

# RESEARCH WORKING GROUP of the Industrial Injuries Advisory Council

## Minutes of the meeting Thursday 25 May 2017

### Present:

Professor Paul Cullinan (Chairperson)	RWG
Professor Damien McElvenny	RWG
Professor Keith Palmer	RWG
Professor Neil Pearce	RWG
Dr Anne Braidwood	MOD
Dr Edith Cameron	DWP
Ms Catherine Hegarty	IIAC Secretariat
Mr Stuart Whitney	IIAC Secretariat
Ms Hazel Norton-Hale	IIAC Secretariat
Mr Ian Chetland	IIAC Secretariat

**Apologies:** Professor Ira Madan, Mr Hugh Robertson, Professor Karen Walker-Bone, Mr Andrew Darnton, Clare Wilkinson.

## 1 Announcements and Conflict of interest statements

- 1.1 Hazel Norton-Hale and Annette Loakes are moving on to work in the International Benefit Entitlement and Co-ordination Division. The RWG welcomed Stuart Whitney who will be taking over their responsibilities for the next 6 months.
- 1.2 Prof Paul Cullinan reflected on productivity and output of IIAC since January 2016, which has been significant: 5 command papers, 2 position papers, 10 information notes and 4 other pieces of work. All the recent information notes agreed by the Council have now been published on the IIAC website. A submission is being written to have the position papers published and deposited in the libraries of the Houses of Parliament. A similar exercise will be carried out for the 2 command papers which are awaiting publication .
- 1.3 Dr Edith Cameron announced the Departure of Dr Pui-Ling Li, Chief Medical Officer (CMO), who is returning to Public Health England and will not be replaced. The medical directorate will be disbanded and health professionals will in future be co-located and brigaded with their policy colleagues. A member expressed concern around escalation of issues if no CMO is in post, so officials agreed to clarify and establish new routes as necessary. It was agreed the official DWP communication would be shared with members.
- 1.4 Conflict of interests – none declared.

## 2 Minutes of the last meeting

- 2.1 The minutes of the last meeting were cleared with minor amendments. The Secretariat will circulate the final minutes to all RWG members ahead of publication on the gov.uk website.

2.2 All action points have been cleared or are in progress.

### **3 Medical assessments**

- 3.1 Prior to the RWG meeting, several papers and references were shared for discussion.
- 3.2 The Council is concerned that tribunals may be expecting doctors to make judgements around off-sets for pre-existing conditions that are beyond reasonable science. Prof Palmer has written to several experts to seek opinions whether offsets for certain pre-existing conditions can be established in a scientifically robust way, or at least supported using research evidence and/or epidemiological reasoning.
- 3.3 The experts were also asked to comment on the challenges medical assessors face. For example, are they being asked to do something that is unreasonable medically and scientifically? If not, how can robust decision-making be supported? An example of the letter issued to the experts was tabled. Several members suggested it would be appropriate to contact additional experts and this was agreed.
- 3.4 In the absence of responses from these experts, a member has been looking at back pain and osteoarthritis (OA) of the knee to determine the scientific knowledge on the prognostic value of the off-sets being applied.
- 3.5 Consultation with IIDB policy officials is underway around potential impacts.
- 3.6 Statistical information has been requested from IIDB operations and the parameters for data gathering required establishing. It was agreed that information on the proportion of claims where an off-set has been applied along with the condition and body part affected would be sought.
- 3.7 Information around appeals where off-sets were applied would be helpful – ideally, for example: how often appeals arise in cases with offset (number and proportion of decisions); how often these appeals succeed (number and proportion of appeals); what impact a successful appeal has on the % disablement/whether and how much offsets change (number, proportion, average % change); the average costs of such appeals.
- 3.8 The review will continue and the responses from the experts will help inform the direction of the outcome. This may include setting out the Council's position with a view to influencing medical assessors and tribunal judges, or drafting a command paper to suggest changes to legislation, or suggesting changes to the medical assessors' handbook.

### **4 Cadmium, steel workers and autoimmune disease.**

- 4.1 The information note 'Cadmium and Rheumatoid Arthritis' was published on the IIAC website 15 May.
- 4.2 Further literature searches have been carried out to include the disease states rheumatoid arthritis, systemic sclerosis, lupus erythematosus and vasculitis and occupational exposure – post 2004.
- 4.3 The topic has been on hold due to illness; plans to resume the review were discussed.

- 4.4 Secretariat to send literature search to another member to progress in the short term.

## **5 Nasal Carcinoma and Wood Dust Exposure**

- 5.1 Sinonasal and nasopharyngeal cancers are prescribed diseases with relation to occupational exposure to wood dust. Since the last Council meeting, the text of the original draft command paper on nasal cancer and wood dust has been amended, as agreed, to recommend extension of the terms of PD D6 for all, rather than certain sinonasal cancers.
- 5.2 It was agreed that some minor changes were required to the new text, to simplify the explanation of how the revision to the prescription relating to cancer subsets could be applied.
- 5.3 Legal aspects of the paper were discussed relating to wood working and places of work and the wording in the draft paper around these topics was agreed.

## **6 Shift work and breast cancer; individual susceptibility**

- 6.1 Members debated the papers copied to IIAC by Dr Andrew Auty.
- 6.2 On balance, it was decided the information provided did not warrant any further action at this present time.

## **7 HAVS: duration of exposure to vibration**

- 7.1 The information note 'Prescribing for Hand arm Vibration Syndrome and risk from motorcycle handlebars' was published on the IIAC website 15 May 2017. Current evidence appeared too limited to be confident of defining the exposure schedule that should be prescribed. Accordingly, the Council did not recommend adding motorcycle handlebars to the list of vibratory tools specified in the terms of PD A11
- 7.2 It was noted that in the British National Survey of Vibration, the median vibration magnitude assigned to motorcycle handlebars was well below assumed median values for vibratory tools prescribed already under the IIDB Scheme.
- 7.3 A question arose however as to whether the vibration magnitude of tools considered for prescription in future could be used to identify scenarios that were at least as hazardous as those already prescribed.
- 7.4 The correspondence between Profs Palmer & Griffin was presented for discussion along with extracts of the EU Guide, including data on the distribution of vibration magnitudes for several (already prescribed) tools. It was noted that tools with an  $a_{hw}$  of  $\leq 1.0$  m/s<sup>2</sup> were considered 'safe', providing one form of "de minimus" definition, to rule out prescription.
- 7.5 The papers tabled were discussed. It was felt that it could be useful when considering new tools for inclusion in the list in future, to call for evidence on their vibration magnitude.
- 7.6 It was recognised, however, that a wide range of values would be likely to exist in practice, so information should be sufficient to judge the likely distribution and expectation for exposure in an average claimant. A further

unresolved complication is that dose assessment strictly requires information also on duration of exposure (although duration is not defined in relation to the tools already listed in PD D11).

## **8 Annual Scientific abstracts**

- 8.1 The scientific adviser has compiled a list of abstracts on agreed topics of interest. A document detailing suggested topics for members to review had been circulated and was agreed with some minor changes.
- 8.2 A complete document with all abstracts compiled will be made available electronically to all members.
- 8.3 Abstracts will be shared electronically by topic and some members will receive printed copies.
- 8.4 Wherever possible, members agreed to try to review their allocated abstracts by the beginning of August 2017 with a view to informing the September RWG meeting.

## **9 AOB**

- 9.1 Dr Ian J Lawson, HAVS specialist, wrote to the secretariat to ask if the recommended prescription for Dupuytren's contracture had been accepted. An official response was provided which indicated that the case to prescribe Dupuytren's Contracture was being actively considered. Due to the upcoming general election, any decision will be for the new Government once it is formed.
- 9.2 Due to the general election in June, the exercise to recruit a new IIAC chair has been postponed. As an interim measure, Prof Keith Palmer has agreed to stay on in this position until the end of March.

Date of next RWG meeting: 14 September 2017

Date of next full council meeting: 5 July, public meeting 6 July 2017