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THE INDUSTRIAL INJURIES ADVISORY COUNCIL

ANNUAL REPORT
2010/11

www.iiac.independent.gov.uk

Report 2010/2011

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 Scheme are evidence-based and a fair and efficient basis for providing State compensation to workers injured through their occupation.

This year's business has been conducted against a backdrop of major change, including: a new coalition government, a period of considerable strain on the public finances, and a year in which there has been a root and branch review of the welfare benefit system and the role of non-departmental governmental bodies as advisers to government. I am pleased to say, however, that the Scheme and the Council have emerged from the government's first year in office intact. Some small simplifications, but no major reductions, to the Industrial Injuries Scheme have been proposed in the Welfare Reform Bill currently before Parliament; the major values of the Scheme in support of workers injured or made ill by their work remain recognised and financially supported; and the Council's role as an independent scientific expert advisor to government has been endorsed, as emphasised by Lord Freud, who was a welcome guest of the Council's meeting in January 2011. 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 2010-11, and this year's public meeting will have a foreshortened half-day format to achieve cost savings), but at present the impact is small and the necessary work of the Council continues.

The Council's Research Working Group (RWG) – ably chaired by Dr Anne Spurgeon – 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 osteoarthritis of the knee in carpet fitters and carpet and floor layers, as well as two position papers reviewing diverse areas of potential prescription, and a new short form webnote 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 (recent reports incorporate a reader's glossary), and to cover issues of equality and diversity.

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. We also staged a successful Public Meeting in Manchester in June 2010 with a good deal of audience participation and a record attendance. The Council remains committed, in the spirit of openness and transparency, to holding further Public Meetings at locations across the country in the future: the 2011 meeting will be in London 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 NUM and TATA Steel, who attended in person to address the Council's questions.

Our work programme for 2011 promises to be a busy and complex one – encompassing diverse topics including the 'presumption' rule (which governs when a claimant's condition can be presumed to have been caused by their job), medical assessments, occupational hearing loss and consideration of any items relating to the IIDB Scheme within the current welfare reform Bill referred to us.

I would like to thank the Secretariat, who have provided important administrative and research support within a small and highly cost-effective team, as well as the members of the Council, 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. I would also like to thank Anne Spurgeon, who retired as Chair of the RWG and a Council member in March 2011 to pursue other activities, and who has made an outstanding contribution to the work programme during her term of office. I am pleased to announce that Professor Paul Cullinan has been appointed as the new Chair of the RWG. On a personal note, I am very pleased and privileged to lead the Council forward into 2011/12 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:

- 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 or the DSD in Northern Ireland.

- To advise on any other matter relating to Industrial Injuries Benefit or its administration.

- To consider and provide advice on any draft regulations the Secretary of State proposes to make to 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 usually consists of sixteen 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 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 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 circumstances (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 circumstances).

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 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 evidence in detail. The Council's secretariat includes a scientific officer who researches and monitors the scientific literature in order to keep IIAC updated over developments in scientific research, and to gather evidence on specific topics that the Council decides to review.

Programme of work 2010/2011

Key achievements

Publication of the Command paper - Osteoarthritis of the knee in carpet fitters and carpet and floor layers

Publication of Position Papers

Lead and fertility or cancer – Position paper 28
Lung cancer in foundry workers – Position Paper 29

Amendments to the prescription of PD C3

Publication of Webnotes on IIAC's website

Webnotes are a novel format of IIAC publication detailing preliminary reviews of diverse occupational health topics. In 2010/11 those published comprised of:

- Lobar pneumonia in welders
- IIAC's response to the commissioned review 'Occupational cancer in commercial painters'
- IIAC's response to the commissioned review 'Occupational ill health in fire-fighters'
- Silica and lung cancer in the absence of silicosis

Public meeting in Manchester (with record attendance of 75 delegates)

Meeting with Lord David Freud, Minister for Welfare Reform, at the Council meeting in January 2011

Summary of work undertaken in 2010-11

Osteoarthritis of the knee in carpet fitters and carpet and floor layers

The Council published the Command Paper, 'Osteoarthritis of the knee in carpet fitters and carpet and floor layers', (Cm. 7964) in November 2010.

Osteoarthritis of the knee (PD A14) was first prescribed in relation to underground coal miners in June 2009. IIAC recommended prescription on the basis of a combination of direct evidence of an excess risk of osteoarthritis (OA) knee in miners and indirect evidence of an excess risk in those exposed to kneeling and squatting under heavy load (activities historically common in coalmining). The Council then searched for other occupations where there was sufficient evidence to warrant prescription.

A preliminary scoping exercise suggested that there may be occupations within the construction industry at heightened risk. IIAC undertook a detailed literature search and made a public call for evidence. As a result the Council identified sufficient direct evidence of a greater than doubled risk of OA knee in carpet fitters and carpet and floor layers (employed earners working both within and outside the construction industry). There was insufficient evidence of a consistent excess risk of OA knee in any other construction related occupations, although interpretation was limited by the large mix of job categories contained within the broad classification of 'construction worker'.

In its November 2010 Command paper IIAC recommended extending the terms of prescription for PD A14 (Osteoarthritis of the knee) to include carpet fitters and carpet and floor layers. These recommendations are being considered by the Minister and, if accepted, we anticipate regulations coming into force in 2011-12.

Osteoarthritis of the knee and the occupational coverage in coal miners

In March 2010 the Minister of the day, Lord Mackenzie of Luton, 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 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 relating to the qualifying periods of exposure to kneeling and squatting under heavy load (exposure to which was associated with a greater than doubled risk of OA knee) and consulted with those who had contributed evidence to the original review of OA knee in 2008. NUM officials and an expert mining consultant commissioned by the NUM attended the Council's November 2010 meeting. Currently IIAC is making its final conclusions and expects to conclude this review during 2011.

Occupational lung cancer

Following the Council's 1986 report 'Occupational Lung Cancer', IIAC 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 furskin workers. In 2010 IIAC explored whether, based on updated evidence, there was a case for recommending prescription of occupational lung cancer for any of these categories of workers. Opportunity was also taken to incorporate a review of exposures to radon and to silica in the absence of silicosis. The various reviews are at differing stages of completion.

In coke oven workers

IIAC has mounted a full review of the evidence in relation to lung cancer in coke oven workers, comprising of a detailed literature search and consultation with researchers, trade unions and representatives of the industry. The review is near completion, and it is anticipated that a Command paper will be published in 2011.

In foundry workers

Since the matter was last considered in 1986, a number of new studies have been published on cancer risk in foundry workers. In 2010 the Council undertook a full literature review to update its assessment of the evidence. The data suggest 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). In March 2011 IIAC concluded that there was insufficient evidence to recommend prescription for lung cancer in foundry workers. A full report of the findings was published in Position paper 29.

In silica exposed workers without silicosis

Silica-exposed workers with lung cancer in the presence of silicosis have been covered by the prescribed disease provisions following a report published in 1992. At that time, the Council concluded that the evidence in relation to silica exposure in the absence of silicosis was insufficient to justify prescription for lung cancer. In 2010, IIAC revisited this topic and considered the wealth of new evidence published since 1992. However, no consistent evidence was found of an increased risk for lung cancer, especially when smoking was considered as a confounding non-occupational risk. In a webnote published in November 2010, IIAC concluded that no changes to the terms of prescription for lung cancer in silica exposed workers were warranted.

In radon exposed workers

As part of the review of occupational lung cancer IIAC considered lung cancer in haematite (iron ore) miners. An increased risk of lung cancer appears well established, but with evidence suggesting the excess arises wholly from exposure to radon. IIAC's review has since progressed to explore lung cancer risks in radon-exposed workers (other than tin miners) and patterns of occupational exposure to radon in the UK. Completion of this review is expected in 2011.

Lead and fertility or cancer

In November 2009 the Council's attention was drawn to media reports concerning certain (uncompensated) adverse effects of low levels of occupational exposure to lead. Following a preliminary literature review, consideration of the evidence focused on the relation between lead and fertility and on that between lead and cancer (the two adverse effects for which there was a reasonable body of research investigation). In the event, insufficient evidence was found of a greater than doubling of risk of these outcomes. In Position paper 28 (published in November 2010), it was concluded that current evidence does not support a recommendation that lead exposure and a) fertility or b) cancer should be added to the list of prescribed diseases. The Council continues to monitor emerging evidence, as it does for a range of other putative occupational hazards.

Lobar pneumonia and exposure to metal fumes

In November 2009, the Council commenced its review of emerging research findings on infectious pneumonia and exposure to metal fumes. The evidence linking the onset of lobar pneumonia with exposure to metal fumes was limited but consistent and relatively compelling. Lobar pneumonia can be fatal, but the vast majority of cases recover quickly (within 90 days) with no lasting complications. As benefit is only available in life and where disablement exceeds 90 days, the Council concluded that there would be few beneficiaries of prescription. In November 2010 the Council published a webnote confirming its conclusion against recommending that pneumonia from exposure to metal fumes be added to the list of prescribed diseases.

Noise-induced hearing loss

In 2010/11 the Council received enquiries concerning the potential to compensate noise-induced hearing loss across a variety of industries and exposure circumstances, including the printing industry. However, insufficient evidence was found of exposures averaged over an 8-hour working day exceeding the noise level that normally triggers consideration of prescription. A current call for evidence relates to noise-induced hearing loss and use of pneumatic percussive tools on concrete and it is anticipated that this review will be concluded in 2011.

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 problematic issues identified in its 2002 Command paper report on the topic. This review will feed into the forward plan of work in 2011/12.

Organophosphates

In the 2002 report 'Conditions due to Chemical agents' (Cm. 5395), IIAC recommended that PD C3 (poisoning due to phosphorus) be amended to PD C3a (phossy jaw) and PD C3b (peripheral neuropathy with or without accompanying toxicity to the central nervous system) to better reflect modern evidence. The

Minister of the day elected to defer implementation of IIAC's recommendations until the results of a number of ongoing research studies were available. This research has taken longer than expected to complete, but the findings have now been considered by the Council. Additionally, a search has been made for any new research published since 2002 that would inform options for prescription. In the event, no new evidence has come to light that would require the Council to amend the opinion it expressed in 2002. In October 2010 IIAC asked the Minister to reconsider its original recommendations and these are currently under consideration. If accepted, amending regulations are anticipated in 2011/12.

'Presumption'

The Council has commenced a review of whether changes are needed to the 'presumption' rule (which governs when, in the circumstances of each claim, a claimant's condition can be presumed to have been caused by their job), and how the rule should be applied in the case of long-latency diseases, diseases in which occupational and non-occupational risk factors co-exist, such that difficult questions of probability may arise regarding occupational causation. The review may propose simplifications to the underlying legislation or better guidance to decision makers, as well as improved clarity in future Council reports. 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 Council has taken evidence from a variety of stakeholders. The review will constitute an important component of the forward work plan for 2011/12.

Medical assessments

The 'disablement question' (how much of the loss of faculty is occupational) 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. This is an ongoing process which is expected to continue through 2011/12.

Other work carried out in 2010/2011

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; the case for compensating knee OA in tin miners; noise-induced deafness in various occupations (see above); and Hand-arm Vibration Syndrome and exposure to pneumatic percussive tools.

The latter provides a typical example of the Council's response. In June 2011, IIAC received representations from a District Advice Service in Northern Ireland requesting that exposure to pneumatic percussive tools used on concrete be included in the list of occupational exposures for the prescribed disease Hand-Arm Vibration Syndrome (HAVS) (PD A11). After conducting a full research literature search, the Council concluded that there was insufficient evidence of a greater than doubled risk of HAVS in workers using pneumatic percussive tools on concrete to recommend amendments to the terms of prescription for PD A11.

Sometimes the Council seeks expert opinion and sometimes it advertises a call for further evidence. No *ad hoc* enquiry in 2010/11 led to a recommendation for prescription, but the Council remains entirely open to evidence and the reasonable questions of external stakeholders. It assesses each enquiry on a case-by-case basis.

Visits and presentations to the Council

We welcomed Lord David Freud, Minister for Welfare Reform to the full Council meeting held in January 2011. This was a valuable opportunity for Lord Freud and the Council members to discuss welfare reform, the IIDB Scheme and IIAC's role.

During the year the Council heard presentations from representatives of the National Union of Mineworkers and Mr Robert Stevenson on mining practices relevant to osteoarthritis of the knee in underground coal miners; and from TATA Steel (previously CORUS) on the working conditions of coke oven workers past and present. Senior DWP medical policy officials attended the March 2011 RWG meeting to discuss presumption and medical assessments.

Approval of Regulations proposed by the Secretary of State

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

In 2010/11 the Council considered regulations for the addition of the lung disease, bronchiolitis obliterans, for those exposed to diacetyl in the manufacture of food flavourings containing diacetyl, or in the production of diacetyl. These regulations are expected to come into force in the summer of 2011.

Public Meeting – Manchester

In June 2010, the Council held its annual Public Meeting in Manchester. The meeting, which was attended by 75 delegates in all (a record turn out), provided a successful opportunity for the Council to hear the views of members of the public and address the questions, and to explain how the Council carries out its work. The proceedings from the 2010 Meeting are available on the IIAC website.

Presentations were given on the following subjects:

- IIAC's approach to scientific decision-making (Dr Anne Spurgeon and Professor Keith Palmer)
- Work of the scientific advisor (Dr Marianne Shelton)
- Asbestos diseases (Professor Mark Britton)
- The effect of state benefits on civil claims (Mr Simon Levene)
- Osteoarthritic conditions and back pain (Professor Keith Palmer)
- Open forum (Mrs Diana Kloss – facilitator)

Future Work of the Council

In addition to maintaining its reactive brief, the Council has included the following areas of work on its forward work programme for 2011/12:

- Noise-induced hearing loss
- Presumption
- Medical assessments
- Bladder cancer and aluminium smelting
- Horizon scanning

Re-appointments to the Council

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

Professor Keith Palmer, IIAC Chair was appointed for a further period of three years from 18 January 2011;

Dr Anne Cockcroft was re-appointed as an independent member of the Council for a final year from 1 October 2010;

Dr Lucille Wright was re-appointed as a representative of employers for a final year from 1 October 2010;

Ms Claire Sullivan and Mr Andrew Turner were both re-appointed as representatives of employed earners for a further three years from 1 December 2010; and

Mr Fergus Whitty was re-appointed as a representative of employed earners for a further three years from 8 April 2011.

Expenditure

a) The budget for IIAC in 2010/2011 was £66,771.

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 2010/2011. Our sub-committee, the RWG, also met 4 times in the year.

e) Members also attended a public meeting in Manchester in June 2010.

The IIAC Secretariat

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

Members of the Secretariat:

Mr Gareth Roach	Secretary
Dr Marianne Shelton	Scientific Adviser
Ms Catherine Hegarty	Administrative Secretary
Mrs Zarina Hajee	Administrative Secretary

Contact Details

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Officials and Observers attending meetings

Officials from the DWP and the 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 Health and Safety Executive (HSE) representative attends as an observer.

From the DWP:

Dr Clare Leris	Health Work and Wellbeing Directorate
Mr Rob Ward	Jobcentre Plus, Benefits and Labour Market Products Division

From the DSD:

Ms Doreen Roy	Social Security Policy and Legislation Division

From the HSE:

Mr Andrew Darnton	Corporate Science, Engineering and Analysis Directorate

From the MOD:

Dr Anne Braidwood	Armed Forces Compensation Scheme

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, travelling expenses and subsistence where required.

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 in government funding so IIAC is a lower tier body under the OCPA Code of Practice.

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

Current Members of the Council

Professor Keith Palmer DM MA MSc FRCP FFOM (Chair of IIAC)
First appointed Chair on 18 January 2008

Previously a member of the Council, appointed on 1 October 2001, reappointed on 1 October 2004 and again 1 October 2007

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 Spurgeon BSc PhD C Psychol (Chair of RWG up to 3 March 2011)
First appointed on 1 March 2004, reappointed on 1 March 2007 and 1 March 2010; Appointed Chair of Research Working Group on 19 January 2008; Stood down from 4 March 2011

Independent member with skills and experience in psychology and occupational and environmental medicine

Retired - formerly, Chartered Psychologist and senior lecturer and researcher, occupational health psychology, University of Birmingham
Member of the Medical and Scientific panel for the Veterinary Products Committee of the Veterinary Medicines Directorate

Dr Anne Cockcroft MB BS MD FRCP FFOM
First appointed to the Council on 1 October 2001, reappointed on 1 October 2004, 1 October 2007 and for a final year from 1 October 2010

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, reappointed 1 May 2006 and 1 May 2009

Independent member with specialist medical skills and experience in Respiratory Medicine

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, reappointed on 20 June 2008

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 MSRP
First appointed to the Council on 1 September 2008

Independent member with skills and experience in statistics and epidemiology

Emeritus Professor of Epidemiology, University of Central Lancashire and Director, Statistics and Health Limited
Fellow of the Royal Statistical Society and Chartered Statistician
Member, Society for Radiological Protection
Member, International Epidemiology Association

Professor Paul Cullinan MD MSc FRCP FFOM (RWG Chair from 4 March 2011)
First appointed to the Council on 1 September 2008

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 Diana Kloss MBE LL B (London) LL M (Tulane) Hon FFOM
First appointed to the Council on 1 May 2003, reappointed on 1 May 2006 and again on 1 May 2009

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, reappointed on 1 May 2006 and again on 1 May 2009

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 2010

Representative of employed earners

Senior Policy Officer, Trade Union Congress, London

Ms Claire Sullivan
First appointed to the Council on 1 December 2004, reappointed 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, reappointed 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, reappointed on 1 December 2007 and 1 December 2010

Representative of employed earners

Workplace Health Advisor to Rotherham Occupational Health Advisory Service (ROHAS) NHS Rotherham Public Health Directorate 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

Representative of employers

Client Clinical Director - Atos Healthcare

Dr Ian Lawson MB BS CMIOSH FFOM FACOEM FRCP
First appointed to the Council on 30 October 2002, reappointed on 30 October 2005 and 30 October 2008

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

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

Representative of employers

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

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. 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 Scheme 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 IIDB Scheme or its administration.