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THE INDUSTRIAL INJURIES ADVISORY COUNCIL

ANNUAL REPORT
2017/18

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Industrial Injuries Advisory Council

Annual Report 2017/2018

Foreword

This report covers the work of the Council for the year until the end of March 2018. Keith Palmer reached the maximum tenure (10 years) for Council Chair allowed by governance rules on 31/3/18. Lesley Rushton took over the Chair from 1/4/18.

This has been a productive year for the Council in its efforts to provide independent advice to the Secretary of State and ensure above all that the provisions of the Industrial Injuries Disablement Benefit (IIDB) Scheme are evidence-based, fair and efficient.

The Council's time is spent principally in painstaking assessment of evidence, usually with the intention of exploring whether the list of diseases for which benefit is payable can, justifiably, be enlarged; and sometimes in consideration of issues of wide significance, with the potential to impact the IIDB Scheme as a whole. In 2017/18 this effort resulted in two published and one publication-ready Command Papers, four published and two publication-ready Position Papers and six other web-published Information Notes, as well as sundry advice to the Department and stakeholders.

As described in the report, areas of medical interest covered various cancers (blood, kidney, skin, nose), as well as mental ill-health, renal stones and the health effects of silica, cadmium, latex, organic solvents, noise and vibration. Overseeing this large body of scientific review, as ever, was the Council's Research Working Group (RWG) ably chaired by Professor Paul Cullinan.

The period also saw the completion of a substantial workstream into the rules and processes used to determine entitlement to benefit. Strands from earlier years considered the 'causation' question, 'presumption' and 'rebuttal' – the basis for deciding which diseases can be presumed to be occupational in nature and in what circumstances – and took a fresh look at the Scheme's table of injuries and its occupational coverage. An Information Note (June 2018) provided a summary of the linked investigations.

The reporting year also concluded a particularly complex investigation by the Council into Regulation 11 of the Social Security (General Benefit) Regulations 1982. The rule allows an award for disablement to be subject to deductions should an assessor hold that a part of a claimant's disablement is non-occupational in origin. However, the science behind making such determinations is difficult. Partly owing to apparently conflicting decisions at appeals tribunals and partly to different individual practices by assessors from lack of clear guidance, practice has differed across the UK. Command Paper Cm 9632 (June 2018) finally offers evidence-based guidance on the circumstances in which it is scientifically justifiable to deduct from the level of disability compensation in the presence of several possible causes. The Council's

aim, in a challenging area of practice, has been to simplify assessment procedures and promote more consistent and equitable decision-making.

As in previous years, we held four full meetings of the Council and four meetings of the RWG, with much additional work undertaken out of committee. We also held a public meeting in Manchester in July 2017 with great success and a good deal of audience participation. Exemplifying the added value of these stakeholder events, questions from the floor promoted various Council reviews, one into the assessment of Hand-arm Vibration Syndrome (which is ongoing) and another of which led to a Position Paper clarifying the entitlement of claims for PD D11 in coal miners presenting with primary lung cancer and accompanying silicosis. The Council remains committed in the spirit of openness and transparency to holding further bi-annual Public Meetings at locations across the country; the next meeting is scheduled for 2019 at a location yet to be decided.

As indicated above, this reporting year heralds a change of chairmanship. The outgoing Chair, Keith Palmer, wishes to thank the members of the Council and Secretariat for their unfailing support during his period of appointment, as well as observers from the Health and Safety Executive (HSE) and Ministry of Defence (MoD) and many members of DWP, for their friendly and constructive help and enthusiasm in accomplishing the Council's goals over the past decade and more. He welcomes the incoming Chair and wishes her every possible success in continuing the important work of the Council in support of workers injured or made ill through their occupation.

The incoming Chair, Lesley Rushton, wishes to thank Keith Palmer for his invaluable input to the Council's work throughout his 10 years as Chair and, indeed, an earlier period as a Member. His scientific knowledge, understanding and leadership has been essential to the successful completion of the many and varied issues addressed by the Council. We wish him all the very best in his retirement.

Professor Keith Palmer

Dr Lesley Rushton

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 nor 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 during 2017/18 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, IAC 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. IAC 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 IAC 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. IAC 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 IAC abreast of developments in medical and scientific research, and to gather evidence on specific topics which the Council decides to review.

Key achievements of 2017/2018

Completion of the following reports:

1 Command Paper¹

- Diseases with multiple known causes, occupational injuries, and medical assessment (published June 2018)

2 Position Papers²

- Coal mining, silicosis and lung cancer (published June 2018)
- Occupational exposure to silica and its relation to connective tissue diseases (published June 2018)

3 Information Notes³

- Occupational risks for urolithiasis (published April 2018)
- Non-melanoma skin cancer and occupational exposure to (natural) UV radiation (published April 2018)
- Entitlement to benefit and medical assessment within the Industrial Injuries Scheme – recent investigations of the Industrial Injuries Advisory Council (published June 2018)

The following reports were published in 2017/18 but investigations were completed in the preceding reporting year and fully disclosed in the 2016/17 annual report:

2 Command Papers

- Nasal carcinoma and occupational exposure to wood dust (PD D6) (published September 2017)
- Extending the terms of prescription for latex anaphylaxis (PD B15) (published September 2017)

4 Position Papers

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

¹ A Command Paper is a Council report that includes a review of the relevant literature and contains recommendations which 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 which details a review of a topic that 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.

3 Information Notes

- 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)

Regulations proposed by the Secretary of State

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

In 2017/18 the Council has not considered any changes in relation to the industrial injuries scheme.

Stakeholder Engagement

- Held a public meeting in Manchester in July 2017

Appointments

- Dr Lesley Rushton was appointed as the new chair from 1 April 2018 for 5 years following open competition.
- Four members were reappointed for 5 years from 1 December 2017, one for 4 years from 1 October 2017. And two for one final year from 1 September 2017.
- Dr Ira Madan, an independent member since October 2011 decided not to take up a further reappointment and left the Council in September 2017.
- Dr Paul Baker, an employer representative since October 2011, stood down from 30 September 2017.

Summary of work undertaken in 2017/2018

Diseases with multiple known causes, occupational injuries, and medical assessment

IIAC reviewed medical assessments to ensure they adequately reflect current scientific knowledge and focused on how assessments of disability take into account both occupational and non-occupational risk factors and previous medical problems and injuries. This is the third in a series of Command Papers intended to clarify and simplify the decisions made in diagnosis and assessment of disability from occupational disease and injury.

Within the Industrial Injuries Scheme, there is a schedule of prescribed diseases associated with qualifying occupations. A successful claimant is assessed for the disability caused by that disease, or similarly in the event of occupational injury; compensation is awarded on a scale appropriate to the disability.

Awards are sometimes subject to deductions, reflecting the assessor's opinion that a part of the claimant's disablement is non-occupational in origin or is due to conditions that are unrelated to the prescribed employment or exposure. The legal basis for this is set out in Regulation 11 of the Social Security (General Benefit) Regulations 1982.

The specialists charged with making decisions regarding compensation require clear, evidence-based guidance on the circumstances in which it is scientifically justifiable to deduct from the level of disability compensation in the presence of several possible causes. The Council carried out an audit of challenging cases and Commissioners' decisions and found evidence of differing practice, partly due to apparently conflicting decisions at appeals tribunals and partly to different individual practices by assessors from lack of clear guidance.

The Council considered two different circumstances in which disability occurs:

- (i) 'stochastic' events where a disease such as a cancer or an accidental injury moves someone from apparent normality to disability,
- (ii) 'Non-stochastic' events where there is gradual development of functional impairment in an organ, such as the lung or a joint, over time. In non-stochastic diseases, the tissue damage that leads to disability can arise from multiple occupational and non-occupational risk factors.

The Council advised that, in the medical assessment of disablement from stochastic prescribed diseases and occupational accidents, it was not appropriate to make a deduction for non-occupational risk factors that are other known causes of the disease or injury effect. The Council also concluded that a deduction in non-stochastic diseases would only be scientifically justifiable if the extent of disablement from a non-occupational cause could be ascertained clearly, for example from medical records, at the commencement of the employment that has been assessed as responsible for the disability. The Council therefore recommended that deductions are not made under Regulation 11 for non-occupational risk factors for prescribed diseases or injuries, when these factors have not resulted in an ascertainable disablement prior to the start of the responsible employment.

This report did not include a recommendation for change to Regulation 11. However, its advice was published in the format of a Command Paper to highlight the Council's advice to policy officials, decision-makers, medical advisors, Judges of the Upper Tribunal, and other stakeholders on the circumstances in which deductions for 'other effective causes' are defensible in terms of the science and those in which they cannot be supported on scientific grounds.

The paper was published on gov.uk/iac in June 2018:

<https://www.gov.uk/government/publications/diseases-with-multiple-known-causes-occupational-injuries-and-medical-assessment-iac-report>

Coal mining, silicosis and lung cancer

The purpose of this Position Paper was to clarify what was perceived as an anomaly in the prescription for prescribed disease (PD) D11 which covers primary carcinoma of the lung where there is accompanying silicosis following exposure to silica dust. Silica (quartz or silicon dioxide) has been classified as a human carcinogen and a previous Council review concluded that in persons who had received sufficient occupational exposure to silica to cause silicosis, the risk of lung cancer was at least doubled, providing the basis for this prescription. Silicosis is one of a group of occupational lung diseases collectively called the 'pneumoconioses' which are caused by inhalation of dust.

At a public meeting of the Council in 2017, a trade union representative posed a question about the terms of prescribed disease (PD) D11, whether the exposure conditions for PD D11(b), "tunnelling in, or quarrying sandstone or granite" could apply to work as a coalminer and if not, whether the prescription should be amended to enable such coverage.

PD D11 lists nine occupational activities in which silicosis may occur but this does not include working in a coal mine. The failure in PD D11 to mention work in coal mines as a potential cause of silicosis may give rise to uncertainty as to the entitlement to benefit of coal miners for lung cancer if they have silicosis.

Following its review, the Council concluded that a *prima facie* case exists for recognising PD D11 in a coalminer with primary lung cancer if (i) a diagnosis of silicosis can be sustained, and if (ii) it can be shown that that their work has involved "tunnelling in, or quarrying sandstone or granite" (PD D11(b)). The Council requested this guidance be promulgated to medical assessors (e.g. by amendment to The Industrial Injuries Benefit Handbook for Healthcare Professionals), and to decision-makers, to ensure they are aware of the issue. It was not considered necessary at present to recommend a change to the wording of PD D11 in Schedule 1 of the Social Security (Industrial Injuries) (Prescribed Diseases) Regulations 1985, but the Council remains open to revisiting the question should its guidance require the underpinning authority of legislation.

The paper was published on gov.uk/iac in June 2018:

<https://www.gov.uk/government/publications/coal-mining-silicosis-and-lung-cancer-iac-position-paper-41>

Occupational exposure to crystalline silica and its relation to connective tissue diseases

This Position Paper updates an earlier review by the Council concerning occupational exposure to crystalline silica and certain connective tissue diseases, namely systemic sclerosis/scleroderma, systemic lupus erythematosus and rheumatoid arthritis.

Connective tissue disease is any disease that has the connective tissues of the body as a target of pathology. Connective tissue is any type of biological tissue with an extensive extracellular matrix that supports, binds together, and protects organs. Examples of connective tissue are fat, bone, and cartilage. The term connective tissue disease refers to a group of disorders, numbering more than 200, which affect connective tissue. This report focussed on the literature relating silica to systemic lupus erythematosus, systemic sclerosis, scleroderma and rheumatoid arthritis.

Silica, otherwise known as silicon dioxide (SiO₂), is the basic constituent of sand, quartz and many types of rock. Exposure to silica has been linked with various diseases, including silicosis and lung cancer. Both silicosis (PD D1) and lung cancer, if accompanied by silicosis (PD D11), are prescribed diseases within the Industrial Injuries Scheme.

A substantial amount of research was reviewed and summarised, much of which has been published over the past decade. Collectively this provided reasonable evidence pointing to an occupational hazard, the evidence generally being deeper for systemic sclerosis/scleroderma than for the other two conditions. Prescription is hampered, however, by the difficulty of defining the qualifying levels of occupational exposure. The case for prescribing in workers with silicosis, who also have one of the connective tissue diseases, was considered as an alternative. However, unresolved methodological concerns about the few available reports of this kind proved to be a stumbling block. In concluding its review, the Council decided against recommending prescription, but it remains open to the possibility of reviewing its position as the research evidence base continues to grow.

The paper was published on gov.uk/iac in June 2018:

<https://www.gov.uk/government/publications/occupational-exposure-to-crystalline-silica-and-its-relation-to-connective-tissue-diseases-iac-position-paper-42>

Occupational risks for urolithiasis

Urolithiasis is the formation of stones anywhere in the upper urinary tract, the bladder, the ureters or the kidneys. Most stones originate in the kidney; they are often asymptomatic and are not uncommon, being detectable in around 8% of adults. Following correspondence from a person who developed multiple conditions due to working in hot climates, the Council reviewed the scientific literature to establish if there was evidence to support adding kidney stones to the list of prescribed diseases.

The published evidence of occupational risk factors for urolithiasis is limited. However, there was some evidence for two broad groups: those whose work entails exposure to renal toxins, and those working in hot, dehydrating atmospheres. Even

for reports on these groups, analyses that control for potential confounding factors (for example, family history, diet) have rarely appeared.

It is probable that both work with some renal toxins and work in hot, dehydrating environments increase the risk of urolithiasis but the evidence base is currently small and methodologically weak, and therefore insufficient for the council to recommend prescription.

This Information Note was published in April 2018 and can be accessed on [gov.uk/iiac](https://www.gov.uk/iiac):

<https://www.gov.uk/government/publications/occupational-risks-for-urolithiasis-iiac-information-note/occupational-risks-for-urolithiasis-iiac-information-note>

Non-melanoma skin cancer and occupational exposure to (natural) UV

In its Information Note, IAC considered the case for prescription of skin cancer in workers with high exposure to natural ultraviolet (UV) radiation in the form of sunlight. Two types of skin cancer are under consideration: basal cell carcinoma (BCC), commonly known as a 'rodent ulcer' and squamous cell carcinoma (SCC). This review followed correspondence received from a person who developed multiple conditions after working in hot climates.

It is not uncommon for an individual to have more than one BCC or SCC in separate, primary sites. Single or multiple tumours of either kind are generally treated successfully by surgical excision with, in about 95% of cases, 'excellent' or 'good' cosmetic results. Consequently, deaths from both SCC and BCC are rare.

It is probable that the risks of both BCC and SCC are increased by outdoor work such as in farming or construction, independently and in some circumstances by more than two-fold. However, the evidence derives very largely from studies of workers in countries at lower latitudes than those in the UK, with consequently higher exposures to UV radiation from sunlight. Indeed, studies from countries at similar latitudes suggest that outdoor exposures there are generally insufficient to increase the relative risk by as much as two. Moreover, it is difficult to separate any risks from occupational exposure from those acquired through leisure activities.

A further barrier to prescription for either type of cancer is that the evidence base is not detailed enough to develop a workable definition of the prescription schedule; while certain occupations (notably, farming, seafaring and some construction work) appear to carry an increased risk, no consistent evidence has been found relating risks to the duration of such work. The council does not therefore recommend prescription for either of these skin tumours in respect of occupational exposure to sunlight.

The publication was published in April 2018 and can be accessed on the [gov.uk/iiac](https://www.gov.uk/iiac) website:

<https://www.gov.uk/government/publications/non-melanoma-skin-cancer-and-occupational-exposure-to-natural-uv-radiation-iiac-information-note/non-melanoma-skin-cancer-and-occupational-exposure-to-natural-uv-radiation-iiac-information-note>

Entitlement to benefit and medical assessment within the Industrial Injuries Scheme – recent investigations of the Industrial Injuries Advisory Council

This Information Note provided a summary of recent linked investigations by IAC into the rules and processes used to evaluate entitlement to benefit under the Industrial Injuries Scheme. It is published alongside the Command Paper CM 9632 'Diseases with multiple known causes, occupational injuries, and medical assessment'.

The Council has undertaken several linked investigations into the rules and processes used to determine entitlement to benefit. Specifically, separate strands of work looked at:

- the 'causation' question
- the coverage of presumption;
- the use of rebuttal;
- the process of making deductions under Regulation 11;
- the table of injuries, as well as the injuries and diseases covered by the Scheme.

To inform these reviews, a sample of decided case files was audited and at two other stages, IIDB statistics were analysed to understand better the scale of awards attracted by different prescribed diseases. The Medical Assessments Working Group, a limited term subgroup of the Council, met on several occasions to consider the evidence. An external review was also commissioned. The information note briefly summarised these inquiries and the conclusions drawn from them.

The review's findings indicated that IIDB is broadly in line with international comparators that have a similar aim. Such differences in relative ranking of injury as exist are minor, and on a scale at least as comparable to that seen more generally between schemes of other jurisdictions.

This Information Note was published in June 2018 and can be accessed on Gov.uk/iac:

<https://www.gov.uk/government/publications/entitlement-to-benefit-and-medical-assessment-within-the-iidb-scheme-iac-information-note>

Other work carried out in 2017/2018

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:

Bystander exposure to asbestos

The Council received correspondence from a worker who developed lung cancer after working alongside others who were involved in work using asbestos, so called 'bystander exposure'. The correspondent was refused IIDB as their occupation was not covered by prescribed disease PD D8, primary cancer of the lung where there is

accompanying evidence of asbestosis.

Most cases of lung cancer arise irrespective of employment, and – when associated with asbestos – require substantial levels of exposure for risks to reach the prescription threshold.

The Council revisited its previous publications on this topic alongside a review of the current scientific literature. Based on the evidence available, it concluded the evidence on risk in these circumstances still fell short of the required threshold and it appeared very unlikely the evidence supported an amendment of the prescription schedule, to include bystander exposure. However, the review highlighted the list of occupations exposed to asbestos during the course of their work should be reviewed, so the Council will continue its investigation.

Occupational exposure to natural ultra violet (UV) sunlight and melanoma

Following correspondence received from a person who developed multiple conditions after working in hot climates, the Council reviewed skin cancers, including melanoma, and occupational exposure to natural UV. A systematic review of the literature up to 2017 noted many inconsistencies in the results. No clear increase in the risks of developing melanoma following occupational exposure to natural UV sunlight was identified; indeed the risks appear to be lowered among those with outdoor occupations. However, there appeared to be evidence of increased risks of melanoma in flight crew. It was suggested this may be due to long stop-overs between flights for long haul crew and the subsequent increased exposure due to down-time. The Council will continue to investigate this issue.

Hand Arm Vibration Syndrome (HAVS)

At the public meeting in 2017 a stakeholder voiced concerns that the recommended wording in the Council's 2004 Command Paper had been amended changing it's meaning to the potential disadvantage of claimants. The concern was in a minority of claims for sensorineural only HAVS and the use of 'continuous' instead of 'persistent' numbness or tingling.

Having agreed to review the matter, it became apparent the Council had considered the question previously through Ministerial correspondence. A small audit had been undertaken which did not find any significant unmet need among claimants. Given continuing concerns, a further audit was carried out on a larger scale. This indicated that claimants were unlikely to be adversely impacted by the wording of the prescription; the Council decided not to recommend a change to the prescription.

However, the subsequent audit suggested that claims are often refused benefit on the basis of medical history, and in circumstances that make the assessment challenging for decision-makers. Consequently, the Council will now consider whether the presence of vascular disease could be determined by objective testing.

Chronic obstructive pulmonary disease (COPD)

COPD is a common condition in the general population and one which has important non-occupational causes, notably cigarette smoking.

The topic of COPD was revisited by the Council on several occasions following correspondence from a number of sources, one of which was the incidence of COPD in firefighters. The Council revisited its previous publications and reviewed the current scientific literature. In relation to lung disease the external commissioned review the Council carried out in 2010 concluded that “the evidence for firefighting having a negative impact on respiratory health was inconclusive as the majority of the research was based on small cross-sectional studies”. In response to this enquiry, the Council have updated this review with evidence published after 2009. Most of the evidence relates to New York firefighters involved in the World Trade Centre disaster; we suggest that this is a special case since the very high exposures they endured are not comparable to those of UK firefighters. The remaining evidence shed little further light than that collated in the Council’s commissioned review.

Dupuytren’s contracture

IIAC was informed that the former Minister of State for Disabled People, Health and Work had decided not to take forward the Council’s recommendation to add Dupuytren’s contracture to the list of prescribed diseases.

Dupuytren’s disease is a disorder, most commonly of the hand in which thickening of fibrous tissue of the palm and finger tendons leads, in more advanced cases, to the digits becoming permanently bent (flexed) into the palm, this final stage being called “Dupuytren’s contracture”. In 2014 the Council recommended the contracture stage of disease, be added to the list of prescribed diseases for which IIDB is payable.

Subsequently, the Council requested a meeting with the current Minister to discuss the decision. As a result, the Minister was open to reviewing the decision to turn down the Council’s recommendations and awaits a decision.

Tinnitus

At the public meeting held in Manchester in July 2017, an attendee asked if tinnitus could be added to the list of prescribed diseases.

The Council last looked at tinnitus in its 2002 Command Paper, Cm 5672 ‘Occupational deafness’. It was noted that, while it was not compensable as a stand-alone disorder, “... under present arrangements for assessing the level of disablement for PD A10, occupational deafness, discretion exists to increase the disablement assessment to reflect the effects of tinnitus”. In other words, an addition may be made to the assessment in claimants diagnosed as having PD A10.

The problem identified in prescribing for tinnitus in its own right was that the condition is subjective. It cannot be objectively measured, there being no standard test to confirm its existence or to measure its disabling effect. Tinnitus can also be genetic.

The Council concluded that prescription for tinnitus as a stand-alone disorder could not be supported, although it welcomed and encouraged the discretionary award of benefit in qualifying cases of occupational deafness.

Toxic cockpit syndrome

In June 2017 BBC Scotland reported that flight safety could be degraded because pilots are breathing contaminated air. Researchers at the University of Stirling said there was a "clear link" between being exposed to the air on planes and a variety of health issues.

It was agreed that having reviewed the study by the University of Stirling and other information provided, the Council would not proceed any further with this topic as the review did not suggest an identifiable disease to consider prescription.

Stakeholder Engagement

Public Meeting – Manchester

In July 2017, the Council held a Public Meeting in Manchester. The meeting provided 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 were 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 IIDB (Professor Anthony Seaton)
- Open forum led by Mr Doug Russell

Proceedings from the meeting were published in April 2018 and is available on:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/702585/15th-iiac-public-meeting-manchester-060717.pdf

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, the Council will continue its horizon scanning of the recently published scientific research literature to inform its work programme for 2018/19.

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 1 January 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's appointment as IIAC Chair was extended for a short period until the end of March 2018 to allow for the delayed recruitment of a new Chair.

A number of IIAC members were reappointed for varying terms.

- Professors Paul Cullinan and Damien McElvenny as independent members were 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 would be retained in order to help induct a new Chair and new members in the future.

Members leaving:

Dr Ira Madan, an independent member, decided to step down from the Council when her term ended on 30 September 2017.

Dr Paul Baker, an employer representative was not reappointed and stepped down from 30 September 2017.

Appointments:

An appointments exercise was undertaken to recruit a new chair, and as a result Dr Lesley Rushton took up the post from 1 April 2018.

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 2017/2018

Professor Keith Palmer OBE 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 and extended until 31 March 2018. (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 (retired January 2018)
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, not reappointed for a final term and stood down on 30 September 2017

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 Royal Brompton Hospital, London

Member, American Thoracic Society
Member, European Respiratory Society
Member, British Thoracic Society
Member, Society of Occupational Medicine

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

Dr 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, did not accept a third term and stood down from 30 September 2017

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

Member, Expert Committee on Pesticides (DEFRA/HSE)
Fellow of the Royal Statistical Society
Member, International Epidemiology Association
Member, International Commission on Occupational Health
Member, Society of Social Medicine and Population Health
Member, UK/Ireland Occupational and Environmental Epidemiology Society

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

Professor and Honorary Consultant in Occupational Rheumatology
Director, Arthritis Research UK/MRC Centre for Musculoskeletal Health and Work
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:

Mr Stuart Whitney	Secretary
Mr Ian Chetland	Scientific Adviser
Ms Catherine Hegarty	Administrative Secretary

Contact Details:

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

Email: iiac@dpw.gsi.gov.uk

Website: www.gov.uk/iiac

Officials and Observers attending meetings

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

From the DWP:

Dr Clare Leris	Strategic Health and Science Directorate – Strategy Group
Mr Steve Hodgson	Disability Employment and Support Directorate – Strategy Group
Ms Susan Sedgwick	Disability Employment and Support Directorate – Strategy Group
Ms Nina Choudhury	DWP legal
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 2017/2018. Its RWG sub-committee also met four times during the year and a public meeting was held in July 2017.

Fees and expenditure for 2017/18 was as follows:

Professional fees	£12,546.00
Expenses	£6,035.88
Printing	£2,565.00
Meetings	£4,665.00
Research Material	£233.20
Catering	£914.35
Total	£26,958.27

