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THE INDUSTRIAL INJURIES ADVISORY COUNCIL

ANNUAL REPORT

2018/19

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Industrial Injuries Advisory Council

Annual Report 2018/2019

Foreword

This has been a year of change for the Industrial Injuries Advisory Council (IIAC / the Council). Keith Palmer came to the end of his 10 years as Council Chair on 31 March 2018 and I took over the Chair at the beginning of April. By coincidence several Council members, including Professor Paul Cullinan, Chair of the Research Working Group (RWG), also came to the end of their terms on IIAC during the year 2018-2019 and a major recruitment exercise was carried out to replace them. I would like to thank Keith, Paul and all those members who left the Council during the year for their dedication and hard work in ensuring the Council provided scientifically rigorous, fair and efficient independent advice to the Secretary of State regarding the provisions of the Industrial Injuries Disablement Benefit (IIDB) Scheme.

During the year we reappointed two members and seven new members joined the Council. I am pleased to announce that Professor Neil Pearce was appointed as Chair of the RWG.

Shortly before Keith left the Council he ensured the completion of several assessments of the evidence relating to certain occupations and diseases and also some wider issues that might impact the IIDB Scheme as a whole. In 2018/19 this effort resulted in one published Command Paper, two published Position Papers and three other web-only published Information Notes.

The Council carries out regular scrutiny of published literature (including horizon scanning) and issues under consideration by other relevant committees and regulatory bodies to identify topics which might be of importance to the work of the Council. In addition, we very much welcome correspondence from MPs, their constituents, other stakeholders and the wider public drawing our attention to potential concerns relevant to occupationally-related ill-health. This year, IIAC has considered a number of different areas of medical interest which have been brought to the Council's attention, as described in the report. These include malignant melanoma in pilots and air cabin crew, osteoarthritis in footballers and non-malignant respiratory disease in coke oven workers. The Council has also carried out substantial work reviewing the use of formal tests for the vascular component of Hand Arm Vibration Syndrome (HAVS) and clarifying the guidance for assessors regarding interpretation of medical histories.

To bring the Council into line with several other UK advisory committees regarding transparency, it considered whether guidelines should be developed for evaluation of evidence relevant to industrial injuries. As a result, informal guidelines on reviewing and reporting of epidemiological studies were recently published for internal use by the Council.

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 by individual

members or small working groups. A public meeting was not held during the year 2018-19 but is planned to take place in Leeds in July 2019.

My first year as Chair has been busy and interesting and our forward programme includes some topics which are likely to be challenging but will contribute to the important work of the Council in 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 would like to record my appreciation to all the Council members, continuing and new and, observers from the Health & Safety Executive (HSE), Ministry of Defence (MOD) for their enthusiasm and hard work during the year. In addition, I would like to thank the Secretariat and members of the Department for their support in making my move into the role as Chair of the Council as smooth as possible and their advice and help to me and the Council members.

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 Communities (DfC) 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 DfC 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](https://www.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 2018/19 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 2018/2019

The guidelines below were written by the Chair to assist members when evaluating evidence relevant to industrial injuries. It is also a useful aide memoire for members of the public to understand the sometimes complex process the Council follow when deciding if a disease is occupationally related.

Guidance on evaluating evidence on health risks associated with occupational exposures

These guidelines were published in March 2019 and have been produced for internal use by IIAC. These guidelines are based on a larger document on systematic reviews, produced for the 3 UK committees:

- committee on carcinogenicity
- committee on mutagenicity
- committee on toxicity

Informal guidance is given on reviewing and reporting of published literature, particularly epidemiological studies, to provide evidence for potential prescription for IIDB.

The following reports were published in 2018/19 but investigations were completed in the preceding reporting year and fully disclosed in the 2017/18 annual report:

¹Command Papers

- Diseases with multiple known causes, occupational injuries, and medical assessment: IIAC report (June 2018).

²Position Papers

- Occupational exposure to crystalline silica and its relation to connective tissue diseases: IIAC position paper 42 (June 2018).
- Coal mining, silicosis and lung cancer: IIAC position paper 41 (June 2018).

³Information Notes

- Entitlement to benefit and medical assessment within the IIDB scheme: IIAC information note (June 2018).
- Occupational risks for urolithiasis: IIAC information note (April 2018).
- Non-melanoma skin cancer and occupational exposure to (natural) UV radiation: IIAC information note (April 2018).

¹A 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).

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

³An 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 which concern the Industrial Injuries Disablement Benefit Scheme are referred to the Council for its advice and consideration.

Following the announcement in the October 2018 Budget Statement that Dupuytren's contracture would to be added to list of prescribed diseases eligible for IIDB, DWP asked the Council to clarify its original recommendations that only the disabling aspects of the condition would be eligible for compensation. Regulations are expected to come into force in autumn 2019.

Stakeholder Engagement

- Representatives from the British Airline Pilots Association (BALPA) and the Civil Aviation Authority (CAA) attended the Council's meeting in January 2019 to discuss occupational exposure to UV/sunlight for aircrew. Public Health England (PHE) and the author of a key publication on this topic were also consulted.

Appointments

- Dr Lesley Rushton was appointed as IIAC Chair for five years from 1 April 2018.
- One member was reappointed for five years from 8 April 2018 and another three members were reappointed for four years from 1 May 2019.
- Following an open competition, six new members were recruited from 1 December 2018; five were appointed for five years and a sixth for three years.
- A seventh new member, deemed appointable from the recruitment exercise, was appointed, following a current member's resignation in April, from 1 May 2019 for five years.

Summary of work undertaken in 2018/2019

The Council underwent significant change in 2018/19 with the appointment of a new Chair, Dr Lesley Rushton, and the departure of several members who had come to the end of their terms on the Council. Despite this, the Council continued to function effectively and the current work programme is summarised below.

Bystander exposure to asbestos

The Council received correspondence from a MP concerning an electrician 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 listed under the terms of prescription for prescribed disease PD D8, primary cancer of the lung where there is accompanying evidence of asbestosis or, in the absence of asbestosis, have a history of 5 years' substantial asbestos exposure before 1975 or 10 years post 1975 and work in textile manufacture, as asbestos sprayers or as asbestos insulation workers including in shipbuilding.

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 for electricians. Based on the evidence available, it concluded the evidence on risk was currently inadequate to support an amendment of the prescription schedule for electricians or for bystander exposure more generally. However, the review highlighted that the list of occupations in PD D8 exposed to asbestos during the course of their work was out of date and did not represent occupations that are currently most at risk of exposure to asbestos. In particular, the construction industry was identified as a major industry of concern where exposure could potentially occur during demolition, maintenance work and renovation.

Literature searches highlighted this is a complex and wide-reaching topic covering a wide range of construction trades and exposure circumstances. The Council are therefore currently considering carrying out a commissioned review in this area, with a view to bidding for recognised experts to carry out the work.

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.

Further investigations revealed that there appears to be consistent evidence of an increased incidence of skin melanoma in pilots and air-cabin crew. For example, a systematic review and meta-analysis of 14 studies published after 2013 and for the most part carried out among northern Europeans (10), reported summary risks of 2.22 (95% confidence interval 1.67-2.93) in pilots and 2.09 (1.67-2.62) in cabin crew.

Experts from the aviation industry were consulted along with representatives of Public Health England to try to understand the cause of this doubling of risk for flight crew. The Council are currently reviewing evidence relating to the site of the melanomas, length of employment and flight hours, exposure to cosmic radiation, UV exposure through plane windshields, and exposure to UV light incurred as part of non-flight duties. The Council is continuing with its investigation and expects to draw conclusions regarding potential prescription in due course.

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 its 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.

The Council had previously considered the question through Ministerial correspondence. A small audit had been undertaken which did not find any significant unmet need among claimants. However, given continuing concerns, a further audit of over 100 claims was carried out. This indicated that claimants with sensorineural symptoms were unlikely to be adversely impacted by the wording of the prescription and that the prescription was being applied as intended; the Council decided not to recommend a change to the prescription.

However, this more recent audit suggested that some claimants were being refused benefit on the basis of their medical history, including the time course of onset and progression of symptoms. As a result, the Council considered again whether the presence of vascular disease could be determined by objective testing and also the problems of interpreting a medical history. An expert in the field was consulted who gave a detailed overview of the current applicable tests and whether these could be used as part of the assessment process. It was concluded that none of the available tests were applicable due to the difficulty in adapting them to an assessment setting or variability of results.

The review drew attention to the increasing use of digital photography to aid the diagnosis of HAVS. The Council suggested that they could be used to record episodic events of blanching which could be used as evidence in support of a claim.

The Council has reviewed the guidance for assessors regarding interpretation of medical histories and areas where clarification might be needed.

The Council is finalising its advice which will be published in due course, possibly July 2019.

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 has been revisited by the Council on several occasions following correspondence from a number of sources, one of which was the incidence of COPD in coke oven workers. This followed a landmark test case, reported in the media, where a former British Coal workers widow was awarded compensation and that four other test cases were settled out of court. The Council considered the implications of this judgement and whether the prescription for COPD should be revised.

A literature search identified several relevant studies, both of mortality and of lung function. Many of the mortality studies were fairly old, including those from the UK, with mortality rates that were less than doubled the risk for respiratory disease. The lung function studies tend to show a reduction in lung function in coke oven workers; however, the quality of the studies varies.

The Council is in the final stages of concluding its investigation and will publish its findings in due course.

Dupuytren's contracture

Dupuytren's disease is a disorder of the hand in which thickening of fibrous tissue of the palm and finger tendons leads, in more advanced cases, to the fingers 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.

IIAC was informed in 2017 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. Subsequently, the Council requested a meeting with the then Minister to discuss that decision. As a result, the Minister overturned the decision to turn down the Council's recommendations and Dupuytren's contracture will now be added to the list of prescribed diseases.

The Council has been working with officials from the Department for Work and Pensions to ensure the regulations are drafted to meet the Council's intentions.

Osteoarthritis of the knee in footballers

Various organisations representing footballers approached the Council citing evidence that osteoarthritis (OA) of the knee is elevated in football (soccer) players. A cross-sectional study submitted to the Council concluded the prevalence of all knee osteoarthritis outcomes were two to three times higher in male ex-footballers compared with men in the general population group. Knee injury is the main

attributable risk factor. After adjustment for recognised risk factors, the study concluded knee osteoarthritis appeared to be an occupational hazard of professional football.

Members felt this study was important evidence, but that further investigation was required. A literature search was completed, which identified a number of useful papers, which seemed to indicate less of a risk. However, it was clear from the data that footballers who sustained a knee injury were more than likely to go on to develop osteoarthritis of the knee.

The Council is continuing with its investigation and members with musculoskeletal expertise are likely to give their expert opinion in the near future.

Other work carried out in 2018/2019

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.

Anti-Neutrophilic Cytoplasmic Autoantibody (ANCA) vasculitis

The Council received correspondence from a MP on behalf of a constituent who asked the Council to investigate if there were any links between asbestos exposure and Anti-neutrophil cytoplasmic antibody (ANCA)-associated vasculitis, which is an autoimmune disease affecting small blood vessels in the body.

A review of the published research literature was conducted. The few studies identified were generally small and of variable quality and design. Overall, the Council felt that there was no robust evidence of an association between asbestos exposure and the presence of ANCA-associated vasculitis and that it could not recommend prescription under the Industrial Injuries Scheme (IIS).

Pleural plaques

The Council received several enquiries about civil compensation for pleural plaques. It was explained the Council have no role in civil compensation claims and confirmed its current position that this condition is not suitable for prescription under the IIS.

Osteoarthritis of the knee (PD A14) in mineworkers

A stakeholder wrote to the Council with concerns that the wording of job descriptions in the PD A14 prescription may have been misconstrued and taken literally resulting in legitimate claims for benefit being turned down. The prescription describes general job roles which may have involved work underground resulting in sufficient exposure to warrant a successful claim. The Council are working with the Department for Work and Pensions to understand the rationale for this and will clarify the intention of the prescription.

COPD and noxious dust exposure

A stakeholder wrote to the Council detailing their concerns that other than coal-dust and asbestos, noxious dust exposure in other industries such as the construction industry were not recognised. The Council has proposed a commissioned review of this topic as detailed earlier in this report under the section titled 'Bystander exposure to asbestos'.

Stakeholder Engagement

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). In 2018/19, as part of its work on occupational exposure to natural UV/sunlight, the Council consulted with representatives from the airline pilots' association, BALPA, the CAA, PHE and the author of a scientific review to better understand how flight crews had an increased risk to melanoma.

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.

The Council is holding its biannual public meeting in Leeds on 11 July 2019.

Membership

Under the Social Security Administration Act 1992 (Schedule 6) the Secretary of State appoints a Chair 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.

Since April 2018 the IIAC chair receives a salary, however, 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 and 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:

- Hugh Robertson, a representative of employees was reappointed from 8 April 2018 for five years. However, Hugh is retiring in July 2019 and will be stepping down from the Council at the same time.
- Professor Karen Walker-Bone and Keith Corkan, both independent members and Dr Sayeed Khan, a representative of employers, were all reappointed for four years from 1 May 2019.

Members leaving:

- Paul Faupel stepped down on 7 June 2018 following nine year's membership.
- Professors Paul Cullinan and Damien McElvenny completed a maximum of ten years' service on 31 August 2018. Paul had also been the RWG Chair for more than eight years.
- Dr Sara De Matteis stepped down following over four years as a member on 31 March 2019.

- Professor Anthony Seaton CBE stepped down from the Council on 30 April 2019 following six years' service.

Appointments:

An appointments exercise was undertaken to replace vacancies and take account of a skills requirement. The following members were appointed from 1 December 2018 for five years:

- Dr Kim Burton
- Professor John Cherrie
- Dr Chris Stenton
- Dr Max Henderson
- Dr Valentina Gallo

Dr Ian Lawson was also appointed for three years from 1 December 2018.

Further, Professor Raymond Agius was appointed for five years from 1 May 2019 following Professor Seaton's resignation in April. Professor Agius had been deemed appointable in the 2018 recruitment exercise and as a result was considered eligible under OCPA/Cabinet Office rules for appointment as a direct replacement for Professor Seaton.

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.

PARTNERSHIP OF THE COUNCIL

The Private Pensions and Arm's Length Body Partnership Division within DWP will partner the Council. Partnership 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.

Partnership 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 for the Council (including experienced scientific support) and provide financial resources for the Council to carry out its business, administered by the Secretariat.

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, 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 Command 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. Where there is little evidence to allow the Council to carry out a full review, an Information Note will be published.

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. Its work programme therefore considers requests from many parties, including (but 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 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 and other stakeholder engagement
- Publication and laying Command Papers in the Houses of Parliament Libraries
- Publication and depositing Position Papers in the Houses of Parliament Libraries
- Publication of Information Notes
- Publication and deposit of 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 where required (to promote understanding).

Appendix C – Members of the Council in 2018/2019

Dr Lesley Rushton, Chair, OBE, BA, MSc, PhD, CStat, Hon FFOM

First appointed to the Council on 1 April 2018 for a five-year term

Independent scientist

Emeritus Reader in Occupational Epidemiology, Department of Epidemiology and Biostatistics, Imperial College London

Member, HSE Science, Engineering and Environmental Assurance Committee (SEEAC)

Member, UK Committee on Carcinogenicity of Chemicals in Food, Consumer Products and the Environment

Honorary Fellow, Faculty of Occupational Medicine

Professor Raymond Agius MD DM FRCP FRCPE FFOM

First appointed on 1 May 2019 for five years

Independent member with expertise in occupational and environmental medicine and epidemiology

Professor of Occupational and Environmental Medicine, Director, Centre of Occupational and Environmental Health, University of Manchester Medical School

Fellow, Royal College of Physicians

Fellow, Royal College of Physicians, Edinburgh

Fellow, Faculty of Occupational Medicine

Professor Kim Burton OBE PhD Hon FFOM

First appointed 1 November 2018 for a five-year term

Independent member with particular expertise in musculoskeletal disorders

Occupational Health Research Consultant

Professor of Occupational Healthcare, University of Huddersfield

Honorary Fellow, Faculty of Occupational Medicine

Professor John Cherrie CFFOH

First appointed 1 November 2018 for a five-year term

Independent member with expertise in exposure measurement

Professor of Human Health, Heriot Watt University and Principle Scientist, Institute of Occupational Medicine, Edinburgh

Member of the Health and Safety Executive's Workplace Health Expert Committee

Chartered Fellow, Faculty of the British Occupational Hygiene Society

Mr Keith Corkan BA

First appointed to the Council on 1 May 2013, reappointed for a final four-year term from 1 May 2019

Independent member with legal expertise

Consultant, Woodfines Solicitors
Member of the Employment Lawyers Association
Member of the International Bar Association
Member of the Global Employment Institute

Professor Paul Cullinan MD BS MB MSc FRCP FFOM (RWG Chair)

First appointed to the Council on 1 September 2008. Completed the maximum 10 years on 31 August 2018.

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 Sara De Matteis MD MPH PhD

First appointed to the Council on 1 December 2014, reappointed for five years from 1 December 2017. Stepped down from 31 March 2019

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 three-year term from 8 June 2015. Stepped down from 7 June 2018

Representative of employers

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

Dr Valentina Gallo MD LSHTM-MSc PhD

First appointed 1 November 2018 for a five-year term

Independent member with expertise in epidemiology and neuroepidemiology

Senior Lecturer in Epidemiology, Centre for Primary Care and Public Health, Bart's and The London School of Medicine, University of London
Honorary Associate Professor at London School of Hygiene and Tropical Medicine
Honorary Lecturer in Epidemiology, Imperial College London School of Public Health
Member, General Medical Council

Dr Max Henderson MSc PhD MRCP MRCPsych HonFFOM

First appointed 1 November 2018 for a five-year term

Independent member with expertise in psychiatry

Associate Professor, University of Leeds
Consultant Liaison Psychiatrist, St James' University Hospital, Leeds
Member, Royal College of Physicians
Member, Royal College of Psychiatrists
Honorary Fellow, Faculty of Occupational Medicine

Dr Sayeed Khan BMedSci DM FFOM FRCGP FRCP

First appointed to the Council on 1 May 2013, reappointed for a final four-year term from 1 May 2019

Representative of employers

Chief Medical Adviser, Make UK, The Manufacturers' Organisation
Professorial Fellow, University of Nottingham
Chief Medical Officer, Collingwood Health
Fellow, Faculty of Occupational Medicine
Fellow, Royal College of Physicians

Dr Ian Lawson MB BS FFOM FRCP

Appointed 1 November 2018

Representative of employers, with expertise in hand arm vibration syndrome

Retired Occupational Health Physician, formerly Chief Medical Officer, Rolls-Royce plc
Fellow, Faculty of Occupational Medicine
Fellow, Royal College of Physicians

Professor Damien McElvenny BSc MSc PhD CStat CSci

First appointed to the Council on 1 September 2008. Completed the maximum 10 years on 31 August 2018.

Independent member with skills and experience in statistics and epidemiology

Principal Epidemiologist, Institute of Occupational Medicine and
Member, Expert Committee on Pesticides (DEFRA/HSE)
Fellow of the Royal Statistical Society
Member, International Epidemiology Association

Ms Karen Mitchell LLP

First appointed to the Council on 1 December 2014, reappointed for a second term for 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, reappointed for five years from 1 April 2018

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 for 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

Fellow, Royal College of Physicians

Fellow, Royal College of Physicians, Edinburgh

Dr Chris Stenton BSc MB BCh BAO FRCP FFOM FFOM.RCPI

First appointed 1 December 2018 for a five-year term

Locum Consultant Physician, Royal Victoria Infirmary

Fellow, Royal College of Physicians

Fellow, Faculty of Occupational Medicine

Member, Royal College of Physicians, Ireland

Professor Karen Walker-Bone BM FRCP PhD Hon FFOM

First appointed to the Council on 1 May 2013, reappointed for a final four-year term from 1 May 2019

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

Fellow, Faculty of Occupational Medicine

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@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 Mark Allerton	Disability Employment and Support Directorate
Mr Susan Sedgwick	Disability Employment and Support Directorate
Ms Lucy Wood	Disability Employment and Support Directorate
Ms Maryam Masalha	DWP Legal Services
Mr Ian Pratt	Benefit Services Directorate

From the HSE:

Mr Andrew Darnton - Science, Engineering and Analysis Division

From the MoD:

Anne Braidwood - Medical Adviser, Armed Forces Compensation Schemes

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) From April 2018, the IIAC Chair receives a remuneration of £15,000 per annum.
- c) Fees for members attending IIAC meetings were set from April 2007 as follows:

Full Council meetings: IIAC member £142

Sub-Committee meetings: RWG Chair £182
RWG member £142

- d) Travel expenses are also payable in accordance with DWP rates and conditions.
- d) The full Council met four times in 2018/19 and its RWG sub-committee also met four times during the year.

Fees and expenditure for 2018/19 was as follows:

Professional fees	£24,544
Expenses	£4,730
Printing	£1,700
Meetings	£ -
Research Material	£210
Catering	£910
Total	£32,094

