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THE INDUSTRIAL INJURIES ADVISORY COUNCIL

ANNUAL REPORT
2014/15

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Industrial Injuries Advisory Council

Annual Report 2014/2015

Foreword

Typically, much of the Council's time is spent in reviewing research evidence to decide whether the list of diseases for which Industrial Injuries Disablement Benefit (IIDB) is payable can be extended. In this respect, as in previous years, the Council was well occupied in 2014/15 and evidence of this can be found elsewhere in this report. Over the period of account four Command papers, two Position papers, three information notes and a commentary were published; many more are in varying stages of preparation.

To illustrate the breadth of the work: evidence was taken on a wide variety of health problems, including chronic obstructive pulmonary disease, asthma, deafness, hepatitis E, cataract, tennis and golfer's elbow, and cancers affecting the eye, larynx, ovary, lung, bladder and bile duct; and on occupational activities as diverse as chiropody, interventional cardiology, bus driving, coal mining and work with the computer keyboard and mouse.

Additionally, continuing a theme of recent years, the Council has been engaged in consideration of several general issues with potential to impact the Scheme as a whole. In particular, a body of work on the application of "presumption" within claims assessment has been considerably advanced with the publication of two Command papers, one Position paper and a change in the law.

"Presumption" governs when a prescribed disease can be presumed by decision-makers to have been caused by a scheduled work exposure, and is enshrined in legislation as well as featuring in decision makers' guidance and medical policy circulars. Attention has been accorded the topic because it has central importance to the Scheme's administrative efficiency. It has the policy intention of making life easier for claimants and decision-makers by sparing them the burden of collecting detailed evidence case by case. Instead, the rule allows latitude to "presume" an occupational cause under defined circumstances. However, the underlying regulation is complex and appeared outdated. The Council's proposals to modernise it, ensuring a better grounding in evidence, were accepted by Ministers during the past year and the legislation regarding coverage and time limits has been usefully overhauled.

In a related work stream, the Council developed and published guidance on "rebuttal", a feature within the presumption rules that allows decision-makers the flexibility "not to presume" when the facts of the case argue against it. Unfortunately, in the circumstances of many modern claims, rebuttal would require a complex assessment of causal probabilities and thus carries the potential, at least occasionally, to lead to refusal of benefit through misunderstandings of a technical, epidemiological (population-based) nature. It seems that rebuttal is not often employed, but the Council has taken steps to advertise to stakeholders the limited circumstances in which it may be used and the many in which it would best be avoided altogether. Going forwards, further work is envisaged to support the Department in translating this advice into a framework that will feed directly into medical assessments.

Medical assessment within the Scheme has been a second major general area of

consideration in recent times. Work on this in 2014/15 included a comparison with the practice of similarly aimed Schemes in other countries, and with that in the Armed Forces Compensation Scheme, a more modern version of the former 'War Pension Scheme' with some innovative advances on the assessment of occupationally-related disablement. Inquiries are on-going.

The year marked the second triennial review of the Council as a Non-Department Public Body (NDPB) and as a Scientific Advisory Committee. As in 2012, the review was undertaken by senior civil servants of the Department and had the remit to consider whether independent technical advice on the Industrial Injuries Scheme was still necessary, whether present arrangements were optimal to deliver that function, and generally to assess the quality of the Council's output and its governance arrangements. The consultation period was shorter than in 2010 (we understand because of the need to complete the review before the "purdah" period preceding the general election) but the outcome was broadly similar to that of the previous review. I share fully the review team's opinion that an expert committee, visibly independent of government and the Department, is necessary to give technical advice on the Scheme and, in particular, to identify emerging circumstances in which diseases can be said both to be occupationally related and to meet the rules of eligibility for benefit. The review made some recommendations on process which we welcome and have already begun to implement.

The Council's 2014/2015 Public Meeting was held in Edinburgh in June 2014, with excellent audience participation. In the spirit of openness and transparency, the Council remains committed to hosting regular Public Meetings, the next of which will be held in London on 2 July 2015. It has also been trialling the opening up of a part of each of its main business meetings to members of the public. We extend a warm invitation to anyone who would like to attend one or other of these events.

A new development in 2015, following the outcome of the Scottish referendum and the subsequent Smith Commission Agreement, is the intention to enable legislation devolving powers over some social security benefits to the Scottish parliament, including Industrial Injuries benefits. At the time of writing it is unclear how this will affect the benefit in Scotland and the Council's role as an advisor and a vehicle for gathering and appraising evidence. The Council is committed, however, to providing full assistance to the Scottish administration should it need our support.

Finally, on a personal note, I would like to thank the members of the Council and Secretariat, the Health and Safety Executive, the Ministry of Defence and DWP observers and officials for their great help and enthusiasm in helping me to deliver my role as Chairman of the Council, and in particular to express my gratitude to three Council members (Clare Sullivan, Andrew Turner and Fergus Witty) who left us following 10 years apiece of exemplary service. At the same time we welcome four exciting new faces to the Council (Dr Sara De Matteis, Dr Andrew White, Douglas Russell and Karen Mitchell) plus one exciting 'old' face (Hugh Robertson, who is 'old' only in the sense of serving a second term of office). As always at this point of reflection on the Council's activities, I feel privileged to be leading such a rewarding programme of work with such invaluable support.

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 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 and its terms of reference is 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 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 website.

Composition of the Council

IIAC usually consists of seventeen members, including the Chairman. It is formed of independent members with relevant specialist skills, representatives of employees and representatives of employers. The independent members currently include doctors, scientists and a lawyer. Membership of the Council over 2014/15 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). 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.

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

In January 2015 the previous Government announced a triennial review of IIAC as a NDPB and a Scientific Advisory Committee. This marked the second triennial review of IIAC; the first being carried out in 2012. The review was undertaken by senior civil servants within the DWP and considered the function, controls and governance of the Council. Stakeholders were consulted during this process. The review report was published on 12 March 2015 and concluded that IIAC's function remains necessary and that retaining the Council as a NDPB remained the most appropriate option, 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, the Department made the following recommendations:

- Clear rules and systems should be established to enable Ministers to remove members due to poor performance or conduct, should this be necessary;
- Terms of appointment clearly defining the roles and responsibilities of IIAC members and the Chair, are agreed to and signed off by the individual;
- Members' fees and expenses and the Council's rolling programme of work should be published.

The Council has committed to implementing these recommendations by September 2015. As an initial step, members' total fees and expenses are listed in the Expenditure section of the report in Appendix D. The Council's rolling programme of work will be published on its website,www.gov.uk/iiac.

Key achievements of 2014/2015

Publication of the following reports:

- ***4 Command[1] papers***
    - Dupuytren's contracture due to hand-transmitted vibration, Cm 8860 – May 2014
    - Presumption that a disease is due to the nature of employment: coverage and time rules, Cm 8880 – June 2014
    - Effects of treatment and the medical assessment of chronic bronchitis and emphysema (PD D12, chronic obstructive pulmonary disease), Cm 8906 – July 2014
    - Presumption that a disease is due to the nature of employment: the role of rebuttal in claims assessment, Cm 9030 – March 2015

- ***2 Position[2] papers***
    - Ocular melanoma and occupation (Position paper 33) – November 2014
    - Diseases with multiple known causes and rebuttal (Position paper 34) – March 2015

- ***3 Information[3] notes***
    - Hepatitis E infection and occupation – April 2014
    - Noise induced hearing loss in certain occupations - February 2015
    - Cancers of the larynx or ovary and work with asbestos – February 2015

- ***Commissioned review 'Assessing disablement under the Industrial Injuries Disablement Benefit Scheme – a critical review and international comparison' by Dr Rudi Stilz and an accompanying commentary on the results of the review by the Council***

Stakeholder Engagement

- Held a Public Meeting Edinburgh – June 2014
- Published an article in Safety and Health Practitioner magazine
- Held an open session in an IIAC meeting

Appointments

- Five new Council members were appointed for the first time, three representing employed earners, one representing employers and one as an independent member. Five members were also reappointed, four independent members and one representing employers.

[1] A Command paper is a Council report that details a review and contains recommendations that require changes to legislation (e.g. recommending a disease 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 2014/2015

'Presumption'

The 'presumption' regulation[4] 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) the time limit is too brief. The regulations also afford decision makers the ability to 'rebut' a claim if there is evidence that the disease may have had some cause other than the particular occupation.

During the course of 2014/2015 IIAC completed its review of the rules governing presumption which it considered in two stages. The first stage considered whether the coverage and the time limits for presumption were appropriate for all of the prescribed diseases covered by the Scheme ('Presumption that a disease is due to the nature of employment: coverage and time rules', Cm 8880, published June 2014). The second stage focused on how claims for prescribed diseases with both occupational and non-occupational causes were considered under the Scheme, and the circumstances under which rebuttal is inappropriate or should be used only sparingly ('Presumption that a disease is due to the nature of employment: the role of rebuttal in claims assessment', Cm 9030 and Position paper 'Diseases with multiple causes and rebuttal', both published March 2015).

The Council recommended a number of amendments to the underlying legislation and guidance to Decision-Makers and medical assessors to ensure that the coverage and applicable time limits for presumption were based on up-to-date scientific knowledge. The Council also recommended changes to guidance about when presumption, where it applies, should be automatic and not be subject to rebuttal. Whilst the impact of these changes on the numbers of awards made under the Scheme is likely to be small, the recommendations were designed to bring the current rules of presumption up to date with current scientific evidence whilst strengthening the policy intent of the rules of presumption and bringing administrative efficiencies by simplifying claims processing for claimants and decision makers. The Council's recommendations were accepted by the previous Government and regulations were enacted on 16 March 2015.

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.

[4] Social Security (Industrial Injuries) (Prescribed Diseases) Regulation 1985 Regulation 4.

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. IIAC welcomes the findings of this review as it continues to investigate further aspects of medical assessments within the IIDB Scheme.

Currently IIAC is reviewing how medical assessments operate in the War Pensions Scheme and the Armed Forces Compensation Scheme and reviewing Departmental guidance for medical assessment within the Medical Services Handbook. This work will continue in 2015/16.

Occupational hepatitis E infections

IIAC considered the occupational risks of hepatitis E viral infection after this topic was raised by an expert in infectious diseases. During the course of the review the Council considered a search of the peer-reviewed research literature and took evidence from experts in the field. The Council found that people working in close contact with pigs had higher blood-borne antibodies against hepatitis E virus, but that there was no evidence to indicate a greater than doubled risk of clinically recognisable hepatitis E infection in any occupation. An Information note 'Hepatitis E infection and occupation' was published in April 2014.

Dupuytren's contracture due to hand-transmitted vibration

Dupuytren's contracture is a relatively common musculoskeletal disorder in older people, 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. During the course of the review the Council undertook literature searches, consulted with experts in the field and analysed relevant, unpublished data to consider whether there was sufficient evidence to recommend prescription. The Council is grateful to the Durham Miner's Association for the evidence it supplied to support this review.

Sufficient evidence of a greater than doubled risk of Dupuytren's contracture from hand-transmitted vibration was identified. IIAC published it recommendations to Ministers in its report 'Dupuytren's contracture due to hand-transmitted vibration', Cm 8860 in May 2014. The Department is currently considering its advice to Minister about implementation of the Council's recommendations.

The effects of treatment in the medical assessment of Chronic Obstructive Pulmonary Disease (PD D12)

The Department asked IIAC to review the use of therapeutic treatments by claimants and its effect on lung function tests used during medical assessments for PD D12 (Chronic Bronchitis and Emphysema) following the results of an Upper Tribunal (formerly known as Commissioner's decision) in 2006[5]. Treatments can improve an individual's lung function to a variable degree, thus altering their spirometry results. In principle, therefore, in marginal

[5] Social Security Commissioner Decision. March 2006. CI/2683/2004

cases, use of treatments before a spirometry test might lead to a claimant being unable to demonstrate the required level of lung function loss to be eligible for prescription.

The Council considered the matter in depth, including consultation with respiratory experts and review of the evidence base for the original prescription for PD D12. When framing the original prescription the Council noted the approximate nature of the evidence base. IIAC also considered that it would be logistically impractical to take into account variations in individual claimants such as levels of coal dust exposure, brief absences from work, and differing treatment regimes. IIAC recommended that the effects of treatment should not be taken into consideration during medical assessments for PD D12 and recommended a new wording of the prescription to clarify this position legally.

The Council also took the opportunity to update the description of PD D12 from Chronic Bronchitis and Emphysema to Chronic Obstructive Pulmonary Disease. This has no impact on claimants but brings the definition of PD D12 up-to-date with modern medical terminology.

The Council published its Command paper 'The effects of treatment in the medical assessment of Chronic Obstructive Pulmonary Disease (PD D12)' (Cm 8906) in July 2014 and regulations amending the nomenclature changes were enacted on 16 March 2015.

Ocular melanoma in welders

IIAC examined the occupational risks of melanoma of the eye ('ocular melanoma'), after becoming aware of a monograph published by the International Agency for Research on Cancer (IARC). Some evidence was found of increased risks of ocular melanoma in both welders and cooks. However, the evidence in cooks was weak, while 'welding' was ill-defined in the published studies and there was currently a lack of evidence on potentially qualifying levels of exposure. The Council was therefore unable to recommend adding ocular melanoma for either occupation and published its findings, 'Ocular melanoma and occupation' (Position paper 33) in November 2014. The Council will continue to monitor research on this topic and plans to revisit it should new evidence emerge in future.

Diseases due to ionising radiation (PD A1)

During 2014-15 IIAC has been reviewing the terms of prescription for PD A1 (diseases due to ionising radiation) following a suggestion by one of its members. Currently PD A1 covers leukaemia (other than chronic lymphocytic 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, Public Health England (PHE) – the recognised UK authority on radiation safety – submitted advice providing information about a) the threshold doses below which risks for certain diseases cannot be discounted and b) coverage for cancers under PD A1. The Council is currently considering the evidence and it is anticipated a report will be published in the Autumn of 2015.

Cataracts due to ionising radiation (PD A2)

Due to a reduction in the minimum dose of ionising radiation regarded as safe to the lens of the eye, the Council has been reviewing the terms of prescription for PD A2 (occupational cataracts). After undertaking literature searches and consulting with an expert ophthalmic epidemiologist and the Centre for Radiation, Chemical and Environmental Hazards the

Council is currently finalising its conclusions with a view to publishing a report in the Autumn of 2015.

Noise-induced hearing loss in workers in the blow mould extrusion of plastic industry

In 2013/14 IIAC received a request to consider adding work involving blow mould extrusion of plastic to the list of occupational exposures recognised for noise-induced hearing loss (Prescribed Disease A10). The request noted that blow mould extrusion of glass is already a prescribed exposure for PD A10.

During the course of its review, IIAC sought evidence of noise exposure levels in the peer-reviewed research literature and unpublished 'grey' literature, issued a call for evidence on the IIAC website and Society of Occupational Medicine newsletter and liaised with the British Occupational Hygiene Society to request evidence from its members. Noise exposure data from industry experts, the HSE and trade union officials were also sought. 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 for prescription. The Council published an information note detailing its review in February 2015 and agreed to continue to monitor emerging evidence. It would welcome further evidence on this topic (in the format detailed in the information note).

Diesel fumes and cancer

IIAC has been reviewing the occupational risks of diesel fumes following publication of an IARC monograph on this topic. The Council's review has focused on lung cancer and bladder cancer in bus and HGV drivers, railway workers and miners. During the review IIAC has searched the research literature and reviewed key papers. IIAC is currently assessing the findings and it is anticipated that the review will be published towards the end of 2015.

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 occupation 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 also took the opportunity to update the evidence base more generally on risks by occupational title and occupational activity. During the course of the review literature searches have been undertaken and key research papers reviewed. IIAC is currently drafting a report summarising its review which will be published shortly.

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 covered under the Accident Provisions of the IIDB Scheme. Cleaning agents that are sensitising agents would be covered under PD D7's 'catch-all' category ('any other sensitising agent'). However, the Council considered whether there was sufficient evidence to add cleaners as a separate occupational category for occupational asthma; this would better signpost to potential claimants in these jobs their eligibility to claim IIDB. The Council has undertaken a literature search and reviewed key evidence and is currently finalising its conclusions, with a report

detailing its review being published in June 2015.

Bladder cancer and mineral oils

A Council member had highlighted evidence of an association between bladder cancer and exposure to mineral oils. Mineral oils (also known as base oils, mineral base oils or lubricant base oils) are chemical substances prepared from naturally occurring crude petroleum oil. The Council has reviewed the research literature and is finalising its report being published in June 2015.

Asbestos related cancer of the larynx and ovaries

Following a request from the Asbestos Victims Support Groups' Forum, the Council reviewed the possible associations between asbestos exposure and cancers of the larynx and ovary.

IIAC last reviewed asbestos and cancer of the larynx in 2008 (Position Paper 22). At that time the Council concluded that while the data supported a link between laryngeal cancer and asbestos exposure, they did not provide strong, consistent evidence of a doubling of risk, or define potentially qualifying exposure circumstances clearly enough to support prescription. During 2014-15 the Council updated its evidence base and identified several key additional studies published since its 2008 review. The evidence of a doubling of risk of laryngeal cancer associated with asbestos exposure remains inconsistent. While some studies indicate higher risks, perhaps in more highly exposed workers, such reports are generally based on few cases with little or no information on the levels of exposure that would carry a more than doubling of risk; several studies relate to exposures that would not be incurred in the UK. Thus, the Council concluded that the evidence is not sufficiently robust, compelling and detailed to enable recommendation of prescription for laryngeal cancer and asbestos exposure.

The Council examined the question of cancer of the ovary and asbestos exposure for the first time. A literature review was conducted and this revealed several studies that suggested a more than doubling of risk. However, exposure circumstances in these studies were not defined clearly enough to support prescription. A further concern was that risks of ovarian cancer may have been over-stated by mis-diagnosing as ovarian other abdominal malignancies strongly associated with asbestos exposure, such as mesothelioma of the peritoneum (studies with reliable post-mortem histopathology tended to report smaller changes in risk). Thus, it was felt that prescription could not be recommended on present evidence.

An information note 'Cancers of the larynx or ovary and work with asbestos' was published on www.gov.uk/iiac in February 2015.

Other work carried out in 2014/2015

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:

Liver cholangiocarcinoma in print ink workers

At the Edinburgh Public Meeting an attendee asked IIAC's opinion about liver

cholangiocarcinoma due to exposure to dichloropropane and/or dichloromethane in print ink workers. This topic was first highlighted by the Council in 2013-2014 and was considered again in light of the attendee's query at the Public Meeting. Following consideration of a literature search and after consultation with experts in the field IIAC has concluded that it will await publication of future evidence before making its recommendations about prescription for this cancer. A holding information note has been prepared, outlining the current state of evidence and the reasoning behind the Council's position which will be published shortly.

Parkinson's disease, Parkinsonism and solvents
An IIAC member asked the Council to consider Parkinson's disease and Parkinsonism for workers who develop neurological illnesses from high exposures to solvents. The Council last reviewed Parkinson's disease in relation to pesticide exposure in 2008. There are several risk factors which can lead to the onset of Parkinson's disease in individuals (e.g. certain drugs, etc.). The Council has undertaken an updated literature search and is currently considering the evidence.

Chronic obstructive pulmonary disease and wood dust
An MP made a representation to the Council asking it to consider prescription for Chronic Obstructive Pulmonary Disease due to exposure to wood dust and highlighted publication of a new research review in this area. This evidence and further research articles are currently under consideration by the Council. It is likely that this review will be concluded in July 2015.

Carpal tunnel syndrome (CTS) in office workers: IIAC has been considering the possible prescription of CTS and bursitis in office workers using computers following a letter from an MP. The Council's review, of Work Related Upper Limb Disorders (WRULD), was published in 2006. At that time the Council recommended prescription for CTS in workers bending their wrists repetitively (Cm 6868) but did not recommend prescription in relation to computer work and typing.

The Council has undertaken a literature search to update the evidence base, but no evidence was found on bursitis and office work. Several systematic reviews were found on CTS and computer work, the balance of evidence been generally against any important elevation in risk. The Council concluded that the case could not be made to recommend extending prescription for PD A12 (CTS) to include keyboard and mouse use. The Council will continue to monitor the evidence and will revisit this issue if future research indicates a need.

Presentations to the Council

Presentations were made to the Council by:

- Dr Wei Zhang from the Centre for Radiation, Chemical and Environmental Hazards at Public Health England on diseases due to ionising radiation.
- Dr Rudi Stilz, Occupational Medicine Consultancy Ltd on the commissioned review comparing medical assessments in the IIDB Scheme with similar schemes internationally.

Stakeholder Engagement

Public Meeting – Edinburgh
In June 2014, the Council held its annual Public Meeting in Edinburgh. The meeting, which was attended by 32 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 (Mr Fergus Whitty)
- Presumption – background to review (Professor Keith Palmer)
- Presumption – what is changing, and what this means in practice (Mr Richard Exell)
- Multi-causal diseases (Professor Neil Pearce)
- Cancers which are difficult to prescribe (Professor Damien McElvenny)
- Vibration-related dupuytren's contracture (Dr Karen Walker Bone)
- COPD (Professor Anthony Seaton)
- Open forum and closing remarks (Ms Clare Sullivan)

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

Safety and Health Practitioner Magazine
In May 2014, the 'Safety and Health Practitioner' (SHP) magazine published an article by Mr Paul Faupel, an IIAC representative of employers. The article called on health and safety professionals to assist IIAC by providing robust scientific evidence. Mr Faupel explained that this can be critical in enabling IIAC to make recommendations to provide state compensation to employed earners made sick or injured as a result of their employment.

The SHP article also highlighted the importance of IIAC reports in occupational health risk assessment, regardless of whether or not the threshold for prescription is reached. IIAC position papers and information notes can provide an important evidence base about a wide range of topics, highlighting to safety and health professionals where occupational risks are consistently increased (albeit not by as much as two).

To this end, the Council is liaising with the Health and Safety Executive to forge official channels of communication, to promulgate IIAC's reviews and bring their preventive application to the attention of relevant stakeholders.

Held an open session for members of the public at the IIAC meeting in March 2015

Calls for additional research and 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. (In 2014, this budget was used to commission an international comparison of approaches to medical assessment for schemes similar in aims to the IIDB Scheme – see p8.)

The Council regularly makes calls for evidence to the wider scientific community via the IIAC website (on the front page and its dedicated 'Calls for Additional Research' webpage), the Society of Occupational Medicine newsletter and through a targeted approach to the occupational sectors involved.

During 2014/2015, the Council made calls for evidence on:

- Osteoarthritis of the knee in joiners
- Neurodegenerative diseases in professional sportspersons
- Noise induced hearing loss and percussive tools
- Noise induced hearing loss and certain other occupational exposures

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 2015/2016 will focus in particular on:

- Medical Assessments
- Diseases due to ionising radiation
- Occupational osteoarthritis of the knee

IIAC website move to gov.uk

In July 2014 the IIAC website was moved to GOV.UK (www.gov.uk/iiac). This was part of a broader transfer of the websites of over 300 Government agencies and NDPBs. GOV.UK has been designed to make it as easy as possible for users to quickly get the information they need, without having to visit lots of different websites to do so. It aims to ensure the content is clear and written in jargon-free plain English for the benefit of all readers. The IIAC page on GOV.UK continues to provide all the information that is important for openness and transparency in respect of the Council's work, such as the minutes of meetings, latest reports and news.

Appointments and reappointments

Appointments:
An appointment exercise was undertaken in 2014/2015 to appoint five new Council members (one independent scientific member, one representative of employers and three representatives of employees) in accordance with the Office of the Commissioner for Public Appointments (OCPA) guidelines. The following new appointments were made from 1 December 2014:

- **Dr Sara De Matteis**, as an independent member
- **Dr Andrew White**, as a representative of employers
- **Mr Douglas Russell**, as a representative of employed earners, and
- **Ms Karen Mitchell**, as a representative of employed earners
- **Mr Hugh Robertson** was appointed with effect from 8 April 2015 as a representative of employed earners

All of these appointments are for three year terms.

Reappointments:
The following reappointments were made:

Professor Paul Cullinan and Professor Damien McElvenny were both reappointed for a third three-year term from 1 September 2014. **Dr Ira Madan and Professor Neil Pearce** were reappointed from 1 October 2014 for a second three year term. All are independent medical and scientific experts. **Dr Paul Baker,** a representative of employers, was reappointed for a second three year term from the 1 October 2014.

Members who left IIAC:
Ms Clare Sullivan, and Mr Andrew Turner stepped down from the Council on 30 November 2014 and **Mr Fergus Whitty** stepped down on 7 April 2015. All were representatives of employed earners and each had completed a maximum term of 10 years.

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.

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 (revised in January 2015)

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 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 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. 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 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 Private Pensions and Stewardship 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:

- 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).

Appendix C: Members of the Council in 2014/2015

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

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, Expert Committee on Pesticides, Department for Environment, Food and Rural Affairs

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 MB BS FFOM
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

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

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 MSB MIRM FIOSH
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

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 Senior Lecturer, Guy's and St Thomas' NHS Foundation Trust and King's College, London

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

Representative of employees

Legal Officer and Solicitor, Rail, Maritime and Transport (RMT) Union

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

Professor Neil Pearce BSc DipSci DipORS PhD DSc FMedSci
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
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

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

Ms Claire Sullivan
First appointed to the Council on 1 December 2004, stepped down after 10 years' service on 30 November 2014

Representative of employed earners

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

Mr Andrew Turner TechSP
First appointed to the Council on 1 December 2004, stepped down after 10 years' service on 30 November 2014

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 Karen Walker-Bone BM FRCP PhD Hon FFOM
First appointed to the Council on 1 May 2013

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
First appointed to the Council on 1 December 2014

Representative of employers

Head of Safety and Occupational Health at the University of Southampton

Mr Fergus Whitty BA
First appointed to the Council on 8 April 2005, stepped down after 10 years' service on 7 April 2015

Representative of employed earners

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

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)
Mrs Lucy O'Sullivan	Secretary (job-share) to November 2014
Mrs Annette Loakes	Secretary (job-share) from January 2015
Dr Marianne Shelton	Scientific Adviser
Ms Catherine Hegarty	Administrative Secretary

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Telephone: 020 8449 5618
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 Armed Forces Compensation Scheme attend as observers.

From the DWP:

Dr Clare Leris	Strategic Health and Science Directorate - Strategy Group
Ms Jane Edwards	Working Age Benefits Division – 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 2014/2015 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 2014/2015. Their sub-committee, the RWG, also met four times during the year.

e) Members also attended a public meeting in Edinburgh in June 2014.

The fees and expenditure for 2014/15 was as follows:

Breakdown of expenditure in 2014/15

Professional fees	£15,204.00
Expenses	£7,345.84
Printing	£10,974.76
Public Meeting	£5,374.51
Research Material	£117.20
Catering	£878.31
Total	**£39,894.62**