



THE INDUSTRIAL INJURIES ADVISORY COUNCIL

# ANNUAL REPORT

## 2012/13

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[www.iiac.independent.gov.uk](http://www.iiac.independent.gov.uk)

# Annual Report 2012/2013

## Foreword

This year has seen the publication of a formal review by the Department for Work and Pensions (DWP) of the need for the Council's function, and of its performance relative to recognised principles of good governance in advisory Non-Departmental Public Bodies (NDPB). Regular triennial reviews are now required, in line with Government reforms aimed at improving transparency and accountability, paring back on duplication of activity, and discontinuing obsolete activities. Additionally, the work of the Council as a Scientific Advisory Committee (SAC) was reviewed.

The review concluded that the quality of the scientific advice was high, that governance arrangements were satisfactory, and that the function of offering independent impartial evidence-based advice on prescription and the workings of the Scheme continues to be necessary, and best delivered by the Council remaining, as now, an arm's length body sponsored by the DWP. Specifically, it was concluded that:

- "the Council provides a technical function which requires external expertise of the highest calibre to deliver;
- the advice given to the Secretary of State for Work and Pensions is, and is seen to be, delivered with political impartiality; and that
- the advice is delivered independently of Ministers, by experts enlisted to establish the scientific facts with integrity".

As the Council's chair I take pride in this outcome, on behalf of past and present Council members who have worked constructively, cordially, and with considerable skill and commitment to ensure delivery of this public function. I must also thank stakeholders who contributed to the review for their enduring interest in the Scheme.

A large part of the Council's time is spent in painstaking assessment of evidence, usually with the intention of exploring whether the list of diseases for which benefit is payable can, justifiably, be enlarged. This past year was no exception. Investigations into Chloracne, Dupuytren's contracture, Ionising radiation, Shift work and breast cancer, and occupations that cause noise-induced hearing loss all attest to this. Additionally, however, the Council has been engaged in consideration of three issues of wide significance, with the potential to have impact across the Scheme as a whole.

Foremost amongst these has been the operation of "presumption", a regulation which governs when a scheduled disease can be presumed by decision-makers to have been caused by a scheduled work exposure. This regulation has the policy intention of making life easier for claimants and decision-makers, but in practice has

complex nuances, some of which ill-fit some of the diseases currently prescribed. Work to propose an overhaul is in train and we hope to provide our advice to DWP Ministers early in the new financial year. We are also continuing our investigation into the process by which disablement is assessed under the Scheme, a central step in deciding claims for Industrial Injuries Disablement Benefit (IIDB). Finally, we are close to finalising a report that rationalises the treatment of IIDB claims from people regarded as terminally ill.

The Council's annual Public Meeting last year returned to its full day format and was held in Leeds in June 2012, with great success and a good deal of audience participation. The Council remains committed, in the spirit of openness and transparency, to continue staging Public Meetings annually at locations across the country, as long as finances allow: the 2013 meeting will be held in Southampton and we extend a warm invitation to anyone who would like to attend.

I would like to thank the members of the Council and Secretariat, also Health and Safety Executive (HSE) and Ministry of Defence (MoD) observers and members of DWP, for their help and enthusiasm in accomplishing our goals and in helping me to deliver my role as Chairman of the Council.

I would also like to thank Dr Ian Lawson, a representative of employers, Professor Mark Britton, an independent member, and Professor Diana Kloss and Mr Simon Levene, both independent legal experts, for their diligent work during their time on the Council, having each completed 10 years of valuable service during 2012/3.

On a personal note, I am very pleased and privileged to lead the Council forward into 2013/14 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 NDPB established under the National Insurance (Industrial Injuries) Act 1946, which came into effect on 5 July 1948. The Council provides independent advice to the Secretary of State for Work and Pensions in Great Britain and the Department for Social Development (DSD) in Northern Ireland on matters relating to Industrial Injuries benefit and its administration. The historical background to the Council's work is described in Appendix A.

## **The Council's Role**

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

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

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

## **Composition of the Council**

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

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

## **Conditions for 'Prescribing' Diseases**

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

which people can claim IIDB.

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

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

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

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

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

## **Research**

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

## **Review of IIAC as a Non-departmental Public Body and a Scientific Advisory Committee**

In 2010 the Government introduced a review process for all NDPBs across Government involving a triennial review which would report on the continuing need for each body and whether their governance arrangements accord with the recognised principles of good corporate governance..

The Council was also scheduled to be reviewed as a SAC, in accordance with Government Office for Science (GOScience) principles set out in a Code of Practice for SACs (CoPSAC). These are that SACs should have clear roles and responsibilities, independence, and offer transparency and openness.

In the interests of proportionality and value for money, both reviews were combined, having many principles in common and sharing a three year timetable. The Department's first combined review of IIAC as a NDPB and a SAC was announced on 26 January 2012.

Cabinet Office guidance required that the review should not be overly bureaucratic and should be appropriate for the size and nature of the body. In light of this, the Department approved an internal review by Senior Civil Servants in DWP who were independent of the sponsorship of the Council and had knowledge and experience in the area of work.

The review was a robust examination of the need for the Council's functions to continue and whether the advice given by the Council to the Secretary of State could be delivered more effectively by alternative means. The reviewers consulted with key stakeholders, including the Work and Pensions Select Committee and, of course, the Council also engaged in the review.

The first stage of review examined the key functions of the Council and assessed how these functions contributed to the core business of the DWP and whether they were still needed. Having concluded that there was a continuing need, an examination was undertaken of how the functions might best be delivered. Options explored included abolition, moving the function out of central government, bringing it in-house, merging IIAC with another body, and continued delivery in the present form as a NDPB.

The reviewers concluded that IIAC met the Cabinet Office's three tests of technicality, impartiality and independence, as well as GOScience's key principles, and that it should remain a NDPB at arms length from the Department.

Stakeholders submitted many positive comments, as well as some thoughtful views on structure, function and configuration:

*"Remarkable value for money"*

*“Doubtful that the Government could acquire such a large amount of scientific information at such low cost in any other way”*

*“Expert advice of IIAC is of high quality and good value for money”*

*“DWP does not have the required expertise to undertake this work in-house”*

*“There is a need for continuing independent scrutiny of the way in which the industrial injuries scheme operates in practice “*

*“IIAC score highly on each of the three tests - expertise, political impartiality (essential), working independently to establish the facts”*

The second stage of the review set out not only to examine whether the Council operated in line with recognised principles of good corporate governance, but also whether its working practices as a SAC met the requirements in GOScience guidance. IIAC has no executive or operational function or responsibility. The reviewers therefore concentrated on governance arrangements which are relevant and proportionate within advisory bodies, and its approach to accountability, openness and transparency.

It was concluded that the Council’s governance arrangements met government guidance and were proportionate for purpose; its approach to formulating scientific advice was endorsed.

The reviewers noted the challenge posed by increasing difficulty in recruiting and retaining occupational health experts of the required quality from a small field. IIAC had previously flagged this matter up with the Government’s Chief Scientific Adviser, along with the general lack of funding for research career development in this area. Another highlighted concern was the inherent difficulty in examining the arguments for prescribing when research of the necessary quality was not being undertaken.

The review made some recommendations which have either been taken forward or are ongoing. They are:

- **That regular meetings between the Chair and the Minister should be formally arranged at least annually** – The first scheduled meeting between the Chair and the Minister took place in July 2012 with another scheduled for July 2013.
- **That the Department and the Council should consider whether written terms of reference should be agreed** – This was completed and published on the Council’s website in November 2012 (a copy is at Appendix B).
- **That evaluation of the Council’s performance becomes a formal agenda item in annual meetings between the Chair and Minister and the Chair and the DWP’s Chief Medical Adviser** – This recommendation is ongoing; and
- **That the Council should attach a lay summary of the more technical discussions in its minutes** – The Council initiated this in May 2012.

## Summary of work undertaken in 2012/13

### **‘Presumption’**

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

The Council is drafting advice on whether changes are needed to the ‘presumption’ rule. The aim will be to ensure that the rule is correctly drafted in line with current scientific thinking, and is being applied appropriately across the full range of prescribed diseases; also, if possible, to simplify assessment decisions and to help the Scheme's administrators. The review, which will consider all of the prescribed diseases in turn, is likely to propose amendments and simplifications to the underlying legislation, together with improved guidance to Decision-Makers.

During the course of 2012/13, IIAC took evidence on presumption from various external stakeholders and experts, and consulted with trade union representatives on the Council and Departmental officials. This review will continue into 2013/14 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 Industrial Injuries Scheme in that it will decide the level of payment. The Council has been considering how the medical assessment process operates within the Scheme and whether improvements can be made to that process. IIAC has formed a sub-group, the Medical Assessments Working Group, and has now commissioned a review involving an international comparison of state-supported schemes that award benefit or compensation for occupational injury and occupationally-related illness and disease.

The main purpose of the review will be to draw systematic international comparisons with IIDB, in relation to tables of injury and relative rankings for entitlement to benefit. Additionally, it will review the system currently applied within IIDB (a) to offset pre-existing non-occupational health problems; (b) to allow for aggravation of such pre-existing conditions; and (c) to accommodate multiple occupational insults. And finally, in relation to process, it will compare arrangements for the assessment and review of claimants within the IIDB Scheme and similar



schemes in other countries. In parallel, a simple audit of a sample of claims is being undertaken by Council members, both to understand the application of the presumption rule and to evaluate the assessment process.

Inevitably, this work stream will take some time to complete, but IIAC will use evidence from the commissioned review and its own enquiries to formulate recommendations to Ministers on the medical assessment process.

### **Occupational chloracne**

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

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

During its review the Council considered the peer-reviewed published literature and consulted with experts in the field. The Council concluded that chloracne should be prescribed based on its specific diagnostic features, its clear links to occupational exposure and the severity of the disease in some cases, including the psychological impact of severe facial disfigurement. This is an uncommon disease, the diagnosis of which is normally based on clinical observations by a specialist. IIAC's report, 'Occupational chloracne' will be published in 2013.

### **Noise-induced hearing loss**

#### ***In workers using pneumatic percussive tools***

IIAC received a request during 2011/12 that work involving pneumatic percussive tools on concrete, particularly in road and path breaking, be considered for addition to the list of occupational exposures recognised in relation to noise-induced hearing loss (Prescribed Disease A10). During the course of its review, IIAC sought evidence of exposure levels in the peer-reviewed research literature and unpublished 'grey' literature. It also issued a call for evidence via the IIAC website and through the Society for Occupational Medicine's newsletter. The Council also liaised with the Institution of Occupational Safety and Health to request data from its membership on noise exposures and work involving pneumatic percussive tools on concrete. Despite this extensive search, insufficient evidence was found of exposures averaged over an 8-hour working day that exceeded the noise level which would normally trigger consideration of prescription.

#### ***In workers using circular saws to cut natural stone***

During 2012/13 IIAC also received correspondence asking it to consider occupational

hearing loss from the use of circular saws in cutting natural stone. The Council found little peer reviewed evidence to support a recommendation that the occupational use of circular saws on natural stone should be added to the exposure circumstances covered by this prescribed disease. In March 2012 it made a call for evidence on its website to the scientific research community, and to health and safety practitioners for evidence on noise levels measured when using circular saws to cut natural stone. So far, this search for evidence has been unrewarding.

IIAC would welcome evidence from any organisation or individual with data on noise exposure levels from work involving i) pneumatic percussive tools on concrete or ii) the use of circular saws on natural stone.

### **Terminal illness and prescribed diseases**

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

However, application of these entitlements and exceptions varies within the IIDB Scheme, with the potential that unequal treatment could arise between claimants sharing a similarly quickly fatal prognosis.

IIAC has reviewed the matter and will be providing its written advice to Ministers during 2013.

### **Shift working and breast cancer**

The relation between shift work and breast cancer is a field of active research enquiry, and potentially an important matter in public health. In 2009 the Council published a report on the topic (Position paper 25 'The association between shift working and (i) breast cancer and (ii) ischaemic heart disease), concluding that, while the literature suggested there may be an association, the evidence was mixed and insufficiently compelling to consider prescription. Research on the topic has continued and following identification of two new reports, the Council considered the matter afresh. A more extensive literature was found, but not yet one that makes a sufficient case for prescription. The Council published its report (Position paper 30) outlining this second review in May 2013.

### **Other work carried out in 2012/2013**

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:

### **Occupational Dupuytren's Contracture**

Dupuytren's Contracture is a relatively common musculoskeletal disorder characterised by one or more of the fingers becoming permanently bent into the palm of the hands. IIAC received an enquiry from a Member of Parliament asking that Dupuytren's Contracture be prescribed in underground coal miners. The Council has been considering whether there is sufficient evidence to recommend prescription, particularly in relation to the use of vibrating tools. The review is nearing completion and publication of the report is anticipated in the autumn of 2013.

### **Chronic obstructive pulmonary disease (PD D12) and the use of inhalers**

The Department asked IIAC to review the use of therapeutic inhalers by claimants and their effect on lung function tests used during medical assessments for PD D12 (Chronic Obstructive Pulmonary Disease). The use of inhalers can improve an individual's lung function, thus altering their spirometry results. In marginal cases, use of inhalers before a spirometry test could lead to a claimant being unable to demonstrate the required level of lung function loss to be eligible for prescription. The Council recommended an approach to address the problem and this is currently being considered by the Department.

### **Bladder cancer, hairdressing and work in the textile industry**

The International Agency for Research on Cancer (IARC) has recently reviewed bladder cancer in hairdressers and textile workers and categorised various agents in the work as 'probable' and 'possible' human carcinogenic agents. IIAC reviewed the evidence, including the reports considered by IARC and concluded that whilst there is an association between bladder cancer and these types of work, risks are not more than doubled and thus do not reach the threshold at which IIAC would normally recommend prescription. IIAC is drafting a position paper on bladder cancer in hairdressers, sewing machine operators, and textile workers which will be published later in 2013.

### **Cervical or oesophageal cancer and perchloroethylene (PERC) and trichloroethylene (TRIKE); lung cancer in welders**

The Council looks proactively at the reports of other agencies for opportunities to extend the list of prescribed diseases. In 2012/3, an HSE report on its priorities for cancer led the Council to investigate possible occupational causes of three cancers: lung cancer in welders (where risks are also being assessed by the IARC), and cervical and oesophageal cancer in workers exposed to PERC and TRIKE (with a focus on evidence in the dry cleaning industry). These reviews are at a varying stage of completeness, but findings are likely to be available later in 2013.

### **Terms of prescription for ionising and non-ionising radiation (PD A1 and PD A2)**

A member of the Council highlighted grounds for reviewing the terms of prescription for PD A1 and PD A2, including updated scientific information on the dose-response effects of ionising radiation. IIAC is consulting experts in the field as to whether current terms for prescription remain appropriate or need amendment. The review is ongoing and IIAC is likely to report its findings later in the year.

## **Visits and presentations to the Council**

During the year, IIAC representatives from the Council's Medical Assessment Working Group met with experienced Atos medical assessors to discuss the process of assessing disablement under the Scheme.

## **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 IIAC for its advice and consideration.

In 2012/13 regulations came into force to add lung cancer (PD D10d), for those employed wholly or mainly as a coke oven worker, to the list of prescribed diseases from 1 August 2012. These regulations were referred to the Council for its consideration.

## **Public Meeting – Leeds**

In June 2012, the Council held a successful annual Public Meeting in Leeds. The meeting, which was attended by 75 delegates, provided an opportunity for the Council to hear the views of members of the public from the region and address their questions, and to explain the Council's role and how it carries out its work.

Presentations were given on the following subjects:

- IIAC's approach to scientific decision making (Professor Keith Palmer)
- Asbestos related diseases (Professor Mark Britton)
- Legal definition of employees and contractors (Professor Diana Kloss)
- Hand arm vibration syndrome (Dr Ian Lawson)
- Open forum (Facilitator - Ms Clare Sullivan)

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

## **Future Work of the Council**

In addition to maintaining its reactive brief and its surveillance of the research literature, the Council's forward work programme for 2013/14 will focus in particular on two major topics that are fundamental to the Scheme:

- Presumption
- Medical assessments

## Appointments and re-appointments

An appointments exercise was undertaken during 2012/13 to appoint four new IIAC members and six Council members were re-appointed in accordance with the Office of the Commissioner for Public Appointments (OCPA) guidelines, as follows:

### Appointments:

Four new members have been appointed by the Secretary of State and will take up membership from 1 May 2013. They are **Professor Anthony Seaton, Dr Karen Walker-Bone, Mr Keith Corkan and Professor Sayeed Khan.**

### Re-appointments:

**Professor Mark Britton**, an independent scientific member, **Professor Diana Kloss** and **Mr Simon Levene**, both independent members with legal skills were reappointed for one final year from 1 May 2012.

**Professor Russel Griggs** and **Mr Paul Faupel**, both representatives of employers, and **Mr Richard Exell**, a representative of employees, were reappointed for a second three year term from 8 June 2012.

### Members who left IIAC:

**Dr Ian Lawson**, a representative of employers was first appointed to the Council on 30 October 2002 and completed 10 years service on 29 October 2012.

**Professor Mark Britton**, an independent member with specialist medical skills and experience in respiratory medicine, was first appointed to the Council on 1 May 2003 and completed 10 years service on 30 April 2013.

**Professor Diana Kloss** and **Mr Simon Levene**, both independent members with legal skills and experience, were also appointed to the Council on 1 May 2003 and completed 10 years service on 30 April 2013.

**Professor Russell Griggs** resigned from the Council in May 2013 due to an increase in his other work responsibilities.

## Membership

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

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

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

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

## **Members of the Council in 2012/13**

### **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, stepped down in January 2008 to take up the Chair's post

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

Professor of Occupational Medicine, Medical Research Council Lifecourse Epidemiology Unit, University of Southampton  
Honorary Consultant Occupational Physician, Southampton University NHS Trust  
Academic Dean and Deputy President, Faculty of Occupational Medicine (until May 2013)  
Member, Advisory Committee on Pesticides

### **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 from 1 May 2012 for one final year; completed 10 years service on 30 April 2013

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 Chair 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 for a second 3 year term and again, 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 of Public Health Wales and the Academic Forum, Faculty of Occupational

Medicine

Vice President, College of Occupational Therapy

Member, Atos Clinical Governance Committee

Special Adviser, Health Claims Bureau

**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

Member, International Commission on Occupational Health

Member, 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 from 1 September 2011

Independent member with specialist medical and research skills in respiratory medicine

Professor in Occupational and Environmental Medicine, National Heart & Lung Institute (Imperial College) and Royal Brompton Hospital, London

Member, British Thoracic Society

Member, Society of Social Medicine

**Professor Neil Pearce BSc DipSci DipORS PhD DSc FMedSci**

First appointed to the Council on 1 October 2011

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

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

Honorary Life Member, Australasian Epidemiological Association

Fellow, Academy of Medical Science

Fellow, Royal Society of New Zealand

**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 Anthony Seaton CBE**

First appointed to the Council on 1 May 2013

Independent member with experience in occupational and environmental medicine  
Retired, currently Emeritus Professor of environmental and Occupational Medicine,  
University of Aberdeen

Honorary Senior Consultant, Institute of Occupational Medicine

Fellow of the Royal College of Physicians (Edinburgh & London)

Fellow of the Academy of Medical Sciences

**Dr Karen Walker-Bone**

First appointed to the Council on 1 May 2013

Independent member with expertise in the epidemiology of rheumatic diseases

Reader and Honorary Consultant in Rheumatology and Clinical Academic Sub-Dean,  
Brighton and Sussex Medical School

Visiting Research Consultant Fellow/Senior Scientist, School of Medicine, University  
of Southampton

Fellow of the Royal College of Physicians

**Mr Keith Corkan**

First appointed to the Council on 1 May 2013

Independent member with legal expertise

Partner in Laytons Solicitors National Employment Team

Chair of the Employment Committee of the British American Chamber of Commerce

Member of the Employment Lawyers Association

**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 for further 3 year terms and for 1 final year from 1 May 2012; completed 10  
years service on 30 April 2013

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 for further 3 year terms and for 1 final year from 1 May 2012; completed 10 years service on 30 April 2013

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 from 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 again on 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 again on 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 again on 1 December 2010

Representative of employed earners

Workplace Health Advisor to Rotherham Occupational Health Advisory Service

(ROHAS) Rotherham Community Health

Trade Union Official for UCATT the Construction Union

**Dr Ian Lawson MB BS CMIOSH FFOM FACOEM FRCP**

First appointed to the Council on 30 October 2002, re-appointed on 30 October 2005 and 30 October 2008 and for one final year from 30 October 2011; completed 10 years service on 29 October 2012

Representative of employers

Retired – formally Chief Medical Officer for Rolls-Royce plc  
Member, Occupational Health and Safety Policy Committee, EEF, The Manufacturers' Organisation

**Professor Russel Griggs OBE**

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

Representative of employers

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

**Mr Paul Faupel CBIol MSB MIRM FIOSH (Retired)**

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

Representative of employers

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

**Dr Paul Baker MA DM MB BS MFOM**

First appointed to the Council on 1 October 2011

Representative of employers

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

**Professor Sayeed Khan**

First appointed to the Council on 1 May 2013

Representative of employers

Chief Medical Adviser, EEF, The Manufacturers' Organisation  
Honorary Professor of Occupational Health, University of Nottingham  
Fellow of the Faculty of Occupational Medicine  
Fellow of the Royal College of General Practitioners  
Fellow of the Royal College of Physicians

## IIAC Secretariat

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

### Members of the Secretariat:

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

### Contact Details:

Industrial Injuries Advisory Council  
Level 2, Caxton House  
Tothill Street  
London  
SW1H 9NA

Telephone: 020 8449 5618

Email: [iiac@dwp.gsi.gov.uk](mailto:iiac@dwp.gsi.gov.uk)

Website: [iiac.independent.gov.uk](http://iiac.independent.gov.uk)

## Officials and Observers attending meetings

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

### From the DWP:

Dr Clare Leris	Health and Wellbeing Directorate
Mrs Linda Oliver	Working Age Benefits Division – Strategy Group
Mr Mike Charles	National IIDB, MA & STBA Manager

### 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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## Expenditure

a) The budget for IIAC in 2012/2013 was £50,300

b) Fees for attending IIAC meetings were set from April 2007 as follows:

<b>Full Council meetings:</b>	IIAC Chairperson	£262
	IIAC member	£142

<b>Sub-Committee meetings:</b>	RWG Chairperson	£182
	RWG member	£142

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

d) The full Council met four times in 2012/2013. Their sub-committee, the RWG, also met four times during the year.

e) Members also attended a public meeting in Leeds in June 2012.

## **Appendix A**

### **Historical background to the Council's work**

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

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

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

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

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

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

## **Appendix B**

### **TERMS OF REFERENCE NOVEMBER 2012**

#### **PURPOSE AND CONSTITUTION**

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

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

#### **MEMBERSHIP**

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

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

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

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

#### **DEPUTY-CHAIR AND SUB-GROUPS**

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

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

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

#### AUTHORITY

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

#### CONDUCT AND FREQUENCY OF MEETINGS

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

#### SPONSORSHIP OF THE COUNCIL

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

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

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

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

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

#### ANNUAL REPORT

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

#### PUBLICATIONS

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



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

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

#### **METHOD OF ENQUIRY**

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

#### **Identifying areas of investigation**

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

##### **Reactive elements:**

The Council interprets its reactive role liberally, to include responsiveness to stakeholder questions and the emerging research literature. The work programme therefore considers requests from many parties, including (and not limited to): the Secretary of State, Members of Parliament, the DWP, medical specialists, trade unions, safety officials, victim support groups, delegates of public meetings, and Council members themselves. It also takes account of new peer-review research reports, items in the scientific and general press and the decisions of IIDB tribunals. This reactive element is an essential ongoing component of the work, valued by stakeholders, and which makes the Council accessible and open to reasonable enquiry, adaptable, and an intelligent user of information.

##### **Proactive elements:**

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

#### **The Council's approach**

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

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

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

**Openness and transparency:** This requirement to be met in various ways:

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

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

