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THE INDUSTRIAL INJURIES ADVISORY COUNCIL

ANNUAL REPORT

2011/12

www.iiac.independent.gov.uk

Annual Report 2011/2012

Foreword

This has been another busy, challenging and productive year for the Council, engaged as it is in providing independent advice to the Secretary of State, and ensuring that the provisions of the Industrial Injuries Scheme are evidence-based and provide a fair, efficient basis for providing state compensation to workers injured through their occupation.

This year's business has been conducted against a backdrop of another year of change, austerity in public finances and a year in which there has been a root and branch review of the welfare benefit system. Some simplifications, but no major amendments, to the Industrial Injuries Scheme are going to be taken forward in the Welfare Reform Act; the important role of the Scheme in compensating workers injured or made ill by their work remains recognised and financially supported; and the Council's role as an independent scientific expert advisor to Ministers is valued. Some economies have been forced upon us by the state of public finances (for example, funding to undertake a commissioned review was not available in 2011-12, and the public meeting in London adopted a half-day format to achieve cost savings), but at present the essential work of the Council has been able to continue.

The Council's Research Working Group (RWG) – chaired by Professor Paul Cullinan – has sustained its energetic output as the Council's scientific engine. Its endeavours have resulted this year in a Command paper recommending the addition to the list of prescribed diseases of lung cancer in coke oven workers, as well as position papers and information notes reviewing diverse areas of potential prescription and detailing preliminary reviews of evidence in selected areas of interest and topical importance. Steadily, the format of reports has been revised to ensure even higher levels of scientific transparency, to aid understanding among users (a reader's glossary is now a standard element in our reports), and to cover issues of equality and diversity. In the spirit of openness and transparency, we have also begun publishing the minutes from both IIAC and RWG meetings on our website in keeping with guidance from the Cabinet Office and the Government Office for Science (GOScience).

As in previous years, we held four full meetings of the Council and four meetings of the RWG through this year, with much additional work undertaken out of committee. A half-day format was trialled for our annual Public Meeting. This was staged in London in June 2011 with great success with a good deal of audience participation. The Council remains committed, in the spirit of openness and transparency, to holding further Public Meetings at locations across the country in the future as long as finances allow: the 2012 meeting will be in Leeds and we extend a warm invitation to anyone who would like to attend.

During the year, we were pleased to welcome representatives from ATOS Healthcare and the Upper Tribunal Service to discuss procedures for medical assessments and recent changes to the Tribunal Service respectively; and to take evidence on a variety of other topics, notably from representatives of the National Union of Mineworkers and TATA Steel, who attended in person to address the Council's questions.

Our work programme for 2012/13 promises to be a busy and complex one – encompassing diverse topics including updating the ‘presumption’ rule (which governs when an individual’s condition can be presumed to have been caused by their employment) and a review of the medical assessments carried out for Industrial Injuries Disablement Benefit (IIDB) claims.

I would like to thank the members of the Council and Secretariat, and also HSE observers and members of the Department, for their help and enthusiasm in accomplishing our goals and in helping me to negotiate my role as Chairman of the Council. The Secretariat has remained unchanged following a Departmental staff selection review in 2011-12. This review has endorsed the Council's own view that the Secretariat is efficient, offers value for money and is essential to support the effective operation of the Council in fulfilling its statutory role.

I would also like to thank Anne Cockcroft, an independent member of the Council and Lucille Wright, a representative of employers for their diligent work during their time on the Council, having completed 10 years of valuable service.

On a personal note, I am very pleased and privileged to lead the Council forward into 2012/13 with such an active, exciting and important programme of work in prospect.

Professor Keith Palmer
Chairman

Introduction

The Industrial Injuries Advisory Council (IIAC) is a non-departmental public body 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 an appendix.

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 in Great Britain by the Secretary of State for Work and Pensions 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.

Composition of the Council

IIAC 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 medical practitioners, scientists and lawyers.

Legislation 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') for which people can claim Industrial Injuries Disablement Benefit (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 bronchitis and emphysema). 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 (usually 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. 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 officer who researches and monitors the medical and scientific literature in order to keep IIAC updated over developments in medical and scientific research, and to gather evidence on specific topics that the Council decides to review.

Programme of work 2011/2012

Key achievements

Publication of the Command paper (Cm 8163) – Lung cancer in coke oven workers

Publication of Position Paper 29 – Lung cancer in foundry workers

Approval of draft regulations:

- **Adding bronchiolitis obliterans and diacetyl exposure (PD C31) and Sino-nasal cancer and chromium exposure (PD C32), which both came into force in 2011/12; and**
- **Adding osteoarthritis of the knee in carpet fitters and carpet and floor layers to the list of prescribed occupations for PD A14, which is due to come into force during 2012/13**

IIAC also approved amendments to regulations for poisoning by phosphorus, organic and inorganic phosphorus compounds (PD C3) and task specific focal dystonia of the hand (PD A4)

Publication of information notes

Information notes are a novel, transparent format of IIAC publication detailing preliminary reviews of diverse occupational health topics. In 2011/12 IIAC published the following information notes on their website:

- Osteoarthritis of the knee in tin miners
- Lung cancer in haematite miners
- Bladder cancer and pre-bake aluminium smelters

Welfare Reform Bill – consideration of DWP plans to remove accident declarations (Apr 11) and include IIDB in the calculation of the benefit cap introduced by the Welfare Reform Act

Public meeting held in London

Progress with various review topics, as set out in the following summary of work undertaken

Summary of work undertaken in 2011-12

Occupational lung cancer

Following the Council's 1986 report 'Occupational Lung Cancer' (Cm 37), IAC undertook to keep under review the risk of lung cancer in various occupations, including haematite (iron ore) miners, coke oven/gas retort workers, foundry workers, rubber workers, manufacturers of man-made mineral fibres, workers exposed to formaldehyde and fur-skin workers. Beginning in 2010 IAC explored whether, based on updated evidence, there was a case for recommending prescription for any of these workers. The opportunity was also taken to incorporate a review of exposures to radon. 2011 marked the completion of the final stages of the various reviews around lung cancer.

In coke oven workers

IAC undertook a full review of the evidence in relation to lung cancer in coke oven workers, comprising a detailed literature search and consultation with researchers, trade unions and industry representatives. Since 1986 new research has accumulated and a long term follow-up study of UK coke oven workers has also been published, which suggested a more than doubled risk of lung cancer among coke oven workers, especially those exposed to fumes through top oven work. The excess risk did not extend to workers in general non-oven coke plant duties. This persuaded the Council there was a case for recommending prescription. In recent years the coke oven industry has reduced levels of exposures to hazardous agents due to better engineering and safety controls. The Council considered whether to restrict prescription to a certain time period, but found a lack of evidence to enable a date to be pinpointed at which risks of lung cancer were less than doubled in coke oven workers.

IAC recommended that lung cancer associated with (i) at least 5 years in total of work at the top of a coke oven or, (ii) at least 15 years in total of coke oven work, should be added to the list of prescribed diseases. For workers who move between coke oven jobs and whose employment in top oven work amounts to less than 5 years in total, the Council recommended that each year of top oven work be counted as contributing 3 years towards the 15 year target. IAC published its report 'Lung cancer in coke oven workers' (Cm 8163) in September 2011. The Department will be referring draft regulations to IAC early in the new financial year.

In foundry workers

Since the matter was last considered in 1986, a variety of new studies have been published on the risk of cancer in foundry workers. The Council undertook a full literature review to update its assessment of the evidence. The data suggested an increased risk of lung cancer in foundry workers, but no consistent pattern was found by occupational group, and risks were much less than doubled (the normal threshold used by the Council in determining whether risks can be attributed to work on the balance of probabilities, in line with the legislative requirement). IAC concluded that there was insufficient evidence to recommend prescription for lung cancer in foundry workers and published its findings in Position paper 29 in March 2011.

In radon exposed workers

As part of the review of occupational lung cancer IIAC considered lung cancer in haematite (iron ore) miners, where an increased risk of lung cancer was well established. Evidence suggested that the excess risk arises primarily from exposure to radon. IIAC's review progressed to explore lung cancer risks in radon-exposed workers and patterns of occupational exposure to radon in the UK. The Council found a lack of robust evidence of a greater than doubled risk of lung cancer due to radon exposure in mining operations in the UK, and an absence of sufficient exposure information to define a subgroup at particular risk through higher than average levels of exposure. The Council published an information note in April 2012, concluding that no case could be made for recommending that haematite miners or other radon-exposed workers be added to the list of prescribed diseases for lung cancer at the present time.

'Presumption'

The 'presumption' rule governs when, in the circumstances of each claim, a claimant's condition can be presumed to have been caused by their employment. The Council is continuing to review whether changes are needed to the presumption rule including how the rule should be applied in the case of long-latency diseases and diseases in which occupational and non-occupational risk factors co-exist, such that difficult questions of probability may arise regarding occupational causation. The aim will be to ensure that the rule, which relates to the so-called 'causation' question (whether the disease is caused by the work) is being applied equitably to different prescribed diseases and, if possible, to simplify assessment decisions and help the Scheme's administrators. The review may propose updating and simplifying the underlying legislation, providing better guidance to Decision-Makers, as well as improving clarity in future Council reports. The rule will also be reviewed to ensure it remains current relative to developing medical and scientific knowledge. The Council has taken evidence from a variety of stakeholders. We have consulted with trade union representatives on the Council and Departmental officials during the course of 2011/12. The review will continue into 2012/13 and will comprise an important component of the forward work plan.

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 Scheme. The Council has been considering how the medical assessment process operates within the Industrial Injuries Scheme and whether improvements can be made to that process. Currently, IIAC is gathering information and to this end has heard presentations from Atos Healthcare and DWP policy officials. IIAC has formed a sub-group, the Medical Assessments Working Group, which will be taking this work forward through 2012/13.

Bladder cancer and aluminium processing using pre-baked anode technology

In February 2011 an Early Day Motion (EDM) was laid before Parliament asking that the prescription for bladder cancer be extended beyond those using the

Soderberg process, to include other aluminium processing workers. IIAC noted this EDM with interest and decided to review the evidence relating to aluminium processing using pre-baked anode technology, as this matter was at the heart of the EDM. IIAC considered a literature search and consulted with experts in the field. It concluded that risks are lower with this technology than with the Soderberg process, and as such a case could not be made for adding aluminium smelting using pre-baked anodes to the list of occupations for bladder cancer (PD C23). An information note was published in April 2012 setting out the arguments.

Comparison of the Industrial Injuries scheme list of prescribed diseases with the International Labour Organisation's and European Union's lists of occupational diseases

As part of a horizon scanning exercise, IIAC compared the IIDB list of prescribed diseases with international lists of occupational diseases produced by the International Labour Organisation (ILO) and the European Union (EU).

The purpose of the ILO and EU lists is not confined to social security compensation, but is primarily to inform prevention. The majority of occupational diseases listed by the ILO and EU are covered by the IIDB list. Some of the diseases and exposures covered by the ILO and EU lists may not be prescribed under the UK Industrial Injuries Scheme as IIAC has previously reviewed and recommended that the conditions are not eligible for prescription. Other diseases may not be covered under the IIDB list as they are covered by the Accident Provisions of the Scheme or relate to exposures that do not occur in the UK.

A limited number of diseases which were covered by the ILO or EU lists and not prescribed in the IIDB list were selected for further review. These included chloracne, vibration-induced osteoarticular disease and occupational meniscal injury of the knee. IIAC is collating evidence on these diseases. The work is ongoing and it is likely to be completed in 2012/13.

Occupational coverage for osteoarthritis (OA) of the knee

In coal miners

In March 2010 the then Minister of the day asked IIAC to revisit the evidence relating to the 1986 cut-off date for eligibility for prescription for underground coal miners to qualify for OA of the knee (PD A14). His referral followed a request to the Minister from the National Union of Mineworkers (NUM). In July 2010, IIAC made a call for evidence for kneeling and squatting under heavy load (exposure which was associated with a greater than doubled risk of OA of the knee) and consulted with those who had contributed evidence to the original review of OA of the knee in 2008 (Command Paper Cm 7440). NUM officials and an expert mining consultant commissioned by the NUM attended IIAC meetings in November 2010 and September 2011. The NUM submitted three reports to the Council – two reports commissioned from the mining consultant and an NUM report. IIAC has revisited the original evidence and considered new evidence submitted to the Council. IIAC has concluded that the occupational eligibility for PD A14 remains appropriate in the terms set out in 2008. The Minister accepted IIAC's recommendations in February 2012.

In tin miners

An MP, on behalf of his constituent, raised a question about whether OA of the knee should be prescribed for tin miners following prescription for underground coal miners. The Council undertook a literature search but found no evidence of an excess risk of OA of the knee in tin miners. IAC also consulted with the Health and Safety Executive (HSE) Mines Inspectorate, a trade union official and an expert in tin mining who indicated that the working conditions in a tin mine were dissimilar to those in coal mining. In particular, the work of tin miners involved much less kneeling and squatting. The conditions reflected differences in geology and extraction processes for tin as opposed to coal. Because of the lack of evidence of an excess risk of OA of the knee in tin miners, IAC concluded that no case could be made for adding tin miners to the list of occupations for which benefit is payable under PD A14. An information note was published on the IAC website on July 2011.

In workers involved in agriculture and horticulture

As a result of a Parliamentary Question in the House of Lords in June 2011 from Baroness Byford, IAC considered occupational coverage for PD A14 for workers involved in agriculture and horticulture. The Council found insufficient evidence of a greater than double risk of OA of the knee in those working in agriculture and horticulture overall, although further investigation of the risks in farmers and farm workers is ongoing and the Council plans to keep the evidence on this topic under review.

Noise-induced hearing loss

In 2011/12 the Council received an enquiry concerning the potential to compensate noise-induced hearing loss for workers using pneumatic percussive tools on concrete, particularly in road and path breaking. During the course of the review IAC sought evidence of exposure levels in the peer-reviewed research literature and unpublished 'grey' literature. IAC also issued a number of calls for evidence via the IAC website, through the Society for Occupational Medicine and the Institution of Occupational Safety and Health and directly to large construction companies. Despite this extensive data search insufficient evidence was found of exposures averaged over an 8-hour working day exceeding the noise level that normally triggers consideration of prescription. The Council is preparing an information note summarising its conclusions, which will include a call for further research on the topic.

More generally, the Council has been reviewing the terms of prescription for noise-induced hearing loss and the options for extending coverage in light of various problems identified in its 2002 Command paper report on the topic. IAC considered evidence and discussed with experts novel ways of attributing the risk of hearing loss to exposure to noise at work, but there are logistical and technical problems associated with these new approaches (e.g. using an audiometric notch at 4kHz as a marker of work-related noise-induced hearing loss). At present the terms of prescription relating to PD A10 remain appropriate and practicable in the light of current scientific evidence, but the topic remains under periodic review.

Payment for terminally ill claimants

In Spring 2012, IIAC began a review to consider benefit payments for terminally ill IIDB claimants. This work is ongoing and is likely to be completed during 2012/13.

Other work carried out in 2011/2012

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: criteria for medical assessment of Chronic Obstructive Pulmonary Disease in coal miners; shoulder injuries in radiographers and sonographers; vibration-induced Hand-Arm Vibration Syndrome; and occupational skin and lip cancer.

The latter typically exemplifies the Council's response. IIAC received a suggestion from a researcher at the Institute of Cancer Research to look into the risk of skin and lip cancer arising from occupational exposure to sunlight and ultra-violet radiation (UV), particularly in farmers and seafarers. A literature search was undertaken and whilst a more than doubled risk for these cancers was observed in workers in countries where UV exposure is far higher than in the UK, evidence from the UK, and countries at similar latitudes to the UK, was scarce and an excess risk was not generally seen. The Council were, therefore, unable to recommend prescription.

Sometimes, the Council seeks expert opinion and sometimes advertises a call for further evidence. No ad hoc enquiry in 2011/12 led to a recommendation for prescription, but the Council remains entirely open to new evidence and the reasonable questions of external stakeholders. It assesses each enquiry on a case-by-case basis.

Welfare Reform

The Welfare Reform Bill included a number of changes to the Industrial Injuries Scheme, notably simplification measures to merge and rationalise out-of-date or rarely used elements within the main IIDB payments (e.g. pre-1948 Schemes, analogous scheme for trainees) and to remove the accident declaration provisions.

IIAC wrote to Minister asking him to consider removing IIDB from inclusion within the proposed benefit cap as Industrial Injuries scheme payments are not typical 'benefits', but rather state 'compensation'. IIAC also asked Minister to consider retaining the ability to make an accident declaration; this was not accepted due to administrative rationalisation. However, as countenanced by IIAC, the Welfare Reform Act did not, in the event, include IIDB payments within the benefit cap calculations.

Review of IIAC as a non-departmental body and a scientific advisory body

The Government has introduced a review process for all non departmental public bodies across Government, which involves a triennial review and report on the

continuing need for each body and its governance arrangements. The DWP is currently undertaking the first such review for IIAC. The Council is also due to be reviewed as a scientific advisory committee, and in the interests of proportionality and value for money, DWP has decided to combine these reviews.

Visits and presentations to the Council

During the year the Council heard presentations from representatives of the NUM and a health and safety mining expert on mining practices relevant to OA of the knee in underground coal miners.

The Council also heard presentations from:

- representatives of TATA Steel in relation to coke oven work;
- representatives of Atos Healthcare to discuss medical assessment procedures; and
- representatives from the Upper Tribunals Service, to discuss changes to the Tribunals Service.

The Chairman and IIAC Secretary discussed the role of IIAC with officials from the Council of Labour Affairs (Bureau of Employment and Vocational Training) in Taiwan.

Approval of Regulations proposed by the Secretary of State

The law requires that draft regulations proposed by the Secretary of State that concern the IIDB Scheme are referred to the Council for its advice and consideration.

In 2011/12 regulations came into force to add:

- i) the lung disease, bronchiolitis obliterans, for those exposed to diacetyl in the manufacture of food flavourings containing diacetyl, or in production of diacetyl; and
- ii) sino-nasal cancer for those exposed to chromium

to the list of prescribed diseases, following consideration by the Council. IIAC also approved draft regulations for osteoarthritis of the knee in carpet fitters and carpet and floor layers (PD A14), and amendments to regulations for poisoning by phosphorus, organic and inorganic phosphorus compounds (PD C3) and task specific focal dystonia of the hand (PD A4).

Public Meeting – London

In June 2011, the Council held its annual Public Meeting in London. The meeting, which was attended by 75 delegates, provided a successful opportunity for IIAC to hear the views of members of the public and address their questions, and to explain how the Council carries out its work. The proceedings from the 2011 meeting are available on the IIAC website.

Presentations were given on the following subjects:

- IIAC's approach to scientific decision-making (Professor Paul Cullinan and Professor Keith Palmer)
- Prescribed occupational respiratory diseases (Professor Mark Britton)
- Legal aspects of the IIDB Scheme (Mr Simon Levene)
- Osteoarthritic conditions (Professor Keith Palmer)
- Open forum (Mr Richard Exell – facilitator)

Future Work of the Council

In addition to maintaining its reactive brief and its surveillance of the international research literature, the Council has included two major areas of work on its forward work programme for 2012/13:

- Presumption
- Medical assessments

Council membership: appointments and re-appointments

Three new members were appointed to the Council and eleven members were re-appointed to the Council this year in accordance with the Office of the Commissioner for Public Appointments (OCPA) guidelines, as follows:

Appointments:

Professor Neil Pearce – independent member - Professor of Epidemiology and Biostatistics at the London School of Tropical Hygiene and Medicine

Dr Ira Madan – independent member - Consultant occupational physician and honorary senior lecturer at Guy's and St Thomas' NHS Foundation Trust and King's College London

Dr Paul Baker – representative of employers - Senior Regional Occupational Health Physician for BUPA

Re-appointments:

Mr Fergus Whitty - representative of employed earners - re-appointed for 3 years from 8 April 2011 - 7 April 2014

Professor Sir Mansel Aylward – independent member – re-appointed for 3 years from 20 June 2011 - 19 June 2014

Professor Paul Cullinan – independent member – re-appointed for 3 years from 1 September 2011 – 31 August 2014

Professor Damien McElvenny- independent member – re-appointed for 3 years from 1 September 2011 to 31 August 2014

Dr Ian Lawson – representative of employers – re-appointed for final one year from 30 October 2011 to 29 October 2013

Professor Mark Britton – independent member – re-appointed for one final year from 1 May 2012 to 30 April 2013

Professor Diana Kloss – independent member – re-appointed for one final year from 1 May 2012 to 30 April 2013

Mr Simon Levene - independent member – re-appointed for one final year from 1 May 2012 to 30 April 2013

Professor Russel Griggs – representative of employers – re-appointed for 3 years from 8 June 2012 to 7 June 2015

Mr Paul Faupel - representative of employers – re-appointed for 3 years from 8 June 2012 to 7 June 2015

Mr Richard Exell OBE - representative of employed earners – re-appointed for 3 years from 8 June 2012 to 7 June 2015

Members who left IIAC:

Dr Anne Cockcroft - independent member – completed 10 years of service to IIAC on 30th September 2011

Dr Lucille Wright – representative of employers – also completed 10 years of service to IIAC on 30th September 2011

Expenditure

a) The budget for IIAC in 2011/2012 was £55,000.

b) Fees for attending IIAC meetings were set from April 2009 as follows:

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

c) Travel expenses are also payable in accordance with DWP rates and conditions.

d) The full Council met 4 times in 2011/2012. Our sub-committee, the RWG, also met 4 times in the year.

e) Members also attended a public meeting in London in June 2011.

The IIAC Secretariat

IIAC has a secretariat 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
Dr Marianne Shelton	Scientific Adviser
Ms Catherine Hegarty	Administrative Secretary
Mrs Zarina Hajee	Assistant Administrative Secretary

Contact Details

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Officials and Observers attending meetings

Officials from the DWP and DSD in Northern Ireland attend all the Council's meetings to give advice and guidance to IIAC on policy matters and the operation of the IIDB Scheme. A HSE representative attends as an observer.

From the DWP:

Dr Clare Leris	Health Work and Wellbeing Directorate
Mr David Wilyman	Jobcentre Plus Products - Benefits Division
Mrs Linda Oliver	Working Age Group – Strategy Group

From the DSD:

Mrs Marian McKay	Social Security Policy and Legislation Division
Mrs Ros Agnew	Social Security Policy and Legislation Division

From the HSE:

Mr Andrew Darnton	Corporate Science and Analytical Services Division
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From the MOD:

Dr Anne Braidwood	Armed Forces Compensation Scheme
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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.

Members shall include 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, including the Chairman, receive less than £5000 a year in fees (excluding travel, subsistence and other expenses such as child care or loss of earnings) and the Council receives less than £10 million per annum.

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

Members of the Council in 2011/12

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

First appointed Chair on 18 January 2008, re-appointed for a second 3 year term on 18 January 2011

Previously a member of the Council, appointed on 1 October 2001, re-appointed on 1 October 2004 and again 1 October 2007, stepping down in January 2008 to take up the Chair's post

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

Honorary Professor of Occupational Medicine, University of Southampton
Clinical Scientist, Lifecourse Epidemiology Unit, Medical Research Council, Southampton

Honorary Consultant Occupational Physician, Southampton University NHS Trust
Academic Dean and Deputy President, Faculty of Occupational Medicine

Dr Anne Cockcroft MB BS MD FRCP FFOM

First appointed to the Council on 1 October 2001, re-appointed on 1 October 2004, 1 October 2007 and for a final year on 1 October 2010; finished a ten year term on the 30 September 2011

Independent member with skills and experience in occupational and environmental epidemiology

Visiting Professor for the Department of Public Health Sciences, St Georges Hospital medical school

Senior Research Fellow and Director, CIETeurope (community research in developing countries)

Professor Mark Britton MD MSc FRCP DIH

First appointed to the Council on 1 May 2003, re-appointed 1 May 2006, 1 May 2009 and for one final year on 1 May 2012

Independent member with specialist medical skills and experience in Respiratory Medicine

Retired Consultant Physician, Ashford and St Peter's Hospitals NHS Trust
Visiting Professor and chairman of Advisory Council, Faculty of Health and Medical Sciences, University of Surrey
Honorary Consultant and Senior Lecturer at St George's Hospital, London
Honorary Senior Lecturer at Imperial College, London
Vice president of the British Lung Foundation

Professor Sir Mansel Aylward CB FFPM FFOM FFPH FRCP

First appointed to the Council on 20 June 2005, re-appointed on 20 June 2008 and on 20 June 2011 for a further 3 years

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

Director, Centre for Psychosocial and Disability Research, University of Cardiff
Chair, Wales Centre for Health and Standards Committee, Merthyr Tydfil County Borough Council
Chair, All Wales Mental Health Promotion Network

Professor Damien McElvenny BSc MSc Cstat CSci

First appointed to the Council on 1 September 2008, re-appointed 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, Chartered Statistician, and Chartered Scientist
Member, International Epidemiology Association, International Commission on Occupational Health, and Society of Social Medicine

Professor Paul Cullinan MD MSc FRCP FFOM (RWG Chair)

First appointed to the Council on 1 September 2008, re-appointed for a second 3 year term on 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 of the British Thoracic Society and the Society of Social Medicine

Professor Neil Pearce BSc DipSci DipORS Phd DSc

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

Formerly: Past President of the International Epidemiological Association

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 Diana Kloss MBE LL B (London) LL M (Tulane) Hon FFOM

First appointed to the Council on 1 May 2003, re-appointed on 1 May 2006, 1 May 2009 and for one final year on 1 May 2012

Independent member with legal skills and experience

Employment judge

Barrister and part-time judge, Employment Tribunal; Independent arbitrator for ACAS, Honorary Senior Lecturer in Occupational Health Law, University of Manchester, Member of the CJD Incidents Committee

Mr Simon Levene MA

First appointed to the Council on 1 May 2003, re-appointed on 1 May 2006, 1 May 2009 and for one final year on 1 May 2012

Independent member with legal skills and experience

Barrister - Recorder of the Crown Court

Committee member of Professional Negligence Bar Association, Personal Injury Bar Association and Ogden Committee

Mr Richard Exell OBE

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

Representative of employed earners

Senior Policy Officer, Trade Union Congress, London

Ms Claire Sullivan

First appointed to the Council on 1 December 2004, re-appointed on 1 December 2007 and 1 December 2010

Representative of employed earners

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

Mr Fergus Whitty

First appointed to the Council on 8 April 2005, re-appointed on 8 April 2008 and 8 April 2011

Representative of employed earners

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

Mr Andrew Turner

First appointed to the Council on 1 December 2004, re-appointed on 1 December 2007 and 1 December 2010

Representative of employed earners

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

Dr Lucille Wright, BMed Sci BMBS FFOM

First appointed to the Council on 1 October 2001, reappointed on 1 October 2004, 1 October 2007 and on 1 October 2010 for a final year; stepped down after 10 years service on the 30 September 2011

Representative of employers

Regional Occupational Physician – Atos Healthcare

Dr Ian Lawson MB BS CMIOSH FFOM FCOEM FRCP

First appointed to the Council on 30 October 2002, re-appointed on 30 October 2005, 30 October 2008 and for one final year on 30 October 2011

Representative of employers

Chief Medical Officer for Rolls-Royce plc
Member, Occupational Health and Safety Policy Committee, Engineering Employers Federation
Formerly: Member, Independent Medical Advisory Group on Hand Arm Vibration Syndrome, DTI (1997-1999) and DTI Medical Reference Panel on ex-miners' compensation cases (1999-2008)

Professor Russel Griggs OBE

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

Representative of employers

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

Mr Paul Faupel CBiol MSB MIRM CFIOSH

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

Representative of employers

Head of Campus Health & Safety and Scientific Facilities, Genome Research Limited at Wellcome Trust Sanger Institute, Hinxton, Cambridge

Dr Paul Baker MA DM MB BS MRCGP MFOM

First appointed to the Council on 1 October 2011

Representative of employers

Senior Regional Physician, Occupational Health, BUPA Health & Wellbeing UK

Appendix

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 from employers. 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 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 schedule until the setting up of the Welfare State after the Second World War. By 1948 compensation was available for 41 diseases.

The 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 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 Industrial Injuries scheme or its administration.