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THE INDUSTRIAL INJURIES ADVISORY COUNCIL

ANNUAL REPORT
2015/16

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Industrial Injuries Advisory Council

Annual Report 2015/2016

Foreword

2015 saw 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 Non-Departmental Public Bodies. This was the second such review, following a triennial cycle initiated in 2012 and aligned with Government reforms aimed at improving transparency and accountability, paring back on duplication of activity and discontinuing obsolete activities. Opportunity was taken also to assess the Council's performance as a Scientific Advisory Committee.

In keeping with an earlier report, the 2015 review concluded that the Council "…provides valuable, high quality, well-respected scientific advice to government about the Industrial Injuries Scheme", that the functions it carries out "…continue to play a vital role in ensuring the Scheme is based on credible, up-to-date scientific evidence", and that the present configuration as an arm's length body sponsored by the DWP remains "… the most appropriate option, offering cost-effective advice of a high calibre, in an independent and transparent way which is generally valued by stakeholders."

As the Council's chair I take pride in this outcome, on behalf of past and present Council members who have worked with considerable energy and commitment to deliver this public function. We are grateful also to the stakeholders who contributed to the review and who have shown once again their enduring interest in the Scheme.

A large part of the Council's time is spent in critical assessment of evidence; usually with the intention of exploring whether the list of diseases for which benefit is payable can justifiably be enlarged. As evidenced below, the period covered by this account was no exception. Investigations generated some 13 published reports in all, with topics as diverse as lung disease in spray painters and woodworkers through to bladder cancer in workers exposed to diesel exhaust fumes, eye disease in healthcare workers, and dementia in sportsmen and sportswomen. Numerous other inquiries triggered investigations, ad hoc correspondence and dialogue with the Department. Hundreds of research reports were evaluated along the way. Three command papers were published, one of which recommended the recognition of six new cancers in relation to high levels of occupational exposure to ionising radiation, and others of which modernized existing rules and extended the coverage of existing prescriptions, improving access to benefit for affected stakeholders.

Additionally, the Council continued its on-going review of how medical assessments operate within the Scheme, to assure that they are congruent with current scientific and medical knowledge. In previous years we commissioned a review and conducted our own audit of this central process; in 2015 the Council benchmarked and compared it with similarly aimed assessments undertaken within the War Pensions Scheme and the Armed Forces Compensation Schemes. Looking ahead, we envisage a review of the guidance supplied to

medical assessors in the Medical Services Handbook, together with a more complex project considering the scientific rationale for offsets for “other effective causes” of disablement in claimants with multi-causal diseases.

In the 2015 Summer Budget the government stated its intention to consider how employers and insurers could play a greater role in supporting those suffering from industrial injuries. Since then the Department has been exploring a range of reform options. The Council has been contributing advice to this review. Current proposals are for a Green Paper later in the year to enable dialogue with a broad range of stakeholders. The Council is keen to support the process in whatever way it can.

The Council’s annual Public Meeting was held in London in June 2015 and enjoyed its usual good share of audience participation. Over the 14 years that such meetings have been held, however, attendance figures have tailed off and the constituencies represented by attendees have narrowed. In an effort to reinvigorate its engagement with stakeholders, the Council has been experimenting this year with a number of alternative approaches, such as members’ presentations at other stakeholder events, articles about the Council’s work seeded in stakeholder publications and partially open business meetings of the Council. In future we will evaluate these initiatives and their impact. The Council remains committed to such engagement, however, in the spirit of openness and transparency.

This past year saw the reappointment of six members of the Council (three independent members, one representative of employees, and two representatives of employers), all of whom we have come to rely on for their expertise. The success of the Council owes much to team working and the high level of commitment shown by all its members, the keen observations of Health and Safety Executive and Ministry of Defence observers, and the invaluable support received from the Department’s secretariat and other staff. It is with some mixed feelings then that I record the departure to pastures new of two members of the secretariat, Rebecca Murphy and Dr Marianne Shelton, who have supported the Council’s work over several years. (It may in fact be said that Marianne Shelton has occupied the role of scientific secretary to the Council before my own appointment as a member, back in 2001!) Of course the Council will greatly miss such expertise but of course we wish them both every success in their new roles. Their help and enthusiasm has helped me considerably in delivering my own role as Chairman of the Council.

Personally, it has been a great privilege to lead the Council in the past year and also to be leading it forward into 2016/17 with such an important programme of work in prospect.

Professor Keith Palmer - Chair

Introduction

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

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 or the Department for Communities 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 website.

Composition of the Council

IIAC usually consists of around seventeen members, including the Chair. It is formed of independent members with relevant specialist skills, representatives of employees and representatives of employers. The independent members currently include doctors, scientists and a lawyer. Membership of the Council over 2015/16 is described in Appendix C.

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

Conditions for 'Prescribing' Diseases

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

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

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

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

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

In some instances, recommendations for prescription of a disease can be made on the basis of clinical features which confirm occupational causation in the individual claimant. 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, certain cancers). 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 the work. In 2015, the Council prepared a lay person's guide to prescription, which appears at: www.gov.uk/government/publications/how-decisions-are-made-about-which-diseases-iidb-covers.

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.

Second Review of IIAC as a NDPB and a Scientific Advisory Committee – Implementation of recommendations

In 2010 the Government introduced of a review process for all NDPBs, involving a triennial review to report on the continuing need for each body and their governance arrangements. The Council was also scheduled to be reviewed as a Scientific Advisory Committee (SAC) in accordance with Government Office for Science principles set out in a Code of Practice for SACs. These required SACs to have clear roles and responsibilities, independence, and offer transparency and openness. In the event, the two reviews were combined, sharing many principles in common, and their conclusions were published later in that year. A continuing need was identified for the function of IIAC, its existing configuration as a NDPB at arm's length from the Department, its governance arrangements and its approach to formulating scientific advice were all endorsed.

The second combined review of IIAC was conducted in 2015 and its findings published on 12th March 2015. Similar to the first review, it concluded that IIAC's function remains necessary and that retaining the Council as a NDPB remained the most appropriate option for delivery of the function, offering cost-effective advice of a high calibre, in an independent and transparent way.

To strengthen compliance with best practice for NDPBs and scientific advisory committees, a small number of Departmental recommendations were made and were implemented as detailed below:

1. Terms of appointment outlining the roles and responsibilities of IIAC members and the Chair should be drafted and implemented. We recommend that a system to enable Ministers to remove members as necessary be implemented. **This measure was implemented August 2015 and now applies to all existing members, new appointees and re-appointments.**
2. IIAC's register of interests should be published. **This measure was implemented on 30th September 2015 and will be updated annually.**
3. The record of claims for fees and expenses for the Chair and members should be published annually. **This record was provided in the Council's 2014/2015 Annual Report and will appear and be updated as necessary in all future annual reports.**
4. IIAC should publish its rolling programme of work. **This task was completed on 30th September 2015, and the plan will be updated at least annually.**

Scottish Devolution

The Scotland Bill 2015 enacted powers to devolve Industrial Injuries benefits to the Scottish Parliament. Following this, the Secretary of State for Work and Pensions decided IIAC should not be designated as a cross-border public authority. This means that IIAC will be unable to advise the Scottish Government on any scheme they bring in which provides for diseases or injury caused by work. IIAC will, however, continue to provide advice about the Industrial Injuries Scheme to the Secretary of State for Work and Pensions and the Department for Communities in Northern Ireland only.

Key achievements of 2015/2016

Publication of the following reports:

- ***3 Command papers***[1]
  - Cancers due to Ionising Radiation – Feb 2016
  - Diffuse Pleural Thickening – Apr 2016
  - Extrinsic allergic alveolitis: isocyanates and other occupational causes - Apr 2016

- ***2 Position papers***[2]
  - Cataracts and ionising radiation: interventional cardiologists and radiologists – Dec 15
  - Epicondylitis and occupational activity – June 15

- ***8 Information notes***[3]
  - Bladder cancer and mineral oils - May 2015
  - Occupational asthma in cleaners – May 2015
  - Chronic Obstructive Pulmonary Disease in woodworkers – Aug 2015
  - Lung and bladder cancer and diesel exhaust fumes – Sept 2015
  - Lung cancer and diesel exhaust fumes in miners – Feb 2016
  - Osteoarthritis of the knee and work in the construction industry – May 2016
  - Neurodegenerative diseases in professional sportspersons – May 2016
  - Carpal tunnel syndrome and wrist/forearm rotation – May 2016

Stakeholder Engagement

- Held a Public Meeting London – July 2015
- Held open sessions in two of IIAC's meetings (October 2015 and April 2016)
- Members made presentations at stakeholder events – February and June 2016

Appointments

- Six members of the Council were reappointed, three independent members, one employee representative, and two representatives of employers.

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

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

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

Summary of work undertaken in 2015/2016

Medical assessments

IIAC has been reviewing medical assessments within the IIDB Scheme to ensure that they are up-to-date with current scientific and medical knowledge. There is a statutory list of percentage assessment awards for certain physical injuries (e.g. severe facial disfigurement is awarded 100%) which is used as a guide against which to assess claims for other injuries and the Prescribed Diseases.

In December 2014, the Council published a review it had commissioned comparing medical assessments for the IIDB Scheme with those for similar state compensation schemes internationally. A commentary from the IIAC was also published. The commissioned review suggested that the disablement rankings for the scheduled list of IIDB injuries were similar to those found in other comparable schemes internationally. The findings were welcomed and IIAC continues to investigate further aspects of medical assessments within the IIDB Scheme.

IIAC has considered medical assessments in the War Pensions Scheme and the Armed Forces Compensation Schemes to see if there are lessons to be learnt for the IIDB Scheme. Guidance for assessments of certain conditions contained within the Medical Services Handbook is also undergoing review by the Council. An audit has also been conducted of a sample of decided cases and feedback given to the Department. The Council is also considering the scientific rationale for offsets for "other effective causes" of disablement in the complex circumstances of multicausal disease. Work will continue on this topic throughout 2016/17.

Cataracts and ionising radiation: interventional cardiologists and radiologists (PD A2)

This review was prompted by growing concern that the lens of the eye is more susceptible to the hazardous effects of ionising radiation than formerly supposed, and by new investigations in workers previously not considered to be at important risk of radiation-related eye disease.

Evidence from a number of sources was taken, including literature searches, consulting with an expert ophthalmic epidemiologist and the Centre for Radiation, Chemical and Environmental Hazards of Public Health England (PHE) – the recognised UK authority on radiation safety. Only a few research studies of limited quality were identified on the topic, mostly focussing on the non-disabling end point of lens clouding without limitation of vision. The identified studies all came from overseas and the exposures reported in them appeared to be of limited relevance to exposure circumstances in the UK.
The Council concluded on balance that the case for prescription has not yet been made, but would encourage further research in occupations exposed to ionising radiation, and any new evidence as it emerges. A position paper was published in December 2015 and is available at gov.uk/iiac.

Cancers due to ionising radiation (PD A1)

The Council completed its review of the terms of prescription for PD A1 (cancers due to ionising radiation) following a suggestion by one of its members. Currently PD A1 covers leukaemia (other than chronic lymphatic leukaemia), and cancers of the bone, female

breast, testis and thyroid where the dose of ionising radiation received has been sufficient to double a person's risk of the relevant cancer. In 2014 the Centre for Radiation, Chemical and Environmental Hazards submitted evidence that the threshold doses below which risks for certain diseases cannot be discounted, and had the potential for coverage for cancers under PD A1 be extended to tumours of the colon, liver, lung, stomach, ovary and bladder. At the same time, PHE advised that the link between testicular cancer and ionising radiation appeared less well established than had previously been thought.

Following careful examination of the evidence, the Council recommended that the terms of prescription for PD A1 be extended to cover the six additional cancers identified by PHE, additionally extending the existing coverage of "female breast cancer" to allow claims from affected men. However, the Council did not advise withdrawal of testicular cancer from the list of prescribed diseases because there was insufficient evidence to state with any certainty that the current prescription was wrong. The opportunity was also taken to propose minor alterations to the wording of the prescription to reflect a change in medical terminology, and to clarify that the health effects relate only to ionising radiation. A command paper was published in February 2016 and is available at gov.uk/iiac.

Diffuse pleural thickening (DPT)

The Department requested that IIAC review the terms of prescription for DPT (PD D9), following questions raised by medical assessors and a small number of respiratory consultants.

The present terms of prescription were set out over a decade ago, before computerised tomography (CT) scanning came into routine use for diagnosis of the disease. The wording of PD D9 includes a requirement for "obliteration of the costophrenic angle" (the places where the diaphragm meets the ribs), which is a typical accompaniment of DPT. However, since this appearance is normally sought on a chest radiograph and not a CT scan, this may have discouraged claimants and medical specialists from presenting CT scan evidence of their disease. Rarely also, claims for PD D9 were turned down in claimants with disabling occupationally-caused DPT on CT scanning, for want of evidence on costophrenic angle involvement or a lack of involvement on a chest radiograph.

The Council therefore recommended that the terms of the disease's definition be modernized by removing the requirement for obliteration of the costophrenic angle.
A command paper was published in April 2016 on gov.uk/iiac

Extrinsic allergic alveolitis (EAA): isocyanates and other occupational causes

EAA is a lung condition arising from a potentially serious allergic reaction in the small airways and gas-exchanging parts of the lung to various biological and chemical agents found in the workplace. EAA is already prescribed within the IIDB scheme (as PD B6) for various biological exposures or 'B' disease agents. In further reviewing the evidence, IIAC noted that new biological causes of EAA are regularly emerging and that, with specialist input, attribution to work is reasonably straightforward. Therefore to avoid the need for repeated reviews of the prescription, the Council recommended an open category for PD B6.

Evidence also confirmed that EAA can arise from isocyanates, which are chemical agents with a wide application in industry, including in polyurethane paints, industrial glues and the manufacture of foam rubber. Because isocyanates are chemical rather than biological

agents the Council recommended adding them to the 'C', or chemical list of prescribed diseases, with a similar open category created to allow for rapid recognition of new chemical causes of EAA. A Command paper outlining IIAC's recommendations was published in April 2016 and can be found on gov.uk/iiac.

Lung and bladder cancer and diesel exhaust emissions

In 2015-16 IIAC reviewed evidence on the risks of cancer following occupational exposure to diesel fumes. This followed publication of a monograph by the International Agency for Research on Cancer (IARC), *Diesel and gasoline exhausts and some nitroarenes,* 2013, which classified diesel engine exhaust as a 'definite' carcinogen in humans. The Council's review focused on lung cancer and bladder cancer (the two tumours for which there was most evidence) and on several specific occupations – namely, bus and HGV drivers, railway workers and underground miners. Findings were published in two reports, separate consideration being given in one to lung cancer in miners (because of the added complexity of possible co-exposures to other agents known to cause lung cancer such as radon and silica in mines and cigarette smoking).

Elevated risks of these cancers were reported in several of the research reports identified by the Council. However, findings were not wholly consistent and risks were seldom as much as doubled. IIAC did not therefore recommend prescription for lung or bladder cancer in these occupations. It should be stressed that this does not indicate a disagreement with IARC's view that diesel exhaust emissions can cause cancer; rather, the usual threshold for prescription (of at least a doubling of the risk) under the Industrial Injuries Scheme (which seeks to assure attribution on the balance of probabilities in individual claimants) was not met on the evidence to hand. An information note relating to bladder cancer in miners and lung and bladder cancer in the other groups was published in September 2015 on the IIAC site on gov.uk/iiac; a second note setting out the IIAC's position on lung cancer in miners was published on gov.uk/iiac in February 2016.

The Council remains open to a reassessment of this evidence base should further data on risks of cancer from diesel exhaust emissions come to light.

Neurodegenerative diseases in professional sportspersons

IIAC considered the case for prescribing neurological diseases in professional sportspeople following a series of high-profile news articles reporting studies that found a career as a professional sportsperson can be linked to various neurological conditions. The Council had originally reviewed injuries in professional sportsmen and sportswomen in a Position Paper in 2005; in its latest inquiry it updated its review of the evidence in relation to Alzheimer's disease (AD) (the most prevalent form of dementia), motor neuron disease (also known as amyotrophic lateral sclerosis (ALS)) and Parkinson's disease (PD). For PD, there were few reports overall and insufficient evidence to support prescription; for AD there was little new evidence since 2005 when the Council's previous review decided against prescription. The evidence base for ALS is deeper and mostly indicates a markedly elevated risk in professional sportsmen and sportswomen, beyond that expected by chance. However, most reports derived from the Italian football league, where investigations were originally initiated in the context of a drug doping scandal, and similar increases in risk have not been reported in other settings. Additionally, the Italian reports were largely based on the same cases, making for less independent evidence than first appearances would suggest.

The Council is therefore unable to support prescription for neurodegenerative diseases in professional sportspersons. An information note was published in May 2016 outlining the Council's deliberations, which can be found on gov.uk/iiac.

Occupational epicondylitis

Epicondylitis (tennis or golfer's elbow) is an upper limb disorder that was previously considered by the Council in 2006. At that time there was insufficient evidence of a greater than doubled risk of the disease in any given occupation or occupational circumstance to warrant prescription. In 2014-15 IIAC received a request from a member of the public to consider the case for prescription for epicondylitis in podiatrists (chiropodists). The Council took this opportunity to update the evidence base more generally on risks of the condition by occupational title and occupational activity. During the course of its review, literature searches were undertaken and key research papers reviewed.

Despite a growing body of evidence on occupational risks (19 studies in all), IIAC was unable to recommend prescription for epicondylitis. The totality of evidence suggested that workers who experience a high intensity and combination of ergonomic risk factors may be at substantially elevated risks of the condition. Frustratingly, however, where studies considered risks by occupational activity, no two studies were sufficiently alike in their choice of exposure definition to be confident that they measured the same thing. Similarly, few studies assessing risks by occupational title studied the same occupational groups. This inconsistency made it impossible beyond conjecture for the Council to define a suitable exposure schedule for prescription. Researchers have made great strides since 2005 in harmonising case definitions for use in studies of epicondylitis. They are encouraged now to adopt a more harmonised approach to the assessment of occupational exposures. The Council remains keen to receive new evidence in this area as it emerges. A position paper giving details of the Council's deliberations was published on gov.uk/iiac in June 2015.

Occupational asthma in cleaners

At the 2014 Public Meeting an attendee asked IIAC to consider whether the prescription for occupational asthma (PD D7) should be extended to include cleaners. Non-specific irritant asthma due to high dose exposure to cleaning agents is already covered under the Accident Provisions of the Scheme, while cleaning agents that are sensitising agents would be covered under PD D7's 'catch-all' category of 'any other sensitising agent'. The Council considered whether there was sufficient evidence to add 'cleaners' (defined by job title) or 'cleaning agents' (defined generically) as a separate occupational category for occupational asthma, allowing better signposting of potential claimants to their eligibility for IIDB.

A literature search was undertaken and evidence sought from the national surveillance scheme for occupational respiratory diseases at the University of Manchester. In the event, the Council could not make a case for a separate category to be included in the prescription. The literature on asthma in cleaners often fails to distinguish between cases of new onset asthma and cases of pre-existing asthma aggravated by cleaning agents. The proportion of cleaners that develop asthma for the first time from their work is unknown but evidence suggests it is likely to be small relative to work-aggravated symptoms. However, only new onset asthma can be considered for prescription. Furthermore, many of the research studies relied on self-reporting questionnaires of respiratory symptoms rather than medically diagnosed cases of asthma. The Council will continue to monitor the literature as it emerges. An information note detailing its review was published on gov.uk/iiac in June 2015.

Bladder cancer and mineral oils

Following a horizon scanning exercise, a member of the Council highlighted evidence of an association between bladder cancer and exposure to mineral oils. Also known as base oils, mineral base oils, or lubricant base oils, these are chemical substances prepared from naturally occurring crude petroleum oil. They have been identified by the Health & Safety Executive as carcinogens prioritised for preventive action, while evidence on them featured in a report published by IARC in 2012.

The Council reviewed the research literature and found that risks, although often elevated in reports, were not more than doubled. It therefore concluded that bladder cancer and exposure to mineral oils could not be recommended for addition to the list of prescribed disease at present, and will keep the topic under review. An information note was published in May 2015 on gov.uk/iiac.

Osteoarthritis (OA) of the knee and work in the construction industry

The Council has twice previously reviewed the terms of prescription for OA of the knee (PD A14) following its initial prescription in 2008 for underground miners – once in 2010, when recognition was extended to carpet fitters and floor layers, and again in 2012. In 2015, it received a representation to add the occupation of 'joiner' to the list appearing in PD A14 and took the opportunity to consider again the growing evidence base on OA knee and occupation. Risks were evaluated by job title, by occupational activity and by a combination of these factors. As in previous reviews, evidence was found that work in 'construction', when broadly defined, carried higher risks of knee OA; however, the job titles 'construction worker', 'builder' and 'labourer' covered a multiplicity of trades, some perhaps conferring a doubling of risk of knee OA but others certainly not. In 2010 and 2012 the Council felt unable to recommend prescription for builders, labourers, or construction workers defined generally and as a class, without more evidence as to the occupation(s) at risk, and the level(s) and type(s) of risk-conferring activity. New reports have added more data points to a growing research database but have not changed this position. Additionally, there is now a large established general evidence base on risks of knee OA by occupational activity. However, such reports of activity are subjective, self-reported, harder to corroborate in a claims environment than time spent in a defined occupation, and subject to some uncertainty regarding the levels and types of exposure that would double risks of the disease. Many different metrics have been applied in research studies, most of which would be impractical to use in a high-volume benefits assessment system. A further enduring limitation (despite a literature review, calls for evidence and consultation with experts) is that representative levels of exposure to knee-straining activity are still not at all well described in British construction workers.

For these reasons the Council felt unable to recommend extending the prescription for knee OA to encompass additional trades within the construction industry. However, it remains committed periodically to updating its appraisal of the evidence base and would be pleased to receive new evidence, both on risks of the disease by occupational title and on exposures to knee-straining activity by occupational title in Britain.

The Council's published its information note in May 2016 on gov.uk/iiac.

Cancer and occupational exposures to trichloroethylene (TRIKE) and polychlorinated biphenyls (PCB)

As part of a horizon scanning exercise, IIAC considered TRIKE and PCB, both of which are classified as human carcinogens by the IARC. It found little evidence that occupational exposure to PCB can double the risk of any cancer. The Council's review of occupational risks from TRIKE is on-going and will be published during the coming year.

Depression and anxiety in teachers and healthcare workers

The Council has been reviewing depression and anxiety in teachers and healthcare workers after a question was raised at its 2015 Public Meeting. Members have considered the research literature and are inviting input from experts. The Council's review is on-going and a report is expected to be published in the autumn.

Other work carried out in 2015/2016

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:

Chronic obstructive pulmonary disease in woodworkers

An MP asked the Council to consider prescription for Chronic Obstructive Pulmonary Disease (PD D12) in relation to wood dust, highlighting a new research review in this area. This evidence and further research articles were considered by the Council. However, supporting studies were of variable quality and inconsistent in their findings with insufficient evidence overall to warrant adding woodworkers to the list of prescribed occupations for PD D12. It should be noted that certain wood dusts (mainly hardwood dusts) can cause asthma, which, in its chronic form, may have features similar to those of COPD. Occupational asthma caused by wood dust is compensated under the Scheme as PD D7. An information note outlining the outcome of the review was published on gov.uk/iiac in August 2015.

Parkinson's disease and organic solvents

A Council member asked that the case for prescribing Parkinson's disease or Parkinsonism in workers developing neurological illness following high exposures to organic solvents be considered. The Council last reviewed Parkinson's disease (in relation to pesticide exposure) in 2008. An updated literature search was conducted, but this did not find evidence to support a greater than doubled risk of Parkinson's disease in exposed workers and the case for prescription was deemed not to have been made.

Carpal tunnel syndrome (CTS) and wrist/forearm rotation

The Council received a request from an MP whose constituent attributed his CTS to his job as a tanker driver, and the repetitive screwing on and off of tanker caps. A review of the published research literature was conducted: this found no evidence on risks of CTS in tanker drivers and only limited evidence in relation to the repetitive activity. Prescription was not recommended, but a watching brief will be maintained on occupational risk factors for CTS. An information note was published on gov.uk/iiac in May 2016.

Noise induced hearing loss (NIHL) and nail guns

The Council has been considering NIHL and the use of nail guns in woodworking, following correspondence from an MP on behalf of a constituent. IIAC has reviewed the literature for

NIHL and nail guns or fastener drivers in carpentry and woodworking and a HSE report on noise exposure and fastener driving tools. The Council also consulted with a HSE principal inspector for noise and is in the process of producing a report for publication later in the year.

Idiopathic pulmonary fibrosis (IPF) and exposure to asbestos

An MP asked the Council to consider the case of prescribing IPF in coal workers exposed to asbestos as a binding agent. Pulmonary fibrosis is a condition in which the gas-exchanging tissue of the lungs is irreversibly scarred. Occupational causes of pulmonary fibrosis include coal workers' pneumoconiosis, asbestosis and silicosis, each of which is already prescribed under the Benefit Scheme within the terms of PD D1. Where no cause for pulmonary fibrosis can be discerned, it is designated "idiopathic". Since by definition IPF has no known cause, it cannot be attributed to occupation on the balance of probabilities and cannot be awarded benefit under the Scheme. The clinical appearance of IPF can be confused with that of asbestosis, although asbestos levels in coal mines appear rarely if ever to have been sufficient to cause asbestosis. In any event, a case was not established for a new prescription.

Dichloromethane and bladder cancer

The Council received correspondence from a MP on methylene chloride (otherwise known as dichloromethane) and occupational risks of bladder cancer. A search has been conducted for relevant research and a historic review, written by the IARC, has been considered. The Council has established that an updated monograph on this topic is being prepared by IARC, and has decided to finalise its own review following the monograph's forthcoming publication.

IIDB and the definitions of employed earners

A stakeholder, responding to the consultation process held during the triennial review, highlighted the Scheme's lack of provision for the self-employed. This led the Council to discuss a claimant's employment status and eligibility for benefit under the Scheme. The definition of an employed earner for the purposes of the Scheme is set out in Sections 2 and 94 of the Contributions and Benefits Act. However, there are now many different types of 'workers', including those on 'zero hours' contracts, and employment law has sought to redefine terms to safeguard the entitlements of those who may nominally be self-employed but fulfil many of the conditions of an employee. The Department has assured the Council that it generally accepts that those on zero hours contracts are 'employed earners' for the purposes of claims assessments.

Stakeholder Engagement

Because lower numbers of stakeholders have attended the Council's recent annual public meetings, it has undertaken a review of its options for stakeholder engagement. It was decided that IIAC would pilot a number of different opportunities during 2015/2016. Whilst still holding its public meeting in 2015, members would additionally:

- present at a range of stakeholder conferences and events which they were already attending;
- publish articles in stakeholder journals;
- hold open portions of its quarterly meetings (in March and October);
- compile a newsletter for hard to reach stakeholder groups (such as welfare rights advisers); and
- consider other ways to target calls for evidence in occupational sectors involved for its reviews.

It was decided subject to a review of these other activities that the Council should trial a biennial frequency of public meetings, the next of which will be held in 2017.

Public Meeting – London

In July 2015, the Council held its Public Meeting in London. The meeting, which was attended by 37 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)
- The facts behind the Scheme: the journey of a claim (Professor Sayeed Khan)
- Occupational epicondylitis (Dr Karen Walker-Bone)
- Matters raised at past IIAC meetings (Professor Paul Cullinan)
- Stress at work (Dr Ira Madan)
- Diesel exhaust emissions and cancer (Professor Neil Pearce)
- Commissioned review of medical assessments (Mr Richard Exell)
- Open forum (Mr Douglas Russell)

Proceedings from the meeting are available on gov.uk/iiac.

External presentations by Council members

A presentation about IIAC's work was given at the National Union of Rail, Maritime and Transport Health and Safety conference in February 2016, was well-received.

Another presentation, given at the Society for Occupational Medicine and Faculty of Occupational Medicine conference in June 2016, focussed on the work of IIAC and diseases which the Council found difficult to recommend for prescription and for which additional evidence would be welcomed.

Open sessions of Council meetings in October 2015 and April 2016

One public attendee stated: "I was very pleased to have been invited to attend the IIAC meeting and found it a worthwhile experience. It was interesting and useful to know that anyone can make a representation to the Council and to understand more about the processes and how the system works. I would definitely recommend that other stakeholders

attend." The Council proposes to continue the experiment in the forthcoming year.

Calls for additional research; highlighting occupational risks for prevention

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

The Council regularly makes calls for evidence to the wider scientific community via its site on gov.uk/iiac, the Society of Occupational Medicine's newsletter and through a targeted approach to the occupational sectors involved.

During 2015/2016, the Council made calls for evidence on:

- Osteoarthritis of the knee in construction workers
- Hand arm vibration and the use of jackhammers
- Osteoarthritis of the knee

Future Work of the Council

In addition to maintaining its reactive brief and its surveillance of the research literature which will inform its work programme for 2016/17, the Council will also focus particularly on:

- Medical Assessments
- Parkinson's disease and solvents
- Occupational risks and exposure to trichloroethylene and polychlorinated biphenyls
- Anxiety and depression in teachers and healthcare workers

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. For transparency they are recorded in the minutes of meetings, and on a register of members' interests, both of which are published on gov.uk/iiac.

Appointments and reappointments

Reappointments:
The following reappointments were made:

Richard Exell OBE, a representative of employed earners **and Paul Faupel,** a representative of employers, were reappointed for a third three-year term from 8 June 2015. **Professor Anthony Seaton CBE, Dr Karen Walker-Bone,** and **Keith Corkan** were reappointed from 1 May 2016 for a second three year term. All are independent members with specialist medical, scientific and legal expertise. **Professor Sayeed Khan,** a representative of employers, was also reappointed for a second three year term from the 1 May 2016.

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 or she was satisfied that it ought to be treated as a risk of occupation and not as a risk common to the general population, and that the attribution of individual cases to the nature of the occupation could be established or presumed with reasonable certainty. An employee disabled by a prescribed disease would have a right to claim benefit under the Act.

In 1947 the Government appointed the Dale Committee. Part of its brief was to advise on the principles governing the selection of diseases for insurance under the National Insurance (Industrial Injuries) Act, having regard to the extended system of insurance which was about to be set up by the National Insurance Act 1948 and any other relevant considerations. The advice of the Dale Committee included proposals that a small specialised standing committee should be appointed by the Minister to consider the prescription of diseases specifically referred to it, to review periodically the schedule of prescribed diseases and to recommend subjects on which more research was needed. The Minister concluded that this was a suitable task for a newly established IIAC. In 1982 the Government widened the Council's terms of reference allowing it to advise the Secretary of State on any matter relating to the Industrial Injuries Scheme or its administration.

Appendix B
TERMS OF REFERENCE

PURPOSE AND CONSTITUTION

To advise the Secretary of State for Work and Pensions, the Medical Advice Team of the Department for Work and Pensions (DWP) and the Department for Communities 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 Disablement Benefit (IIDB) 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. Currently, 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 DWP 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 (RWG), 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 RWG is decided by the Chair, in discussion with the RWG Chair.

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 DWP 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 RWG 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 a regular open public meeting 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 Private Pensions and Stewardship Directorate of the DWP 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 Arm's Length Bodies.

The DWP 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 Government Office of Science 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 Prescribed Diseases and the occupations that cause them for which IIDB 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, health and 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 Upper Tier 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 the International Agency for Research on Cancer)
- 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, health and safety officers, Health and Safety Executive)
- 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:

- Regular 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).

Appendix C: Members of the Council in 2015/2016

Professor Keith Palmer MA MSc DM FFOM FRCP MRCGP (Chair of IIAC)
First appointed Chair on 18 January 2008, reappointed for a third 3-year term on 18 January 2014. (Previously a Council member since 2001)

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

Professor of Occupational Medicine, Medical Research Council Lifecourse Epidemiology Unit and University of Southampton
Honorary Consultant Occupational Physician, Southampton University NHS Trust
Member and Deputy Chair, Expert Committee on Pesticides, Department for Environment, Food and Rural Affairs
Member, HSE Workplace and Health Expert Committee (WHEC)

Professor Paul Cullinan MD BS MB MSc FRCP FFOM (RWG Chair)
First appointed to the Council on 1 September 2008, reappointed for a third 3 year term from 1 September 2014

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

Dr Paul Baker MA DM BS MFOM MRCGP
First appointed to the Council on 1 October 2011, reappointed for a second 3 year term from 1 October 2014

Representative of employers

Consultant Occupational Physician, Health Management Ltd

Mr Keith Corkan BA
First appointed to the Council on 1 May 2013, reappointed for a second three year term from 1 May 2016

Independent member with legal expertise

Consultant at Woodfines LLP
Member of the Employment Lawyers Association
Member of the International Bar Association
Member of the Global Employment Institute

Dr Sara De Matteis MD MPH PhD
First appointed to the Council on 1 December 2014

Independent member with expertise in occupational health, both as a physician and an epidemiologist

Academic Clinical Lecturer in Occupational Respiratory Disease at the National Heart and

Lung Institute, Imperial College, and at St Thomas' Hospital

Mr Richard Exell OBE
First appointed to the Council on 8 June 2009, reappointed for a third 3 year term from 8 June 2015

Representative of employed earners

Senior Policy Officer, Trade Union Congress, London

Mr Paul Faupel CBiol MRSB FIOSH (retired)
First appointed to the Council on 8 June 2009, reappointed for a third 3 year term from 8 June 2015

Representative of employers

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

Professor Sayeed Khan BMedSci DM FFOM FRCGP FRCP
First appointed to the Council on 1 May 2013, reappointed for a second three year term from 1 May 2016

Representative of employers

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

Dr Ira Madan MB BS (Hons) MD FRCP FFOM
First appointed to the Council on 1 October 2011, reappointed for a second 3 year term from 1 October 2014

Independent member with specialist skills in occupational medicine

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

Professor Damien McElvenny BSc MSc CStat CSci
First appointed to the Council on 1 September 2008, reappointed for a third 3 year term on 1 September 2014

Independent member with skills and experience in statistics and epidemiology

Principal Epidemiologist, Institute of Occupational Medicine and
Director, Statistics and Health Limited
Fellow of the Royal Statistical Society
Member, International Epidemiology Association
Member, International Commission on Occupational Health
Member, Society of Social Medicine

Ms Karen Mitchell LLP
First appointed to the Council on 1 December 2014

Representative of employed earners

Legal Officer and Solicitor, Head of Legal Department, National Union of Rail, Maritime and Transport (RMT) Union

Professor Neil Pearce BSc DipSci DipORS PhD DSc FMedSci FFPH
First appointed to the Council on 1 October 2011, reappointed for a second 3 year term on 1 October 2014

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

Professor of Epidemiology and Biostatistics, London School of Hygiene and Tropical Medicine, London
Honorary Life Member, Australasian Epidemiological Association
Fellow, Royal Society of New Zealand

Mr Hugh Robertson
First appointed to the Council on 8 April 2015

Representative of employed earners

Senior Policy Officer, Trade Union Congress, London

Mr Douglas Russell BSc (Hons) MSc CMIOSH
First appointed to the Council on 1 December 2014

Representative of employed earners

National Health and Safety Officer for the Union of Shop, Distributive and Allied Workers (USDAW)

Professor Anthony Seaton CBE MD DSc FRCP FRCPE FMedSci
First appointed to the Council on 1 May 2013, reappointed for a second three year term from 1 May 2016

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

Dr Karen Walker-Bone BM FRCP PhD Hon FFOM
First appointed to the Council on 1 May 2013, reappointed for a second three year term from 1 May 2016

Independent member with expertise in the epidemiology of rheumatic diseases

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

Dr Andrew White BSc (Hons) PhD CMIOSH AIEMA
First appointed to the Council on 1 December 2014

Representative of employers

Director of Risk & Assurance, The Pirbright Institute

IIAC Secretariat

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

Members of the Secretariat:

Mrs Rebecca Murphy	Secretary (job-share) to 31 May 2016
Mrs Annette Loakes	Secretary (job-share)
Dr Marianne Shelton	Scientific Adviser to 31 May 2016
Ms Catherine Hegarty	Administrative Secretary

Contact Details:

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Email: iiac@dwp.gsi.gov.uk
Website: www.gov.uk/iiac

Officials and Observers attending meetings

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

From the DWP:

Dr Clare Leris	Strategic Health and Science Directorate - Strategy Group
Dr Emily Tucker	Strategic Health and Science Directorate – Strategy Group
Ms Neil Walker	Disability Employment and Support Directorate – Strategy Group
Mr Mark Smith	Benefit Services Directorate

From the HSE:

Mr Andrew Darnton	Science, Engineering and Analysis Division

From the MoD:

Dr Anne Braidwood	Medical Adviser

Appendix D: Expenditure

a) The budget for IIAC in 2015/2016 was £39,820.

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

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

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

d) The full Council met four times in 2015/2016. Their sub-committee, the RWG, also met four times during the year.

e) Members attended two extraordinary meetings in November 2015 and March 2016.

f) Members also attended a public meeting in London in July 2015.

Fees and expenditure for 2015/16 was as follows:

Professional fees	£14,128.00
Expenses	£5,048.49
Printing	£6,063.93
Public Meeting	£1,942.50
Research Material	£135.00
Catering	£1,042.39
Total	**£28,360.31**