary of State for Work and Pensions in Great Britain and the Department for Social Development (DSD) in Northern Ireland on matters relating to Industrial Injuries benefit and its administration. The historical background to the Council's work is described in Appendix A.

The Council's Role

The statutory provisions governing the Council's work and functions are set out in sections 171 to 173 of the Social Security Administration Act 1992 and corresponding Northern Ireland legislation. The Council has three main roles:

1. To consider and advise on matters relating to Industrial Injuries benefit or its administration referred to it by the Secretary of State for Work and Pensions in Great Britain or the DSD in Northern Ireland.
2. To advise on any other matter relating to Industrial Injuries benefit or its administration.
3. To consider and provide advice on any draft regulations the Secretary of State proposes to make on Industrial Injuries benefit or its administration.

IIAC is a scientific advisory body and has no power or authority to become involved in individual cases or in the decision-making process for benefit claims. These matters should be taken up directly with the DWP, details of which can be found on the [GOV.UK](https://www.gov.uk) website.

Composition of the Council

IIAC usually consists of seventeen members, including the Chairman. It is formed of independent members with relevant specialist skills, representatives of employees and representatives of employers. The independent members currently include doctors, scientists and a lawyer.

Legislation leaves it to the Secretary of State to determine how many members to appoint, but requires that IIAC includes an equal number of representatives of employees and employers (Social Security Administration Act 1992, Schedule 6).

Conditions for 'Prescribing' Diseases

In practice, much of the Council's time is spent considering which diseases, and the jobs that cause them, should be included in the list of diseases ('prescribed diseases' (PD)) for which people can claim IIDB.

The conditions which must be satisfied before a disease may be prescribed in relation to any employed earners are set out in section 108(2) of the Contributions and Benefits Act 1992. This requires that the Secretary of State for Work and Pensions should be satisfied that the disease:

(a) Ought to be treated, having regard to its causes and incidence and any other relevant considerations, as a risk of occupations and not as a risk common to all persons; and

(b) Is such that, in the absence of special circumstances, the attribution of particular cases to the nature of the employment can be established or presumed with reasonable certainty.

In other words, a disease can only be prescribed if the risk to workers in a certain occupation is substantially greater than the risk to the general population and the link between the disease and the occupation can be established in each individual case or presumed with reasonable certainty.

In some instances, recommendation of prescription of a disease can be made on the basis of clear scientific features which confirm occupational causation. Increasingly, however, the Council has to consider diseases which do not have clinical features that enable the ready distinction between occupational and non-occupational causes (e.g. chronic obstructive pulmonary disease). In these circumstances, in order to recommend prescription, IIAC seeks epidemiological evidence that the disease can be attributed to occupation on the balance of probabilities under certain defined exposure conditions (generally corresponding to evidence from several independent research reports that the risk of developing the disease is more than doubled in a given occupation or exposure situation), and thus is more likely than not to have been caused by these conditions.

Research

The Council relies on research carried out independently, which is published in the specialist medical and scientific literature. IIAC does not have its own research budget to fund medical and scientific studies (other than limited funding from DWP for the occasional commissioning of reviews). When IIAC decides to investigate a particular area its usual practice is to ask other bodies and interested parties to submit any relevant research in that field. IIAC has a sub-committee, the Research Working Group (RWG), which meets separately from the full Council to consider the scientific evidence in detail. The Council's secretariat includes a scientific adviser who researches and monitors the medical and scientific literature in order to keep IIAC abreast of developments in medical and scientific research, and to gather evidence on specific topics that the Council decides to review.

Key achievements of 2013/2014

Publication of the following reports:

- **1 Command¹ paper**
 - o Occupational Chloracne (Cm. 8670) – July 2013

- **2 Position² papers**
 - o Work as a dry cleaner and cancers of the oesophagus and cervix (Position paper 32) – February 2014
 - o Bladder cancer in hairdressers, barbers and textile workers (Position paper 31) – February 2014

- **2 Information³ notes**
 - o Lung cancer and dioxin - December 2013
 - o Lung cancer and welding - December 2013

Held a Public Meeting Southampton – June 2013

Visited an IIDB Processing Centre

Four Council members, including the Chair were reappointed

¹ A Command paper is a Council report that details a review and contains recommendations that require changes to legislation (e.g. recommending a disease or an exposure be added to the list of prescribed diseases for the purposes of prescription)

² A Position paper is a Council report that details a review of a topic which did not result in recommendations requiring legislative changes

³ An Information note is a short summary of an IIAC review which did not result in recommendations requiring legislative changes and where the evidence base is still emerging and may be liable to change, or where there was insufficient evidence to warrant a position paper

Summary of work undertaken in 2013/2014

'Presumption'

The 'presumption' regulation⁴ governs when, in the circumstances of each claim, a claimant's condition can be *presumed* to have been caused by their employment. It is fundamental to the so-called 'causation' question (whether the disease is caused by the work) but is inherently complex. In the rule's simplest form, presumption applies if a claimant satisfies the prescription schedule, by having the prescribed disease and has experienced the qualifying circumstances of exposure, within the job or within one month of leaving it. However, this time limit varies for some prescribed diseases, while others are not covered by presumption at all; and for some diseases with delayed onset over many years ('long-latency' diseases), there is a case for reviewing the time frame of the rule.

The Council has continued to work on drafting its advice on whether changes are needed to the 'presumption' rule. The aim is to ensure that the rule is correctly drafted in line with current scientific thinking, and is being applied appropriately across the full range of prescribed diseases; also, if possible, to simplify assessment decisions and to help the Scheme's administrators. The review, which is considering all of the prescribed diseases in turn, proposes amendments to the underlying legislation which, if accepted, will be followed by improved guidance to Decision-Makers and medical assessors.

The review has been split into two parts, the first part of which has focused on whether the coverage and the time limits for presumption are appropriate for all of the prescribed diseases covered by the Scheme. The second part of the review will focus on providing an evidential base for the consideration of claims for prescribed diseases which are not always caused by occupation (e.g. osteoarthritis, cancer) and the circumstances under which rebuttal is appropriate. (Rebuttal affords decision makers with the ability to 'rebut' a claim if there is evidence that the disease may have had some cause other than the particular occupation.)

During the course of 2013/2014, IIAC focused on the first part of the review and took evidence on coverage and time limits for presumption from various external stakeholders and experts, consulted with trade union representatives on the Council and Departmental officials, and reviewed key research studies and relevant statistics. The report 'Presumption that a disease is due to the nature of employment: coverage and time rules' is scheduled for publication in June 2014 and will then be considered by Ministers.

The second stage of the review – consideration of the rules for presumption and rebuttal for diseases that are multi-causal – will form an important element of the 2014/2015 forward work plan.

⁴ Social Security (Industrial Injuries) (Prescribed Diseases) Regulation 1985 Regulation 4.

Medical assessments

The 'disablement question' (the amount of loss of faculty arising from an occupationally caused injury or disease) differs subtly from the 'causation question', but lies at the heart of medical assessments conducted on behalf of the Industrial Injuries Scheme in that it determines the level of payment. The Council has been considering how the medical assessment process operates within the Scheme and whether improvements can be made to that process.

IIAC has commissioned a review involving an international comparison of state-supported schemes that award benefit or compensation for occupational injury and occupationally-related illness and disease. The main purpose of the review will be to draw systematic international comparisons with IIDB, in relation to tables of injury and relative rankings for entitlement to benefit. Additionally, it will review the system currently applied within IIDB (a) to offset pre-existing non-occupational health problems; (b) to allow for aggravation of such pre-existing conditions; and (c) to accommodate multiple occupational exposures. And finally, in relation to process, it will compare arrangements for the assessment and review of claimants within the IIDB Scheme and similar schemes in other countries. The commissioned review was due for completion shortly after publication of this annual report; IIAC will be considering its findings over the second half of 2014.

In parallel, a simple audit of a sample of claims has been undertaken by a sub-group of Council members, the Medical Assessments Working Group, both to understand the application of the presumption rule and to evaluate the assessment process as a whole.

This work is currently ongoing and is likely to form a substantial part of the work stream for 2014/2015. IIAC will use evidence from the commissioned review and its own enquiries to formulate recommendations to Ministers and other stakeholders on the medical assessment process.

Occupational chloracne

In 2011/12 IIAC undertook a horizon scanning exercise which compared the diseases listed as occupational by the European Union (EU) and the International Labour Organisation (ILO) with those prescribed under the IIDB Scheme. The Council identified that chloracne was listed by the EU and ILO but was not a prescribed disease under the UK Scheme.

Chloracne is a skin disease with systemic effects, characterised by potentially severe, disfiguring facial acne which can persist for several years. The disease is caused by exposure to certain halogenated aromatic hydrocarbons (e.g. dioxins), called chloracnogens, mainly encountered in an occupational setting.

During its review the Council considered the peer-reviewed published literature and consulted with experts in the field. The Council concluded that chloracne should be prescribed based on its specific diagnostic features, its clear links to occupational

exposure and the severity of the disease in some cases, including the psychological impact of severe facial disfigurement. This is an uncommon disease, the diagnosis of which is normally based on clinical observations by a specialist. IAC's report, 'Occupational chloracne' (Cm. 8670) was published in July 2013. Ministers accepted the Council's recommendations to prescribe occupational chloracne and regulations are currently being drafted.

Terminal cancers and Industrial Injuries benefits

Departmental officials drew the Council's attention to the potential for inadvertent inequity that may arise in the handling of some cases of claimants with short life expectancy as a result of a prescribed disease (PD). Currently, the Department treats claims for certain prescribed diseases where the claimant is judged to be terminally ill as 'priority' cases which undergo expedited claim processing. Additionally, claims for mesothelioma (PD D3) and asbestos-related lung cancer (PD D8 and PD D8a) attract advantageous exceptions to the usual entitlement rules; claimants do not have to wait 90 days from the date of onset before receiving benefit, and are awarded the maximum level of disablement (100%) automatically.

However, application of these entitlements and exceptions varies within the IIBD Scheme, with the potential that unequal treatment could arise between claimants sharing a similarly poor prognosis. During the course of the review the Council considered evidence on life expectancy for all the prescribed malignant diseases and consulted with Department officials. After consideration of the evidence IAC recommended that the list of 'fast tracked' claims should be amended to include lung cancer due to arsenic fumes (PD D4), lung cancer due to nickel refining (PD C22b) and angiosarcoma of the liver (PD C24), but should exclude asbestos-related diffuse pleural thickening (PD D9) because it is not a terminal illness.

In addition, the Council recommended that the advantageous entitlement rules should also be extended to include lung cancer due to arsenic fumes (PD D4), lung cancer due to nickel refining (PD C22b), lung cancer due to tin mining and certain chemical exposures (PD D10), lung cancer with silicosis (PD D11) and angiosarcoma of the liver (PD C24).

The report 'Terminal Cancers and Industrial Injuries Disablement Benefit' (Cm. 8846) was published on 3 April 2014.

Dupuytren's contracture due to hand-transmitted vibration

Dupuytren's contracture is a relatively common musculoskeletal disorder at older ages, characterised by one or more of the fingers becoming permanently bent into the palm of the hands. IAC received an enquiry from a Member of Parliament asking that Dupuytren's contracture be prescribed in underground coal miners. During the course of the review Council undertook literature searches, consulted with experts in the field and analysed relevant, unpublished data to consider whether there was sufficient evidence to recommend prescription. The Council is grateful to the Durham Miner's Association for the evidence it has supplied.

Sufficient evidence of a greater than doubled risk of Dupuytren's contracture from hand-transmitted vibration was identified. IIAC is in the process of finalising its report which will be published early in 2014/2015.

The effects of treatment in the medical assessment of Chronic Obstructive Pulmonary Disease (PD D12)

The Department asked IIAC to review the use of therapeutic treatments by claimants and their effect on lung function tests used during medical assessments for PD D12 (Chronic Bronchitis and Emphysema) following the results of an Upper Tier Tribunal, formerly known as Commissioner's decision in 2006⁵. Treatments can improve an individual's lung function to a variable degree, thus altering their spirometry results. In principle, therefore, in marginal cases, use of treatments before a spirometry test might lead to a claimant being unable to demonstrate the required level of lung function loss to be eligible for prescription.

The Council has been considering the matter in consultation with respiratory experts as well as reviewing the evidence base for the original prescription for PD D12. The report detailing IIAC's review and recommendations is currently being finalised and should be published in the Summer of 2014.

Ocular melanoma in welders

IIAC examined the occupational risks of melanoma of the eye ('ocular melanoma'), after becoming aware of a monograph published by the International Agency for Research on Cancer (IARC). Some evidence was found of increased risks of ocular melanoma in both welders and cooks. However, the evidence in cooks is weak, while 'welding' is ill-defined in the published studies and there is currently a lack of evidence about the relationship between risk and exposure. The Council is finalising its review and publication of its findings is expected in the Summer of 2014. The Council will continue to monitor research on this topic.

Bladder cancer and work as a hairdresser, barber or textile worker

IARC has published a review of bladder cancer in hairdressers, barbers and textile workers, and categorised various agents in the work as 'probable' and 'possible' human carcinogenic agents. The Council considered this evidence, including the reports identified by IARC and the literature more generally. It concluded that whilst there is an association between bladder cancer and these types of work, there is insufficient evidence to support the view that risks are more than doubled and thus do not reach the threshold at which IIAC would normally recommend prescription. IIAC published Position Paper 31, 'Bladder cancer in hairdressers, barbers and textile workers', on 13 February 2014.

⁵ Social Security Commissioner Decision. March 2006. CI/2683/2004

Cervical or oesophageal cancer in dry cleaners

The Council looks proactively at the reports of other agencies for opportunities to extend the list of prescribed diseases. In 2012/2013, a HSE report on its priorities for cancer⁶ led the Council to investigate possible occupational causes of cervical and oesophageal cancer in dry cleaners. After consideration of key research reports, IAC concluded that whilst there may be some evidence of increased risks in certain sub-groups of dry cleaners in certain settings, overall there was insufficient evidence of an elevated level of risk for either cervical or oesophageal cancer to warrant prescription. The Council published its report 'Work as a dry cleaner and cancers of the oesophagus and cervix' (Position paper 32) on 13 February 2014 and plans to monitor future evidence in this area.

Noise-induced hearing loss in workers in the blow mould extrusion of plastic industry

In 2013/14 IAC received a request to consider adding work involving blow mould extrusion of plastic to the list of occupational exposures recognised for noise-induced hearing loss (Prescribed Disease A10). The request noted that blow mould extrusion of glass is already a prescribed exposure for PD A10.

During the course of its review, IAC has sought evidence of noise exposure levels in the peer-reviewed research literature and unpublished 'grey' literature. It also issued a call for evidence via the IAC website and through the Society for Occupational Medicine's newsletter. The Council also liaised with the British Occupational Hygiene Society to request evidence from its membership on noise exposures and work involving blow mould extrusion of plastic. Furthermore, the Council contacted industry experts, the HSE and trade union officials to request noise exposure data. Despite this extensive search, insufficient evidence was found of exposures averaged over an 8-hour working day that exceeded the noise level which would normally trigger consideration of prescription.

IAC would welcome evidence from any organisation or individual with data on noise exposure levels from work involving blow mould extrusion of plastic. Further details of the form in which evidence should be submitted can be supplied by the Council's Secretariat.

Other work carried out in 2013/2014

An important component of the Council's work is reactive. Various *ad hoc* queries relating to prescription were raised with the Council by stakeholders over the course of the year. These included:

⁶ HSE Executive Board meeting paper HSE/12/36

Lung cancer in welders

Following IAC's consideration of the HSE report on its priorities for cancer, in 2013/14 the Council investigated the possible occupational causes of lung cancer in welders. The weight of evidence examined by the Council suggested that there was an increased risk of lung cancer in welders, but it was less than the usual threshold required to support prescription. IAC published an Information note in December 2013 describing its review and conclusions.

Lung cancer and exposure to dioxins

During a horizon scanning exercise, IAC identified lung cancer and work involving exposure to the widespread chemical contaminant, dioxins, as a potential topic for review. Occupational exposure to dioxins can occur in herbicide production workers, pesticide applicators and municipal waste workers. IAC found evidence that there was a small increased risk of cancer, including lung cancer, but far below the threshold required to support prescription. The Council published an Information note in December 2013 detailing its review and concluding that lung cancer in workers exposed to dioxins should not be prescribed.

Occupational hepatitis E infections

IAC has been considering the occupational risks of hepatitis E after this topic was raised by an expert in infectious diseases. During the course of the review the Council considered a search of the peer-reviewed research literature and took evidence from experts in the field. The Council found that people working in close contact with pigs had higher antibodies against hepatitis E, but that there was no evidence to indicate a greater than doubled risk of clinically recognisable hepatitis E infection in any occupation. An Information note outlining the Council's review will be published on the IAC website early in 2014/2015.

Terms of prescription for ionising and non-ionising radiation

A member of the Council highlighted grounds for reviewing the terms of prescription for PD A1 (diseases due to ionising radiation) and PD A2 (diseases due to non-ionising radiation), including updated scientific information on the dose-response effects of ionising radiation. In 2013/2014, IAC considered the results of research literature searches and consulted with experts in the field as to whether current terms for prescription remain appropriate or need amendment. The Centre for Radiation, Chemical and Environmental Hazards within Public Health England kindly agreed to undertake research to provide IAC with data to inform this review. Its findings are not available at the time of writing but will feed into IAC's 2014/2015 work programme, which will consider the totality of the evidence. A report on the findings is expected later in the year.

Australian Government Repatriation Medical Authority list of occupational diseases

As part of a horizon scanning exercise the Council considered the Australian Government Repatriation Medical Authority's (AGRMA) list of occupational

exposures for compensation for bladder cancer and compared coverage under the Industrial Injuries Scheme. The lists were broadly similar, but there were a few exceptions of occupational exposures which had been previously considered by the Council (e.g. benzidine-based dyes, work as a hairdresser, textile worker or painter) or where the exposure is the topic of a current or future review (e.g. ionising radiation, diesel fumes). After careful consideration, IAC is satisfied there are no exposures covered by the AGRMA list for bladder cancer which warrant prescription.

Liver cholangiocarcinoma in print ink workers

A member of the Council highlighted a new research study which suggested a 29-fold excess risk of liver cholangiocarcinoma (bile duct cancer) in printing ink workers. The RWG conducted a literature search but found little further evidence to support the findings of this new research. The Council will keep a watching brief on this topic for emerging research about liver cholangiocarcinoma.

Correspondence on occupational diseases topics

In 2013/2014 IAC received a number of queries about a range of topics which did not result in any recommendations requiring changes to legislation or guidance.

- osteoarthritis of the knee (PD A14) and a) aggregation of awards and b) consideration of hours, rather than days, worked in the calculation of time spent in underground coal mines
- osteoarthritis in diesel engine fitters/engineer
- medico-legal perspectives on attribution of disease to occupation (i.e. material contribution, *de minimus* (cause and harm) and divisibility of disease)

Visits and presentations to the Council

During the year, IAC representatives from the Council visited the IIDB processing centre in Sheffield to meet with DWP operational managers and Decision-Makers. This was a very useful and productive visit, during which the Council were impressed by the dedication and knowledge of the IIDB processing staff.

We also had presentations by:

- Mr Stewart Campbell, an occupational health consultant and former HSE Director for Scotland who presented his work with the European Commission as national reporter for the UK on the 'Report on the current situation in relation to occupational diseases' systems in EU Member States'.
- Dr Wei Zhang from the Centre for Radiation, Chemical and Environmental Hazards at Public Health England on diseases due to ionising radiation.
- Dr Sarah O'Brien, Professor of Infection, Epidemiology and Zoonoses at the Institute of Infection and Global Health, University of Liverpool to discuss infectious diseases for the presumption review

Public Meeting – Southampton

In June 2013, the Council held a successful annual Public Meeting in Southampton. The meeting, which was attended by 49 delegates, provided an opportunity for the Council to hear the views of members of the public from the region and address their questions, and to explain the Council's role and how it carries out its work.

Presentations were given on the following subjects:

- IIAC's approach to scientific decision making (Professor Keith Palmer)
- Presumption (Mr Richard Exell)
- Medical assessments (Ms Clare Sullivan)
- Occupational chloracne (Dr Ira Madan)
- Terminal prescribed diseases (Professor Paul Cullinan)
- Breast cancer and shift work (Professor Damien McElvenny)
- Open forum (Facilitator – Mr Paul Faupel)
- Meeting summary and closure (Mr Fergus Whitty)

The proceedings from the meeting are available on the Council's website.

Calls for additional research and highlighting occupational risks for prevention

IIAC does not have its own research budget and its remit does not extend to commissioning primary research studies. Thus, IIAC must rely on published research when considering whether a disease and exposure warrant prescription. IIAC strives to identify robust evidence from the peer-reviewed scientific literature, but where such information is lacking will seek other avenues to provide information such as approaching researchers directly to ask for additional analyses of, or further information about, their data.

The Council regularly makes calls for evidence to the wider scientific community via the IIAC website (on the front page and its dedicated 'Calls for Additional Research' webpage), the Society for Occupational Medicine newsletter and through a targeted approach to the occupational sectors involved.

During 2013/2014, the Council made use of the LinkedIn social media site to highlight a call for evidence about noise-induced hearing loss to the members of the British Occupational Hygiene Society. In addition, on behalf of the Council an IIAC member submitted a feature article about the work of the IIAC and how safety and health professionals can assist with evidence gathering, which is due to be published in the May 2014 edition of "The Safety & Health Practitioner".

Future Work of the Council

In addition to maintaining its reactive brief and its surveillance of the research literature, the Council's forward work programme for 2014/2015 will focus in

particular on two major topics that are fundamental to the Scheme:

- Presumption – multi-causal diseases and rebuttal
- Medical assessments

Other topics currently under review include:

- Occupational risks of diesel fumes
- Coverage for PD A1 (diseases due to Ionising radiation)
- Neurological disorders in sportspersons
- Asbestos-related laryngeal and ovarian cancer
- Bladder cancer and mineral oils
- Contributing to the 2014/2015 triennial review of IAC and the review of IAC as a scientific advisory body

Appointments and reappointments

Appointments:

An appointment exercise will be launched early in 2014/2015 to appoint five new Council members (one independent scientific member, one representative of employers and three representatives of employees) in accordance with the Office of the Commissioner for Public Appointments (OCPA) guidelines.

The following reappointments were made:

Reappointments:

Professor Keith Palmer was re-appointed for a third three-year term from 18 January 2014. **Ms Claire Sullivan** and **Mr Andrew Turner**, two representatives of employees, were reappointed for a final year from 1 December 2013. Another representative of employees, **Mr Fergus Whitty**, was also reappointed for a final year from 8 April 2014.

Members who left IIAC:

Both **Professor Russel Griggs** (in May 2013), a representative of employers, and **Professor Sir Mansel Aylward** (in November 2013), an independent member, resigned from the Council due to other work commitments.

Membership

Under the Social Security Administration Act 1992 (Schedule 6) the Secretary of State appoints a Chairman and such other number of members as he/she may determine.

Legislation requires that there shall be an equal number of persons to represent employers and employed earners.

Members of IIAC are not salaried. For each meeting they attend members receive a fee and reimbursement of travelling expenses and subsistence where appropriate in line with civil service arrangements.

IIAC members are required, at the start of each meeting, to declare any conflict of interest in relation to the business of the meeting.

Members of the Council in 2013/2014

Professor Keith Palmer MA MSc DM FFOM FRCP MRCGP (Chair of IIAC)

First appointed Chair on 18 January 2008, reappointed for a third 3-year term on 18 January 2014

Previously a member of the Council, initially appointed on 1 October 2001, stepped

down in January 2008 to take up the Chair's post

Independent member with skills and experience in occupational epidemiology and occupational medicine

Professor of Occupational Medicine, Medical Research Council Lifecourse Epidemiology Unit and University of Southampton
Honorary Consultant Occupational Physician, Southampton University NHS Trust
Member, Advisory Committee on Pesticides, Department for Environment, Food and Rural Affairs
Member, Independent Scrutiny Group, Review of Work Capability Assessment test, DWP

Professor Paul Cullinan MD BS MB MSc FRCP FFOM (RWG Chair)

First appointed to the Council on 1 September 2008, reappointed for a second 3 year term from 1 September 2011

Independent member with specialist medical and research skills in respiratory medicine

Professor in Occupational and Environmental Medicine, National Heart & Lung Institute (Imperial College) and Royal Brompton Hospital, London
Member, British Thoracic Society
Member, Society of Social Medicine

Professor Sir Mansel Aylward CB MD FRCP FFPM FFOM DDAM

First appointed to the Council on 20 June 2005, re-appointed on 20 June 2011 for a third 3 year term. Resigned from the Council in November 2013

Independent member with specialist skills in medical, disability, and occupational health

Director, Centre for Psychosocial and Disability Research, University of Cardiff
Chair of Public Health Wales and the Academic Forum, Faculty of Occupational Medicine
Vice President, College of Occupational Therapy
Member, Atos Clinical Governance Committee
Special Adviser, Health Claims Bureau

Dr Paul Baker MA DM MB BS MFOM

First appointed to the Council on 1 October 2011

Representative of employers

Consultant Occupational Physician, Health Management Ltd

Mr Keith Corkan BA

First appointed to the Council on 1 May 2013

Independent member with legal expertise

Partner in Laytons Solicitors National Employment Team
Chair of the Employment Committee of the British American Chamber of Commerce
Member of the Employment Lawyers Association

Mr Richard Exell OBE

First appointed to the Council on 8 June 2009, reappointed for a second 3 year term from 8 June 2012

Representative of employed earners

Senior Policy Officer, Trade Union Congress, London

Mr Paul Faupel CBiol MSB MIRM FIOSH

First appointed to the Council on 8 June 2009, reappointed for a second 3 year term from 8 June 2012

Representative of employers

Head of Campus Health & Safety and Scientific Facilities, Genome Research Limited at Wellcome Trust Sanger Institute – retired in April 2014

Professor Russel Griggs OBE BA PhD

First appointed to the Council on 8 June 2009, reappointed for a second 3 year term from 8 June 2012; resigned from 6 May 2013

Representative of employers

Chair of the Regulatory Affairs Group for CBI Scotland
Chair of the Institute of Occupational Medicine Edinburgh

Professor Sayeed Khan BMedSci DM FFOM FRCGP FRCP

First appointed to the Council on 1 May 2013

Representative of employers

Chief Medical Adviser, EEF, The Manufacturers' Organisation
Honorary Professor of Occupational Health, University of Nottingham

Dr Ira Madan MB BS (Hons) MD FRCP FFOM

First appointed to the Council on 1 October 2011

Independent member with specialist skills in occupational medicine

Consultant Occupational Physician and Honorary Senior Lecturer, Guy's and St Thomas' NHS Foundation Trust and King's College, London

Professor Damien McElvenny BSc MSc CStat CSci

First appointed to the Council on 1 September 2008, reappointed for a second 3 year term on 1 September 2011

Independent member with skills and experience in statistics and epidemiology

Principal Epidemiologist, Institute of Occupational Medicine and
Director, Statistics and Health Limited

Fellow of the Royal Statistical Society

Member, International Epidemiology Association

Member, International Commission on Occupational Health

Member, Society of Social Medicine

Professor Neil Pearce BSc DipSci DipORS PhD DSc FMedSci

First appointed to the Council on 1 October 2011

Independent member with specialist skills in epidemiology, particularly asthma, cancer and occupational health and biostatistics

Professor of Epidemiology and Biostatistics, London School of Hygiene and Tropical
Medicine, London

Honorary Life Member, Australasian Epidemiological Association

Fellow, Royal Society of New Zealand

Professor Anthony Seaton CBE FMedSci FRCP

First appointed to the Council on 1 May 2013

Independent member with experience in occupational and environmental medicine

Retired, currently Emeritus Professor of Environmental and Occupational Medicine,
University of Aberdeen

Honorary Senior Consultant, Institute of Occupational Medicine

Ms Claire Sullivan

First appointed to the Council on 1 December 2004, reappointed for a final year on 1
December 2013

Representative of employed earners

Assistant Director - Employment Relations and Union Services, Chartered Society of
Physiotherapy, London

Mr Andrew Turner TechSP

First appointed to the Council on 1 December 2004, reappointed for a final year on 1
December 2013

Representative of employed earners

Workplace Health Advisor to Rotherham Occupational Health Advisory Service (ROHAS) Rotherham Community Health
Trade Union Official for UCATT the Construction Union

Dr Karen Walker-Bone BM FRCP PhD Hon FFOM

First appointed to the Council on 1 May 2013

Independent member with expertise in the epidemiology of rheumatic diseases

Reader and Honorary Consultant in Occupational Rheumatology
MRC Lifecourse Epidemiology Unit (University of Southampton)
Member, British Society of Rheumatology
Member, National Osteoporosis Society

Mr Fergus Whitty BA

First appointed to the Council on 8 April 2005, reappointed for a final year on 8 April 2014

Representative of employed earners

Retired - formerly Legal Director at the Transport and General Workers Union

IIAC Secretariat

IIAC has a full-time secretariat, supplied by the DWP, dedicated to the Council's requirements. It consists of the Secretary, a Scientific Adviser and administrative staff.

Members of the Secretariat:

| | |
|----------------------|--|
| Mr Gareth Roach | Secretary (retired) |
| Mrs Rebecca Murphy | Secretary (job-share) |
| Mrs Lucy O'Sullivan | Secretary (job-share) |
| Dr Marianne Shelton | Scientific Adviser |
| Ms Catherine Hegarty | Administrative Secretary |
| Mrs Zarina Hajee | Assistant Administrative Secretary (retired) |

Contact Details:

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Officials and Observers attending meetings

Officials from the DWP attend Council meetings to give advice and guidance to IIAC on policy matters and the operation of the IIDB Scheme. Representatives from the HSE and the Ministry of Defence Armed Forces Compensation Scheme attend as observers.

From the DWP:

| | |
|------------------|--|
| Dr Clare Leris | Health and Wellbeing Directorate |
| Mrs Linda Oliver | Working Age Benefits Division – Strategy Group (retired) |
| Mr David Wilyman | Working Age Benefits Division – Strategy Group |
| Mr Neil Walker | Working Age Benefits Division – Strategy Group |
| Mr Mike Charles | National IIDB, Maternity Allowance Manager |

From the HSE:

Mr Andrew Darnton Science, Engineering and Analysis Division

From the MoD:

Dr Anne Braidwood Medical Adviser

Expenditure

- a) The budget for IIAC in 2013/2014 was £48,000
- b) Fees for attending IIAC meetings were set from April 2007 as follows:

| | | |
|--------------------------------|-------------|------|
| Full Council meetings: | IIAC Chair | £262 |
| | IIAC member | £142 |
| Sub-Committee meetings: | RWG Chair | £182 |
| | RWG member | £142 |

- c) Travel expenses are also payable in accordance with DWP rates and conditions.
- d) The full Council met four times in 2013/2014. Their sub-committee, the RWG, also met four times during the year.
- e) Members also attended a public meeting in Southampton in June 2013.

Appendix A

Historical background to the Council's work

The first Workmen's Compensation Act passed in 1897 made no provision for industrial diseases. Subsequently, a Departmental Committee identified a need for additional statutory provision and a Schedule was added to the Workmen's Compensation Act of 1906 listing industrial diseases for which compensation was available. Initially only six diseases were prescribed (anthrax, poisoning by lead, mercury, phosphorus, and arsenic, and ankylostomiasis) in respect of specific work processes. The 1906 Act also empowered the Home Secretary to add other diseases to the Schedule, though the criteria to be applied in doing so were not specified.

The Samuel Committee was appointed in 1907 to inquire into this and set out to identify diseases currently not covered by the Act which, firstly, caused incapacity for more than one week and, secondly, were so specific to the given employment that causation could be established in each individual case. Using these criteria the Committee recommended that eighteen diseases should be added to the Schedule. Further diseases were added to the schedule later, but there were no significant changes to the scheme until the setting up of the Welfare State after the Second World War. By 1948 compensation was available for 41 diseases.

IIAC was established under the National Insurance (Industrial Injuries) Act 1946. Under this Act, which came into effect on 5 July 1948, a new Industrial Injuries Scheme was established, financed by contributions from employers, employees and the Exchequer. The State, through the Scheme, assumed direct responsibility for paying no-fault compensation for work related injury and diseases. The Council's terms of reference, set down in the Act, were to advise the Minister on proposals to make regulations under the Act and to advise and consider such questions relating to the Act that the Minister might, from time to time, refer.

The 1946 Act also contained provisions for the prescription of diseases (section 55 of the 1946 Act, now section 108(2) of the Contributions and Benefits Act 1992). The Minister could prescribe a disease if he was satisfied that it ought to be treated as a risk of occupation and not as a risk common to the general population, and that the attribution of individual cases to the nature of the occupation could be established or presumed with reasonable certainty. An employee disabled by a prescribed disease would have a right to claim benefit under the Act.

In 1947 the Government appointed the Dale Committee. Part of its brief was to advise on the principles governing the selection of diseases for insurance under the National Insurance (Industrial Injuries) Act, having regard to the extended system of insurance which was about to be set up by the National Insurance Act 1948 and any other relevant considerations. The advice of the Dale Committee included proposals that a small specialised standing committee should be appointed by the Minister to consider the prescription of diseases specifically referred to it, to review periodically the schedule of prescribed diseases and to recommend subjects on which more research was needed. The Minister concluded that this was a suitable task for a

newly established IIAC. In 1982 the Government widened the Council's terms of reference allowing it to advise the Secretary of State on any matter relating to the IIDB Scheme or its administration.

Appendix B

TERMS OF REFERENCE

PURPOSE AND CONSTITUTION

To advise the Secretary of State for Work and Pensions, the Health and Well-being Directorate of the Department for Work and Pensions and the Department of Social Development in Northern Ireland on the Industrial Injuries Scheme.

The Social Security Administration Act 1992 sets out the Council's remit. The Council exists to provide consideration and advice to the Secretary of State on matters relating to Industrial Injuries Benefit or its administration, and to consider any draft regulations the Secretary of State proposes to make in relation to that scheme. In particular, this includes advising which diseases and occupations should give entitlement to Industrial Injuries Benefits.

MEMBERSHIP

The Council consists of a Chairman appointed by the Secretary of State and such number of other members so appointed as the Secretary of State shall determine. Independent members include specialists in occupational medicine, epidemiology, toxicology and the law. There are four members representing employers and four representing employees. Legislation requires an equal number of representatives from employers and employees.

Appointments shall be made by the Secretary of State or another Minister of the Department for Work and Pensions as determined by the Secretary of State. Appointments shall be made in accordance with guidance provided for Non-Departmental Public Bodies by the Office of the Commissioner for Public Appointments.

Members will serve a term of three years, and can be reappointed (dependent on satisfactory appraisal) for two further three year terms and a possible final term of one year – giving a maximum of ten years in total.

Other persons, who are not members of the Council, will at the Council's invitation attend meetings of the Council as advisers or observers.

DEPUTY-CHAIR AND SUB-GROUPS

The Chair shall determine who shall deputise for him in his absence, and in the case of any sub-group of the Council, who shall chair that sub-group.

The Council has a standing sub-group – the Research Working Group, which undertakes the detailed scientific investigations required by the Council's work, particularly with reference to the prescription of diseases within the Industrial Injuries Scheme. The make-up of the Research Working Group is decided by the Chair, in discussion with the Chair of the Research Working Group.

The Chair will determine the need for other sub-groups as required by the Council's work programme. In agreement with the Council he will set their terms of reference, membership and Chair.

AUTHORITY

The Council has no executive or operational functions in relation to the Industrial Injuries Scheme, which is operated by the Department for Work and Pensions and its agencies and has no authority in relation to individual benefit decisions or appeals.

CONDUCT AND FREQUENCY OF MEETINGS

Current arrangements are that the full Council meets four times a year, and in addition the Research Working Group also meets four times a year. Further meetings will be arranged if required and as directed by the Chair. Subject to availability of Departmental funding, the Council will conduct an open public meeting at least once a year in different locations of the United Kingdom, offering opportunities for members of the public to question the Council members on matters relating to its advice to Government.

SPONSORSHIP OF THE COUNCIL

The Health and Well-being Directorate of the Department for Work and Pensions will sponsor the Council. Sponsorship will consist of ensuring the Council has the means to carry out its advisory function efficiently and independently and that it operates in line with Government guidance for Non-Departmental Public Bodies and Scientific Advisory Committees.

Sponsorship of the Council will take place in line with the high level Framework of Principles set out in the Departmental Framework published by the DWP for managing the relationships of the Department with its Arms Length Bodies.

The Department for Work and Pensions will provide staff to act as the Secretariat of the Council (including experienced scientific support), and provide budgetary resources for the Council to carry out its business.

The Department will carry out triennial reviews of the Council as both a Non-Departmental Public Body and a Scientific Advisory Committee, as required by Cabinet Office and GOScience guidance.

These terms of reference will be reviewed, updated and agreed in consultation with the sponsor Department at least every three years.

ANNUAL REPORT

The Council will publish an annual report, to be published by the end of July each year, setting out its work in the previous year and its forward work programme for the forthcoming year.

PUBLICATIONS

Where the Council advises the Secretary of State to make legislative changes to the

Industrial Injuries Scheme the Council will prepare a draft paper to be presented to Parliament by the Secretary of State for Work and Pensions by Command of Her Majesty. Where the Council has carried out a full review of a topic, but is not advising the Secretary of State to make legislative changes, the Council will prepare a position paper for publication, setting out its conclusions and reasoning.

The Council shall, with the aid of the Department, run an internet website where agendas and minutes of its meetings will be published, where copies of its advice to Ministers shall be made available, and where the details of membership, the Council's remit and other matters and items of information shall be published.

METHOD OF ENQUIRY

The Council's task is to advise the Secretary of State on the Industrial Injuries Scheme. The majority of this work concerns updating the list of diseases and the occupations that cause them for which Industrial Injuries Disablement Benefit can be paid.

Identifying areas of investigation

The Council's work programme has reactive and proactive elements.

Reactive elements:

The Council interprets its reactive role liberally, to include responsiveness to stakeholder questions and the emerging research literature. The work programme therefore considers requests from many parties, including (and not limited to): the Secretary of State, Members of Parliament, the DWP, medical specialists, trade unions, safety officials, victim support groups, delegates of public meetings, and Council members themselves. It also takes account of new peer-review research reports, items in the scientific and general press and the decisions of IIDB tribunals.

This reactive element is an essential ongoing component of the work, valued by stakeholders, and which makes the Council accessible and open to reasonable enquiry, adaptable, and an intelligent user of information.

Proactive elements:

The Council employs a range of tools to directly and continuously monitor changing scientific evidence and new topics that may impact on the Industrial Injuries Scheme. These include: periodic review of existing Prescribed Diseases and their terms; a watch list of topics from earlier reports; periodic review of IIDB statistics; review of a biannual compendium of research abstracts; benchmarking exercises which compare the IIDB list with lists of other schemes; and, when budgetary constraints allow, an annual commissioned review of topics of interest to the work plan.

The Council's approach

Once an area of investigation has been identified the Council's approach will typically be to:

- Check original sources
- Conduct a review of the relevant scientific peer- review literature
- Check the reports of major authorities (such as IARC)

- Take evidence from topic experts
- Make a public call for evidence and, where appropriate, direct calls for evidence to key informants (e.g. trade unions, safety officers, HSE)
- Collate the evidence, summarise it, and formulate a view in the context of the Scheme
- Draft an appropriate report, agreed by the RWG and the full Council, setting out the Council's advice to the Secretary of State for Work and Pensions and to other stakeholders.

Openness and transparency

This requirement is met in various ways:

- Annual public meetings
- Publication of Command and Position Papers
- Publication of Information Notes
- An Annual Report
- Publication of the minutes and agendas of Council and RWG meetings
- Accessibility to stakeholder enquiries
- Information published on the IIAC Website.

Where inquiries are more than minor and of sufficient public interest there is always an intention to publish; and to respond constructively to the original inquirer. Reports generally cite the considered background literature (to allow a transparent audit trail) and offer a glossary (to promote understanding).

