I·I·A·C·

THE INDUSTRIAL INJURIES ADVISORY COUNCIL

ANNUAL REPORT
2016/17

www.gov.uk/iiac

Industrial Injuries Advisory Council

Annual Report 2016/2017

Foreword

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

The Research Working Group, ably chaired by Professor Paul Cullinan, has continued its work as the Council's scientific engine. This year the output has been high by any standard, and has included: two published and two publication-ready Command Papers, four Position Papers and seven other web-published Information Notes, as well as sundry advice to the Department and dealing with stakeholder correspondence. Topics have encompassed various cancers (of the nose and nasal sinuses, kidney, cervix, blood and lymphatic systems); rheumatological and orthopaedic conditions (osteoarthritis, rheumatoid arthritis, carpal tunnel syndrome, hand-arm vibration syndrome); occupational deafness; mental ill-health (anxiety and depression); latex anaphylaxis; neurodegenerative diseases; and two prescribed lung conditions (diffuse pleural thickening and extrinsic allergic alveolitis).

In some topic areas reviews of evidence have been extensive, involving, for example, in one instance the appraisal of over 40 original research reports, in another 31, and in a third 29 separate studies. Public calls for evidence are also made and experts of international standing are contacted (for example, nine from four countries in the mental health review). A feature of modern reports, aimed at providing a transparent audit trail, is that all the considered evidence is cited, while glossaries to reports explain the meanings of technical terms. The Council's terms of reference (Appendix B) provide that where inquiries are more than trivial there is an intention always to publish and the large number of reports this year is a reflection of this commitment.

The impact of this effort may be seen in several amendments and additions to Schedule 1 of the Social Security (Industrial Injuries) (Prescribed Diseases) Regulations 1985, proposed by the Council and enacted in 2016/17; in several other proposals for change under consideration by ministers at the time of writing; and in advice to medical policy officials of the Department and ministers.

A major work stream before the Council in 2016/17 and onward is that concerning the medical assessments that claimants of IIDB undergo, to determine how disabled they are from their occupational disease or workplace injury. A claimant's disablement is expressed on a percentage scale and benchmarked against a legal schedule of physical injuries. A previous commissioned review for the Council drew comparisons with schemes of other countries, highlighting some differences but also some commonalities in the benchmarks employed. Current inquiries are focussed on what happens to claimants who also have identifiable non-work causes for their

disablement. The law here requires that the portion of disablement attributable to non-work causes should be deducted in setting the level of compensation. Such deductions ("offsets") are quite often applied, for example, in claims for back injury and knee osteoarthritis. However, setting an appropriate value on them may be challenging. With the help of a range of experts, the Council is exploring how robust decision-making can best be supported in a difficult area of medical science.

As in previous years, we held four full meetings of the Council and four meetings of the Research Working Group through this year, with much additional work undertaken out of committee. Unusually, and in a break with previous years, the Council did not hold an open meeting in 2016. Attendance figures have been in decline in recent years and it was decided instead to engage with stakeholders through a number of new initiatives, including out-reach presentations at external conferences, published articles about the Council's work in stakeholder publications and on websites, and by making the Council's quarterly meetings open to public attendance. We continue to feel our way here and to evaluate these pilot activities, but for now the decision has been taken to reinstate public meetings at a biennial frequency, the next of which will be held in Manchester in July 2017. The Council remains committed to the spirit of openness and transparency, and we extend a warm invitation to anyone who would like to join us in Manchester this summer.

Our forward work programme promises to be a busy, complex and exciting one. It is with sadness, therefore, that I record that my own term of office with the Council (which began as a member back in 2001) will conclude after March 2018, as I reach the maximum tenure allowed by governance rules. It has been an enormous privilege and honour over the years to share with Council members and stakeholders in the important endeavour of ensuring that IIDB provisions are evidence-based, fair, efficient and available as far as possible to workers injured during the course of their employment. I wish my successors well in this effort and thank all Council members past and present, as well as the Secretariat, HSE and other observers, and members of the Department for their support and enthusiasm in helping me to negotiate my role as Chairman of the Council over the past decade.

Professor Keith Palmer
Chairman

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 Disablement 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 Disablement 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 Disablement Benefit or its administration.
3. To consider and provide advice on any draft regulations the Secretary of State proposes to make on Industrial Injuries Disablement 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 Department for Work and Pensions, 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 2016/17 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 occupations 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, which can be caused by tobacco smoking as well as having occupational causes). 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.

Key achievements of 2016/2017

Completion of the following reports:

4 Command Papers[1]

- Diffuse pleural thickening (published April 2016)
- Extrinsic allergic alveolitis (EAA): isocyanates and other occupational causes (published April 2016)
- Nasal carcinoma and occupational exposure to wood dust (publication pending)
- Extending the terms of prescription for latex anaphylaxis (publication pending)

4 Position Papers[2]

- Noise, occupational deafness and IIDB (publication pending)
- Anxiety and depression in teachers and healthcare workers (publication pending)
- Renal cancer and occupational exposure to trichloroethylene (publication pending)
- Lymphatic and haematopoietic cancers and occupational exposure to trichloroethylene (published May 2017)

7 Information Notes[3]

- Osteoarthritis of the knee and work in the construction industry (published May 2016)
- Neurodegenerative diseases in professional sportspersons (published May 2016)
- Carpal tunnel syndrome and wrist/forearm rotation (published May 2016)
- Noise-induced hearing loss and work with nailing and stapling guns (published September 2016)
- Cervical cancer and occupational exposure to trichloroethylene (published May 2017)
- Rheumatoid arthritis and occupational exposure to cadmium (published May 2017)
- Prescribing for Hand-arm Vibration Syndrome and risk from motorcycle handlebars (published May 2017)

[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.

Regulations proposed by the Secretary of State

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

In 2016/17 the Council considered and agreed changes in relation to prescription for:

- PD A1 for cancers due to ionising radiation
- extrinsic allergic alveolitis PD B6, with the addition of PD C34 to allow for chemical exposures
- diffuse pleural thickening PD D9

These regulations came into force on 30 March 2017

Stakeholder Engagement

- Held an open session at IIAC's April meeting
- A member presented at a stakeholder annual meeting
- Members placed articles in three stakeholder publications and placed a feature article on a stakeholder website

Appointments

- The Chair was reappointed for a final period of office from 18 January 2017 to March 2018.
- Seven members have been reappointed for varying terms, two independent members for one final year. Four others, one independent member, two employee representatives and one employer representative, have been reappointed for a final five years, and two further independent members have been reappointed for a final four years.
- Richard Exell, an employee representative since June 2009 resigned from the Council in January 2017.

Summary of work undertaken in 2016/2017

Medical assessments

IIAC has been reviewing medical assessments to ensure they adequately reflect current scientific knowledge and focus on how assessments take into account multiple risk factors and previous medical problems and injuries. 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. The law states that deductions must be made to take account of 'other effective causes', i.e. those deemed not to be occupational.

The Council has been considering Regulation 11, Social Security (General Benefit) Regulations 1982, and its relationship to medical assessment offsets for IIDB. Regulation 11 provides for the assessment of the extent of disablement in cases where a disability is due both to the relevant accident and another cause, including non-industrial accidents or diseases and congenital defects manifesting before or after the relevant accident.

The Council's review of case law relating to Regulation 11 identified some instances where expectations set of medical assessors, to determine appropriate offsets to apply, appeared very challenging scientifically, so it was felt that further guidance in this area could be helpful.

The Council's audit identified certain cases in which the effects of prior events, although apparently followed by full recovery, had been offset against prescribed diseases arising decades later, suggesting that difficult judgments feature in everyday practice, as well as in selected rulings.

The Council established further that guidance in the DWP Medical Services Handbook reflects the rulings of tribunals, but also that tribunals have not been wholly consistent in their interpretation of Regulation 11.

It decided to take evidence on the challenges inherent in determining the values of offsets and how to ensure decisions are grounded in robust science. As a first step it chose to focus on two conditions that have featured recently in tribunal rulings, and where difficulties could be anticipated: osteoarthritis of the knee and low back pain. Since the task set for the Scheme's medical assessors requires a detailed assessment of several probabilities, evidence was sought from experts in the field regarding the knowledge base available to support decision-making. This work is ongoing and the Council will publish its findings when the consultations conclude.

Diffuse pleural thickening (DPT)

The Department requested that IIAC review the terms of prescription for DPT (Prescribed Disease (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 feature 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.

Nasal carcinoma and occupational exposure to wood dust (PD D6)

This review was prompted by correspondence from a MP concerning a case of nasal cancer in a constituent occupationally exposed to wood dust. The constituent was turned down for benefit for PD D6 because his occupation did not meet the terms for prescription, although apparently it involved significant exposure to wood dust.

Rarely, occupational exposure to wood dust results in an aggressive cancer of the nose and associated air sinuses. This association is recognised within the Industrial Injuries Disablement Benefit Scheme as PD D6, where sinonasal cancer develops in an occupation involving 'attendance for work in or about a building where wooden goods are manufactured or repaired'. However, tribunals have placed a narrow interpretation on the meaning of 'building', effectively restricting coverage to

claimants working in premises which exist to manufacture or repair wooden goods, and placing outside the scope of benefit, for example, the carpenter who is exposed to wood dust during the fitting out of shops or on a construction site. This report looked in detail at the terms of PD D6 to ensure that coverage was appropriate and optimal for purpose.

In the course of its investigation, the Council reviewed evidence drawn from publications of the International Agency for Research on Cancer, the Health and Safety Executive, and more than 40 other research reports. The evidence indicates that there is a strong case for prescribing also for employed earners who develop sinonasal cancer following the machine-processing of wood (a broader definition of exposure than presently defined). The Council therefore recommended extending the prescription accordingly, bringing the wording in line with that for PD D13 (cancer of the nasopharynx, an anatomically adjacent site, also arising from wood dust).

Extending the terms of prescription for latex anaphylaxis (PD B15)

Following correspondence from a MP on behalf of a constituent, the Council has been looking at the prescription for latex allergy. Anaphylaxis is a serious allergic reaction to latex. It is recognised within the Industrial Injuries Disablement Benefit Scheme as PD B15, but only for occupational exposures encountered in healthcare work.

The Command Paper sets out the case for extending the prescription to include workers in other occupations, suggesting that it is currently too narrow.

Almost all of the research evidence on natural rubber latex allergy has involved populations of healthcare workers using powdered latex gloves. In this group, the evidence on work causation is very strong. However, investigations by the Council have identified increased risks in other occupational groups using latex gloves at work and the evidence suggests latex allergy is only rarely acquired outside the workplace. This suggests that work causation can be presumed with reasonable confidence in any claimant who has natural rubber latex anaphylaxis and has regularly worn latex gloves at work. The issue of natural rubber latex allergy came to prominence in the 1990s, but has very largely been overcome by the use of alternatives. Nonetheless, workers who have developed an allergy to latex from earlier exposures may still have their allergy provoked by environmental exposures to latex and be at risk of anaphylaxis. The Council recommended that PD B15 should be amended to provide benefit in respect of: ‘Employment as a healthcare or other worker having regular contact with products made with natural rubber latex’.

Noise, occupational deafness and IIDB (PD A10)

Following consideration of various occupational exposures for noise-induced hearing loss which did not meet the burden of proof for prescription, the Council developed a Position Paper documenting the history of PD A10, the current terms of the prescription, the scientific issues which have helped to shape but also limit those

terms, the criteria currently used to extend the prescription list and some of the alternative approaches that have been explored in recent times.

This review endeavoured to share thinking on two broad questions relating to prescription: (i) Can the exposure terms of PD A10 be framed in terms of a qualifying level of noise? (ii) Can the disease terms of PD A10 be framed in terms of a diagnostically specific clinical feature, such as an audiometric notch?

The evidence suggests neither of these options is possible at this time, so, in lieu of this, existing approaches were outlined. The Council welcomes further evidence and suggestions for alternative approaches to this prescription. These should be compatible with the science, the legislation and feasible to implement.

Anxiety and depression in teachers and healthcare workers

Following a question on the prescription of anxiety and depression in teachers raised by a delegate at the IIAC Public Meeting in 2015, the Council embarked on an investigation to determine whether anxiety or depression could be included as a prescribed disease in that profession. Since anxiety and depression are commonly seen in healthcare professionals the consideration was extended to include healthcare workers.

The causes of mental ill-health are complex and multiple. Genetics, gender, environment, personal life events and personality are pre-disposing factors outwith the workplace which have all been linked with these disorders. The frequency of mental health symptoms is also influenced by social, societal and cultural factors, and so may differ by setting. A Position Paper explored the case for prescription, focussing principally on doctor-diagnosed clinically-defined anxiety and depression in teachers and healthcare workers.

A considerable international research base was identified. Although not wholly consistent, and with some limitations, much of the evidence pointed to higher risks of mental health problems in healthcare workers and, to a lesser extent, in teachers. However, the Council concluded that on present evidence the case for prescription was not made. A factor weighing in this judgment was that the elevation in relative risk in any given occupation did not appear to cross the threshold that is normally required before recommending prescription, that is it was not more than doubled. Further evidence on the questions covered by the report would be welcome.

Carpal tunnel syndrome (CTS) and wrist/forearm rotation

The Council received a request from a MP whose constituent attributed his CTS to his occupation as a tanker driver, and the repetitive screwing 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.

Neurodegenerative diseases in professional sportspeople

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 sportspeople 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 neurone disease (also known as amyotrophic lateral sclerosis (ALS)) and Parkinson's disease.

For Parkinson's disease, there were few reports overall and insufficient evidence to support prescription. For AD, there was little new information from 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 sportspeople, beyond that expected by chance. However, a majority of 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 was unable to support prescription for neurodegenerative diseases in professional sportspersons at this time. An Information Note was published in May 2016 outlining the Council's deliberations, which can be found 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 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 published its Information Note in May 2016 on gov.uk/iiac.

Noise induced hearing loss and work with nailing and stapling guns

This review was triggered by correspondence from a MP who queried why the use of nail guns in woodworking was not covered by the terms of prescription for PD A10.

Fastener driving tools (nailing and stapling guns) have a wide range of applications, from pallet making to upholstery and picture framing. They come in a wide range of sizes and specifications and are fired at a daily frequency that varies hugely. IIAC sought evidence on noise exposure, to the extent of 98 dB(A) averaged over an 8-hour working day, in relation to use of fastener driving tools. A search was made of the peer-review research literature and other relevant published information.

While the evidence reviewed indicated that extensive and sustained use of nailing and stapling guns might sometimes lead to noise levels comparable to those for other tools already prescribed, it was unclear how often and in what circumstances this might happen. On balance, given various uncertainties, the Council decided against adding nailing and stapling guns to the list of qualifying exposures for benefit under the terms of PD A10.

An Information Note outlining IIAC's findings was published in September 2016 and can be found on gov.uk/iiac.

Occupational exposure to trichloroethylene (TCE)

As part of a horizon scanning exercise, the Council considered the new carcinogenic classifications published by the International Agency for Research on Cancer (IARC). Exposure to trichloroethylene (TCE) was considered in respect of three groups of cancer singled out by IARC as being of note, kidney (renal) cancer, cervical cancer and blood malignancies.

TCE is a widely used industrial solvent, with a principal use in degreasing metal parts to remove oils, greases, waxes, tars, and moisture before surface treatments.

Renal cancer and occupational exposure to trichloroethylene

The Council's review on kidney cancer and TCE encompassed 29 scientific reports from the United States, Sweden, Finland, Germany, Denmark, Norway, France, Canada, Scandinavia, and Central and Eastern Europe. Findings were mixed: some studies reported no association, or a relatively moderate one overall, whereas others found high risks; some reports found higher risks with higher estimates of exposure but others did not. The balance of evidence supported IARC's conclusion that TCE is a human carcinogen, but the exposure circumstances that would meet the normal threshold for IIDB prescription could not be identified. The topic will be kept under review.

Trichloroethylene and cervical cancer

The evidence base on TCE and cervical cancer was considerably smaller, but 10 reports were considered. Some of these reported elevated risks, and the topic remains on a watch list maintained by the Council. At present, however, the balance of evidence does not define circumstances of exposure to TCE that would double risks of cervical cancer and which can be recommended for prescription.

Lymphatic and haematopoietic cancers and work involving exposure to trichloroethylene

Cancers of the blood and lymphatic systems are numerous, heterogeneous, overlapping, and complex in nature. TCE has been shown to impair immune function and stimulate unscheduled DNA synthesis in human lymphocytes, marking it out as a candidate chemical for lymphoid neoplasia. Risks were reviewed for lymphomas (non-Hodgkin's and Hodgkin's disease) and putative subtypes of lymphoma, including chronic lymphoid leukaemia and myeloma.

Some 23 research reports were considered in all, the evidence base varying by tumour subtype. The balance of evidence did not support a doubling or more of risks for Hodgkin's lymphoma, leukaemia, or the lymphoma subtypes of chronic lymphoid leukaemia and multiple myeloma. Regarding the more commonly studied outcome of non-Hodgkin's lymphoma, among the 13 studies only two identified subgroups with risks potentially reaching the threshold for prescription under the IIDB Scheme. However, investigations with this focus were few in number and preliminary in nature.

The Council was not able to identify any circumstances that would meet the legal requirements for prescription of TCE in relation to lymphatic and haematopoietic cancers under the IIDB Scheme, but it will continue to monitor this research literature.

Cadmium and Rheumatoid Arthritis

An IIAC member highlighted a research letter about rheumatoid arthritis (RA) and steel working. A more than six-fold higher risk of the disease had been reported in male Italian furnace workers and the letter speculated that this could be due to

occupational inhalation of cadmium dust or fume. Some evidence was cited about the potential relationship; several occupations have been reported to be at elevated risk of RA and it was suggested that these might share in common an increased exposure to cadmium.

Evidence on this, however, proved to be very limited and indirect. The Council concluded that the evidence base on this putative hazard is still at a preliminary stage. It is possible, but not yet established, that cadmium can cause RA in at least some circumstances. As such, it is not yet a well-established hazard for the disease, and a watching brief should be maintained.

Prescribing for Hand-arm Vibration Syndrome and risk from motorcycle handlebars (PD A11)

Correspondence was referred to the Council from an IIDB claimant reported to have Raynaud's phenomenon secondary to hand-transmitted vibration as a result of riding a motorcycle for work. Hand-arm Vibration Syndrome (HAVS), which includes Raynaud's phenomenon arising from vibration exposure, is prescribed under the Scheme as PD A11, prescription relating to a qualifying list of tools which does not include motorcycle handlebars. The Council considered the case for extending the terms of PD A11 to cover such exposures, and took the opportunity to explore whether in future a more generic approach could be used to define qualifying exposures under this prescription. The report summarised various generic challenges inherent in extending the terms of PD A11, concluding that extensions should continue to be considered within the present framework, seeking evidence that risks of HAVS are more than doubled under circumstances that can be defined and implemented within the Scheme. Turning then to the exposure available, and with help from a leading vibration specialist, the Council identified several reports on HAVS in professional motorcyclists. It was concluded that HAVS can be caused by motorcycle handlebars in some circumstances but that present evidence was too limited to be confident of defining the exposure schedule that should be prescribed. The Council did not recommend adding motorcycle handlebars to the list of vibratory tools specified in the terms of PD A11, but it has undertaken to monitor future research evidence on the topic.

Other work carried out in 2016/2017

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:

Idiopathic pulmonary fibrosis & exposure to asbestos

The Council received correspondence from a MP on behalf of a representative of a miners' union about idiopathic interstitial fibrosis (IF) in coal workers exposed to asbestos. IIAC reviewed this matter previously and published a Position Paper in 2006. No evidence has been identified to support prescription for IF in its own right

but asbestosis, which is a fibrosis caused by asbestos coal-workers' pneumoconiosis (fibrosis caused by coal dust) and silicosis are covered by existing provisions.

Tuberculosis (TB) in healthcare workers

A recent paper in Thorax online suggests that TB in health workers in the UK most often arises from reactivation of latent TB in migrant healthcare workers, rather than infection contracted in the UK. The Council noted the report, but proposed no change in respect of the rules of presumption in healthcare workers with TB.

Breast cancer and shift workers

A study from the Million Women Study, published in the Journal of the National Cancer Institute, reported that women who had worked night shifts had no increased risk for breast cancer when compared with women who had never worked shifts. The Council noted the report and peer review comments that have been made about it. Position Papers on breast cancer and shift work have been published previously by the Council; the emerging literature in this important topic area continues to be monitored.

Cancer of the larynx

The question of whether cancer of the larynx can be caused by industrial paint spraying was also brought to the Council's attention following a claimant's correspondence. No evidence was found to support an association.

Graphical Summaries

Figure 1: Source of IIAC Investigations in 2016/2017

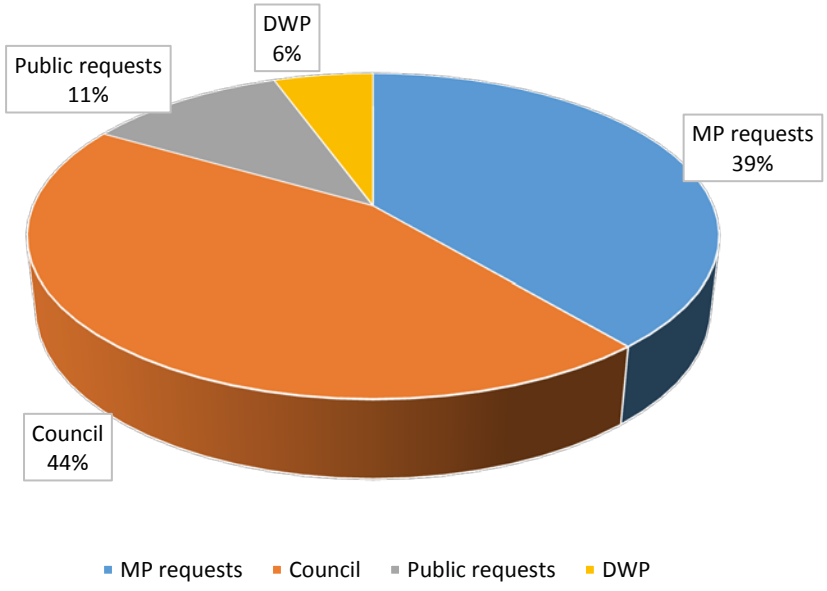
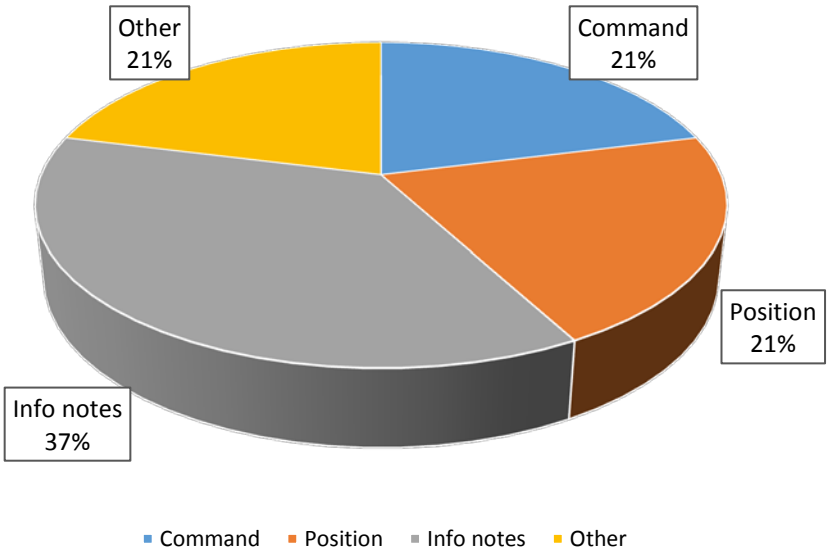


Figure 2: Outcomes of IIAC Investigations in 2016/2017



Stakeholder Engagement

Due to declining numbers of attendees at the Council's annual public meetings, a review was undertaken of alternative options for stakeholder engagement. A number of new initiatives were piloted during 2016/17. Members:

- presented at a range of stakeholder conferences and events;
- published articles about IIAC and the IIDB Scheme in stakeholder journals;
- made parts of its quarterly meetings (in March and October) open to the public;
- compiled a newsletter for hard to reach stakeholder groups (such as welfare rights advisers); and
- considered other ways to target calls for evidence in occupational sectors 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 July 2017.

Public Meeting – Manchester

In July 2017, the Council will hold a Public Meeting in Manchester. The meeting will provide an opportunity for the Council to hear the views of members of the public and address their questions, and to explain the Council's role and how it carries out its work.

Presentations are to be given on the following subjects:

- IIAC's approach to scientific decision making (Professor Keith Palmer)
- Mental health / depression (Dr Ira Madan)

- ‘A year in the life of IIAC’ - looking at the source of enquires and the ultimate result (Dr Andrew White)
- Carcinogens - why not all are prescribed under the Industrial Injuries Disablement Benefit Scheme (Professor Paul Cullinan / Professor Anthony Seaton)
- Open forum

Proceedings from the meeting will be available on gov.uk/iiac.

External presentations by Council members

A 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.

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.

It also consults with external parties on a range of topics (acknowledged in written reports).

Future Work of the Council

In addition to maintaining its reactive brief and continuing its work on Medical Assessments, the Council will survey ongoing research literature to inform its work programme for 2017/18.

Membership

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

The Commissioner for Public Appointments published a new governance code for public appointments which came into effect on 1January 2017. It states that:

- There is no automatic presumption of re-appointment, each case should be considered on its own merits, taking into account a number of factors including, but not restricted to, diversity of current board & its balance of skills and experience;
- Re-appointments should only be made on merit;
- Strong presumption that no individual should serve more than 2 terms or serve in any one post for more than 10 years;
- Views of Chair should be taken into account; and
- Once agreed, reappointments should be made public.

The following reappointments were made:

Professor Keith Palmer was reappointed as IIAC Chair until March 2018 from 18 January 2017.

It has also been agreed that a number of IIAC members would be reappointed for varying terms. Professors Paul Cullinan and Damien McElvenny as independent members have been reappointed for one final year from 1 September 2017. Dr Sara De Matteis, an independent member, Douglas Russell and Karen Mitchell, two employee representatives and Dr Andrew White, an employer representative, have all been reappointed for a final five years from 1 December 2017. Professor Neil Pearce, an independent has been reappointed for a final four years from 1 October 2017.

Staggering reappointments in this way allows the Council to ensure the right expertise will be retained in order to help induct a new Chair and new members in the future.

Members leaving:

Richard Exell, an employee representative made a decision to resign from the Council following a period of ill health and his retirement from the TUC. Richard was a first-class ambassador for the Council and the IIDB Scheme and a tower of support for all.

As a result of Richard's resignation, the Secretary of State decided that on this occasion he would not reappoint Dr Paul Baker from 1 October 2017. This would bring about an equalisation of representation of employees and employers required by legislation.

Dr Ira Madan, an independent member, has decided to step down from the Council at the end of her current term on 30 September 2017.

Appointments:

A new appointments exercise is under way to recruit a new Chair to take over from Professor Palmer from January 2018. Following this, another exercise will take place to recruit independent members, bolstering the medical and scientific expertise of the Council.

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 Disablement Benefit 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 Disablement Benefits.

MEMBERSHIP

The Council consists of a Chair 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. Legislation also 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 serve an initial term specified within their terms of appointment, usually an initial five years and can be reappointed (dependent on satisfactory appraisal) allowing 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 them in their 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 Disablement Benefit 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 they will set their terms of reference, membership and Chair.

AUTHORITY

The Council has no executive or operational functions in relation to the Industrial Injuries Disablement Benefit 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 Arm's Length Body Partnership Division within 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 tailored 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 once in each parliament.

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 ensuing year.

PUBLICATIONS

Where the Council advises the Secretary of State to make legislative changes to the Industrial Injuries Disablement Benefit 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 provide a website on gov.uk where minutes of its meetings will be published, copies of its advice to Ministers shall be made available, 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 Disablement Benefit 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 professionals and agencies, victim support groups, delegates of public meetings, and Council members themselves. It also takes account of new peer-reviewed 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 Disablement Benefit 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 an annual compendium of research abstracts; benchmarking exercises which compare the IIDB list with lists of other schemes; and, when budgetary constraints allow, commissioned reviews of topics of relevance 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-reviewed 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 professionals, 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 of Council and RWG meetings
- Accessibility to stakeholder enquiries
- Information published on the IIAC pages on gov.uk.

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 2016/2017

Professor Keith Palmer MA MSc DM FFOM FRCP MRCGP (Chair of IIAC)
First appointed Chair on 18 January 2008, reappointed for a tenth and final term on 18 January 2017. (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 final one year term from 1 September 2017

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

Occupational Health Physician - RPS Health, Safety and Environment

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, reappointed for a second term of five years from 1 December 2017

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. Richard resigned his appointment from 13 January 2017 due to retiring on ill health grounds.

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 PhD CStat CSci
First appointed to the Council on 1 September 2008, reappointed for a final one year term on 1 September 2017

Independent member with skills and experience in statistics and epidemiology

Principal Epidemiologist, Institute of Occupational Medicine and
Director, Statistics Analysis 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, reappointed for a second term of five years from 1 December 2017

Representative of employed earners

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

Professor Neil Pearce BSc DipSci DipORS PhD DSc FMedSci FFPH
First appointed to the Council on 1 October 2011, reappointed for a third and final term of four years from 1 October 2017

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, reappointed for a second term of five years from 1 December 2017

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

Professor 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, reappointed for a second term of five years from 1 December 2017

Representative of employers

Director of Risk & Assurance, The Pirbright Institute

Appendix D: IIAC Secretariat, Officials and Observers

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:

Ms Hazel Norton-Hale	Secretary (job-share) until 6 June 2017
Mrs Annette Loakes	Secretary (job-share) until 6 June 2017
Mr Stuart Whitney	Secretary from 7 June 2017
Mr Ian Chetland	Scientific Adviser from September 2016
Ms Catherine Hegarty	Administrative Secretary

Contact Details:

Industrial Injuries Advisory Council
Level 1, Caxton House
Tothill Street
London
SW1H 9NA

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 Emily Tucker	Strategic Health and Science Directorate – Strategy Group
Dr Edith Cameron	Strategic Health and Science Directorate – Strategy Group
Mr Neil Walker	Disability Employment and Support Directorate – Strategy Group
Ms Karen Maskill	Disability Employment and Support Directorate – Strategy Group
Mr Andrew Carr	Benefit Services Directorate

From the HSE:

Mr Andrew Darnton Science, Engineering and Analysis Division

From the MoD:

Dr Anne Braidwood Medical Adviser

Appendix E: Expenditure

a) The Council does not have a budget of its own. However, DWP provide a small administrative budget to allow the Council to function.

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 2016/2017. Its RWG sub-committee also met four times during the year.

Fees and expenditure for 2016/17 was as follows:

Professional fees	£11,006.00
Expenses	£6,007.06
Printing	£3,090.00
Meetings	£1,152.00
Research Material	£390.95
Catering	£747.86
Total	**£22,393.87**