



I·I·A·C·

THE INDUSTRIAL INJURIES ADVISORY COUNCIL

# ANNUAL REPORT 2021/22

---

[www.gov.uk/iiac](http://www.gov.uk/iiac)



© Industrial Injuries Advisory Council copyright 2022

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated.

To view this licence, visit [nationalarchives.gov.uk/doc/open-government-licence/version/3](https://nationalarchives.gov.uk/doc/open-government-licence/version/3).

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at: [www.gov.uk/iiac](https://www.gov.uk/iiac).

Any enquiries regarding this publication should be sent to us at: [caxtonhouse.iiac@dwp.gov.uk](mailto:caxtonhouse.iiac@dwp.gov.uk)

# **Industrial Injuries Advisory Council**

## **Annual Report 2021/2022**

### **Foreword**

For most of this year, the COVID-19 pandemic continued to impact on the work of IAC and once again involved a mixture of online, face-to-face and hybrid meetings. The latter have now become the norm and provided a more flexible way of working for IAC, greatly helped by more recent technological facilities at the DWP. In a first for IAC we were able to hold a Public Meeting online which was attended by nearly 70 people.

Once again, a major part of the work of the Council this year has been evaluation of the impact of the COVID-19 pandemic and the potential risks to workers. A large amount of information became available throughout the year including from studies on the longer-term consequences of COVID-19. A huge amount of work was carried out by the Members and the Secretariat, and this has resulted in proposals for a new IAC prescription focusing on the Health and Social Care Sector and the identification of five serious pathological complications following COVID-19 that have been shown to cause persistent impairment and loss of function in some people. This has been a major achievement thanks to the continuous hard work and dedication of all concerned.

As part of its work to update some of the older prescriptions the Council has continued its work on Pneumoconiosis and has consulted and discussed a draft proposal with several UK experts. A commissioned review of occupation and chronic obstructive pulmonary disease (COPD), lung cancer and other respiratory diseases began. Exploration of methods for enabling decisions to be made for occupations that are currently not included in a prescription and where epidemiological data are scarce has also continued. This has resulted in a draft Command paper for revision of Hand Arm Vibration Syndrome and expansion of the occupational circumstances in which this can occur.

We will continue to address longer-term consequences of COVID-19, in particular Post-Covid syndrome ('Long-Covid') as more information becomes available. However, we also hope we will now have more time to expand the topics to be considered in our forward programme of work. I would like to thank all the Council members, the HSE, MOD and other observers, the Secretariat and members of the Department for their hard work and dedication this year and am reassured that this will continue in future.

**Dr Lesley Rushton**  
**IIAC Chair**

## Introduction

The Industrial Injuries Advisory Council (IIAC) is a non-departmental public body (NDPB) established under the National Insurance (Industrial Injuries) Act 1946, which came into effect on 5 July 1948. The Council provides independent advice to the Secretary of State for Work and Pensions in Great Britain and the Department for 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 Role of the Council

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:

- To consider and advise on matters relating to Industrial Injuries Disablement Benefit (IIDB) or its administration referred to it by the Secretary of State for Work and Pensions in Great Britain or the DfC in Northern Ireland.
- To advise on any other matter relating to IIDB or its administration.
- To consider and provide advice on any draft regulations the Secretary of State proposes to make on IIDB or its administration.

IIAC is a scientific advisory body and has no power nor 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 medical and scientific experts and two lawyers. Membership of the Council during 2021/22 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**

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:

- 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
- 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 was published on the gov.uk website.

## **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 topic 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.

In March 2015, the Council published some [informal guidance](#) on how it reviews and reports on published literature, particularly epidemiological studies, to provide evidence for potential prescription for IADB.

## **Key achievements of 2021/2022**

### **<sup>1</sup>Command Papers.**

No Command papers were published 2021/2022. However, the following papers are expected to be published in 2022:

- Occupational impacts of COVID-19.
- A review of the assessment of vibration exposure in Prescribed Disease A11 (PD A11), Hand Arm Vibration Syndrome (HAVS).
- Review and update of the prescription for prescribed disease PD D1, pneumoconiosis.

These are described below in the section on work undertaken in 2021/22.

### **<sup>2</sup>Position Papers.**

No position papers were published 2021/2022, however, the following paper is expected to be published in 2022:

- Limitations of epidemiology when investigating occupations with a potential for significant vibration exposure and PD A11, Hand-Arm Vibration Syndrome.

This is described below in the section on work undertaken in 2021/22.

---

<sup>1</sup> 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). These papers are laid before Parliament.

<sup>2</sup> A Position Paper is a Council report which details a review of a topic that did not result in recommendations requiring legislative changes. These papers are deposited in House libraries.

### **<sup>3</sup>Information Notes.**

No information notes were published 2021/2022.

### **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.

The Council considered revised regulations for PD A15, Dupuytren's contracture which came into force 28 March 2022. These regulations provided clarification of the conditions under which a person who is diagnosed with Dupuytren's contracture of the hand (A15) is entitled to IIDB by amending the former prescription in relevant legislation.

The new prescription for PD A15 will be satisfied where:

- the existing occupational requirements are met:
  - Any occupation involving the use of hand-held powered tools whose internal parts vibrate so as to transmit that vibration to the hand, where the use of those tools amounts to a period or periods in aggregate of at least 10 years **and** within that period or those periods, the use of those tools amounts to at least 2 hours per day for 3 or more days per week.
  
- there is fixed flexion deformity of one or more of the:
  - metacarpophalangeal joints (MCPJ) greater than 45 degrees that developed either:
    - during the course of the claimant's occupation, or
    - after the period of occupation where there is evidence of the onset of MCPJ or palmar changes (nodules or thickening) during the period of occupation

or

  - interphalangeal joints (IPJ) that developed either:
    - during the course of the claimant's occupation, or
    - after the period of occupation where there is evidence of the onset of MCPJ or palmar changes (nodules or thickening) during the period of occupation.

### **Stakeholder Engagement**

The Council held a virtual public meeting on 25 November 2021. Proceedings are being finalised with an expectation that these will be published early summer 2022.

---

<sup>3</sup> 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.



Topics discussed included:

- COVID-19 and occupation
- Reviewing occupations for PD A11 (Hand Arm Vibration Syndrome (HAVS))
- IIAC's proposed revision of PD D1 (Pneumoconiosis, silicosis, asbestosis)

### **Appointments**

During the year one of IIAC's employer members very sadly died; other members came to the end of their term of office. Recruitment is expected to commence to replace members of employee and employer representatives of the Council along with independent members, with appointments expected to take place from late autumn 2022.

### **IIAC Meetings**

During periods of high SARS-CoV-2 infection rates and when various restrictions were in place meetings of the full Council and RWG took place by video conference. Since then, these have taken place using a hybrid approach where some members have attended in person and others joined the meetings via video conference, facilitated by the secretariat.

## **Summary of work undertaken in 2021/2022**

The Council continued to undertake its advisory function effectively and the work undertaken is summarised below. However, the majority of the Council's time was taken up by evaluation of the occupational impact of COVID-19.

### **COVID-19 and occupation**

The pandemic of Coronavirus Disease 2019 (COVID-19) caused by infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) began early in 2020 in the UK. Since then, the Industrial Injuries Advisory Council (IIAC) has been continually reviewing the accruing scientific evidence on the occupational risks of COVID-19. An interim Position Paper ([COVID-19 and occupation: IIAC position paper 48](#)) was published in February 2021 based on information available in 2020, most of which reported on death following infection. An association between several occupations and death related to COVID-19 was found, which included the health and social care sectors, transport, food processing, retail work, security, and local and national administration sectors. However, at that time, there was little information on longer term effects and subsequent potential disability.

Since then, there have been very many more scientific reports on the symptoms, illnesses, and pathology associated with COVID-19, and on occupational exposure to SARS-CoV-2.

Although most people infected with SARS-CoV-2 experience relatively mild or short-term symptoms, a small proportion report longer-term symptoms that lead to persisting loss of function and disability.

There is a large body of consistent supporting evidence showing that, for Health and Social Care Workers, whose work brings them into frequent close proximity to patients or clients, there is a significantly increased risk of infection, subsequent illness, and death. The Council therefore feels that there is sufficient evidence to recommend prescription for these workers and it has identified robust evidence for the prescription of serious pathological complications following COVID-19 which have been shown to cause persistent impairment and loss of function in some people. These are: Persisting pneumonitis or lung fibrosis following acute COVID-19 pneumonitis; Persisting pulmonary hypertension caused by a pulmonary embolism developing between 3 days before and 90 days after a diagnosis of COVID-19; Ischaemic stroke developing within 28 days of a COVID-19 diagnosis; Myocardial infarction developing within 28 days of a COVID-19 diagnosis; Symptoms of Post Intensive Care Syndrome following ventilatory support treatment for COVID-19.

The Council acknowledges that some people may report one or more of a wide range of persisting symptoms following Covid-19 (described as Post-Covid syndrome or Long Covid), which may impact on their daily activities including their work ability. However, current understanding of the underlying pathophysiology, temporal course, and predictable effects of the key symptoms of Post-Covid Syndrome is limited, as is the ability to diagnose the condition objectively. IAC therefore considered that the evidence is not, at present, sufficient to recommend prescription for this syndrome.

As the pandemic remains on-going the Council is continuing to collate and evaluate further evidence, particularly for other occupations and also on the longer-term effects of COVID-19 with the expectation of producing a third report in the future.

## **A review of the assessment of vibration exposure in Prescribed Disease A11, Hand Arm Vibration Syndrome (HAVS)**

Hand-Arm Vibration Syndrome (HAVS) can occur following exposure to Hand Transmitted Vibration (HTV) causing episodic finger blanching (the vascular component) and/or symptoms of numbness, tingling, reduced sensation and loss of dexterity of the fingers (the sensorineural component). The current prescription is defined in terms of HTV occurring following the use of a given list of tools and processes. The Industrial Injuries Advisory Council (IIAC) became aware that the current list diverged from other lists, including from the Health and Safety Executive.

The Council investigated the availability of epidemiological studies for extending the prescribed occupations for HAVS and found that there was very little. The Council therefore decided to explore two alternative approaches, and these will be reported in a Command paper.

The first involved a review of the assessment of vibration magnitudes, exposure response relationships and risk prediction modelling based on International Standard, ISO 5349-1. A draft procedure for implementing this approach was developed, shared with external experts and departmental representatives and tested to see if was practicable. Although this process demonstrated this approach could potentially be used to identify additional tools or processes, it became evident during the review and from feedback received that there were a number of practical drawbacks when applied to assessing individual exposure.

The second approach entailed consultation with external experts on the feasibility of an extension to the list based on their knowledge and experience of vibrating tools and the potential to develop hand arm vibration syndrome. The Council felt that this approach was more suitable and following further consultation with external experts an extended list of vibrating tools was compiled to replace the existing list.

In its role of supporting the operation of the Scheme the Council will prepare internal guidance on occupational history taking to assist medical assessors and will continue to review both epidemiological data and exposure data and where appropriate add further to this extended list.

The epidemiological evidence for HAVS in several occupations that are not included in the current prescription has been reviewed and a Position reporting the findings will be published separately.

## **Review and update of the prescription for prescribed disease PD D1, pneumoconiosis.**

The current prescription for pneumoconiosis dates back in part over 100 years and has not undergone any major revision for almost 80 years. In that time the causes of the disease and the diagnostic techniques have changed substantially. IIAC has anecdotal evidence that the current prescription is difficult to navigate and is outmoded in several respects. A paper has been drafted that proposes changes to the classification of the prescribed diseases, diagnostic criteria, and the assessment of disability. Initial suggestions were that 5 conditions with separate diagnostic criteria be considered for prescription, (Asbestosis, Coal workers' pneumoconiosis, Silicosis, Mixed dust fibrosis and Silicate pneumoconiosis) and that hard metal disease/ cobalt-associated interstitial lung disease be prescribed as a separate condition because of its particular clinical and pathological features.

This has been reviewed by four experts in occupational respiratory ill-health and a large number of comments have been received. The Council will discuss these comments with a view to publishing a Command paper detailing the information that has informed their conclusions and giving the revised prescription.

## **Evidence update of the relationship between occupational exposures and selected malignant and non-malignant respiratory disease.**

Some of the current prescriptions for respiratory diseases have been re-evaluated more than once since their inception many decades ago. However, they do not always reflect occupations and modern work practices where exposure may occur more frequently than in the past, such as in the construction industry and/or new products are now in use such as the use of artificial/composite stone which often contains a high percentage of quartz.

Currently COPD is only prescribed in relation to coal mining. However, there is a large literature in many different industries showing consistent associations from several occupational-related exposures with increased risk of death or incidence of COPD, for example: work in construction, tunnelling, manufacture of ceramic fibres, iron and steel foundry work, cotton manufacture, grain handling, welding, and agriculture.

For lung diseases, a particular challenge for prescription is how to take account of important confounding exposures, and in particular, smoking. This is illustrated in the current prescription for COPD and coal mining,

which was based on data that included both smokers and non-smokers; smoking habits of claimants are thus ignored.

Stakeholders have also raised the issue of toxic dusts of unknown composition in various workplaces but particularly construction, for example in house renovations.

Against this background, IIAC discussed commissioning a comprehensive review and evaluation of the literature on selected work-related malignant and non-malignant respiratory diseases (including lung cancer and COPD) to inform update and potential expansion of the IIDB scheme. At the public meeting in 2019, representatives of mineworkers raised a query relating to the 20-year rule for eligibility for the prescription PD D12, COPD in mineworkers. It was stated that a change in working practices resulted in longer shifts and asked if the 20-year rule could be re-examined. As a result, this topic will be incorporated into the commissioned review.

The Council agreed to proceed with this comprehensive review and funding was secured. Consequently, a tendering process to seek suitably qualified researchers to carry out the review was undertaken and the outcome of that process resulted in the Institute of Occupational Medicine (IOM) being appointed to carry out the review.

### **Other work carried out in 2021/2022**

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. IIAC members also suggested topics for the Council to review.

### **Neurodegenerative brain disease in professional footballers**

The Council received correspondence from a charity giving information about a former professional footballer for whom a Coroner had recorded a verdict of 'death by an industrial disease'. A consultant neuropathologist found considerable evidence of trauma to the footballer's brain likely to have been exacerbated by his profession. Evidence was submitted to support this claim and a request was made for IIAC to investigate the potential link to neurodegenerative disease in professional football players.

The Council is aware of the current level of interest in neurodegenerative diseases in the sports arena and part of its evidence gathering process was for IIAC to engage with Dr William Stewart to understand fully the implications of his paper "Neurodegenerative Disease Mortality among Former Professional Soccer Players" which was brought to the Council's

attention. Dr Stewart attended a full meeting of IIAC members in April 2021 and a large portion of the agenda for this meeting was dedicated to neurodegenerative disease in footballers. Dr Stewart was given the opportunity to fully share his views on this topic - IIAC members were fully engaged and asked a number of probing questions to assist in its decision-making process. IIAC have now decided to expand the topic to include neurodegenerative diseases in other contact sports. The Council is also aware that a number of studies into this topic are ongoing and look forward to reviewing their outcomes. This topic will continue to be discussed at IIAC meetings and a decision taken on how to best progress an investigation.

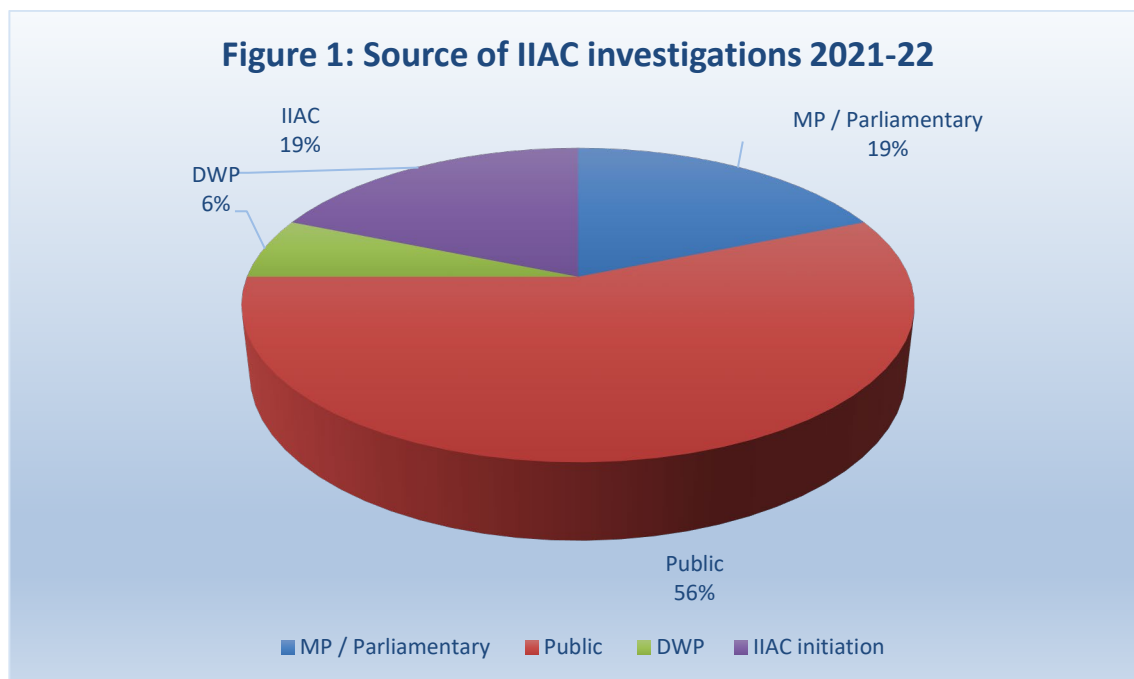
### Future Work of the Council

In addition to maintaining its reactive brief, the Council will continue with its horizon scanning of the recently published scientific research literature which will inform its work programme for 2022/23.

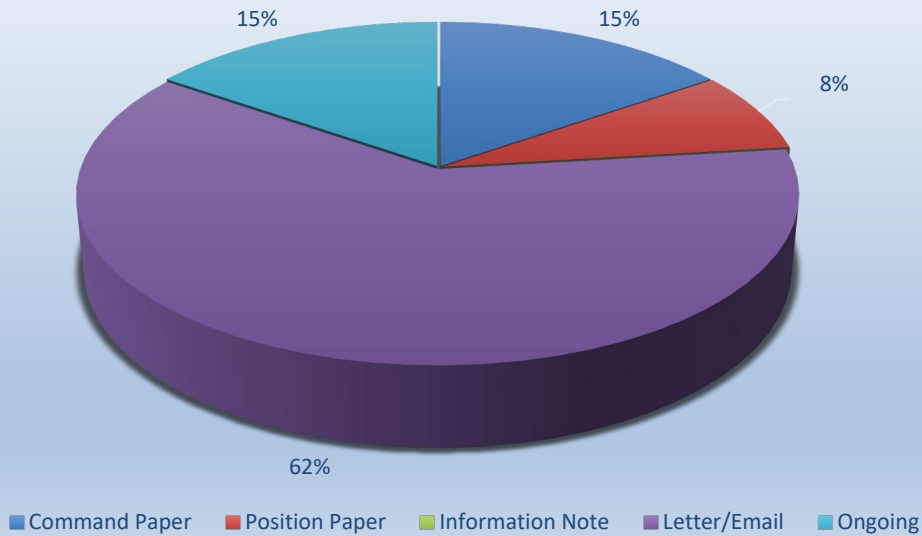
### Summary of sources and outcomes of IIAC investigations

IIAC continues to be committed to publishing statistics related to the sources and outcomes of investigations to improve transparency.

The information shown below illustrates the breakdown in sources of referrals made to the Council and the outputs of these investigations.



**Figure 2: Outcomes of IIAC investigations 2021-22**



## Stakeholder Engagement

### Networking activities

In March 2022 Lesley Francois (IIAC member), on behalf of Dr Lesley Rushton, (IIAC Chair) attended a Non-Executive Director and Arm's Length Body (ALB) event hosted by the Secretary of State in which the role of these bodies within the wider DWP was outlined and discussed.

### External experts

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

### External engagement

In May 2021 Dr Lesley Rushton and Dr Jennie Hoyle (IIAC member) were interviewed for File on 4 for BBC Radio 4 to discuss the impact of COVID-19 on workers.

Dr Lesley Rushton attended the All-Party Parliamentary Group on Asbestos at the request of the TUC, which met on 15 November 2021. Dr Rushton was asked to provide an overview of IIACs work and discuss the Council's proposals for reviewing the prescription for pneumoconiosis and respiratory diseases with particular relevance whether it might impact on asbestos related disease sufferers.

In January 2022 Dr Rushton and Dr Chris Stenton (IIAC member) met with members of the NUM at their request to discuss aspects of the Council's review of pneumoconiosis.

### **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](http://gov.uk/iiac), the Society of Occupational Medicine's newsletter and through a targeted approach to the occupational sectors involved.

### **Public meeting**

A virtual meeting was held on 25 November 2021. The meeting was well attended by 68 people including IIAC members with attendees broken down into the following groups:

IIAC	15
IIAC Secretariat	3
Trade Unions	8
Support Groups	5
Solicitors / Tribunal Judges	7
Medical / Research	3
Doctors / Nurses	6
Health & Safety Specialists	3
DWP Officials	5
Public / Unknown	15
<b>Total</b>	<b>70</b>

### **Membership**

Under the Social Security Administration Act 1992 (Schedule 6) the Secretary of State appoints a Chair and any other number of members as they may determine. Legislation requires that there shall be an equal number of persons to represent employers and employed earners.



Since April 2018 the IAC chair receives an annual fee. However, the Chair and members of IAC 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.

IAC 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 these are recorded in the minutes of meetings, and on a register of members' interests, both of which are published on [gov.uk/iac](http://gov.uk/iac).

### **Appointments and reappointments**

Two new appointments and one reappointment were made during 2021/2022:

- Professor Damien McElvenny and Dr Gareth Walters were appointed for five years from 1 December 2021 as independent members, and
- Dr Ian Lawson was reappointed for second term of five years from 1 December 2021.

Due to unexpected resignations and members' terms ending late in 2022, a new recruitment campaign has begun for up to six new members with a view to completion in late summer. The expectation will be for new appointees to start later in the year.

All appointments are made through open, fair and transparent competition, complying with the [Governance Code](#) published by the Minister for the Cabinet Office in compliance with the Public Appointments Order in Council 2016.

Full details of IAC membership throughout the year can be found at **Appendix C**

## **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, exposure measurement 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 the Governance Code of Practice for public appointments published by the Cabinet Office which sets out the regulatory framework for public appointments processes within the Commissioner for Public Appointment's remit.

Members serve an initial term specified within their terms of appointment, usually an initial five years and can be reappointed (dependent on satisfactory appraisal) for a second term allowing up to 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 should 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 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:

- Laying and publication of Command Papers in Parliament
- Deposit and publication of Position Papers in the Houses of Parliament Libraries
- Publication of Information Notes
- Deposit and publication of an Annual Report
- Publication of the minutes of Council and RWG meetings
- Regular public meetings and other stakeholder engagement
- Publication of the proceedings of public 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 2021/2022**

### **Dr Lesley Rushton Chair OBE BA MSc PhD CStat Hon FFOM**

Appointed 1 April 2018 for a five-year term

Independent scientist

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

Appointed on 1 May 2019 for five years

Independent member with expertise in occupational and environmental medicine and epidemiology

Emeritus Professor of Occupational and Environmental Medicine, 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**

Appointed 1 November 2018 for a five-year term

Independent member with expertise in musculoskeletal disorders

Occupational Health Research Consultant  
Professor of Occupational Healthcare, University of Huddersfield  
Honorary Fellow, Faculty of Occupational Medicine

### **Professor John Cherrie BSc PhD CFFOH**

Appointed 1 November 2018 for a five-year term

Independent member with expertise in exposure measurement

Professor of Human Health, Heriot Watt University and Principal 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**

Appointed 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

**Ms Lesley Francois LLB(Hons) MA LLM**

Appointed 1 September 2019 for a five-year term.

Independent member with legal expertise

Lawyer, Royds Withy King

Member of Law Society's Personal Injury Panel

Member of Association of Personal Injury Lawyers accredited with

Senior Litigator Status, Occupational Disease Specialist Status

Asbestos Disease Specialist Status

**Dr Max Henderson MSc PhD MRCP MRCPsych HonFFOM**

Appointed 1 November 2018 for a five-year term

Independent member with expertise in psychiatry

Associate Professor, University of Leeds and 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 Jennifer Hoyle MRCP Edin FRCP**

Appointed 1 September 2019 for a five-year term

Independent member with expertise in general and respiratory medicine with an interest in occupational lung disease

Consultant Physician, North Manchester General Hospital

Member, Royal College of Physicians, Edinburgh

Fellow, Royal College of Physicians

**Dr Sayeed Khan BMedSci DM FFOM FRCGP FRCP**

Appointed 1 May 2013, reappointed for a final four-year term from 1 May 2019. Dr Khan stepped down from the Council in July for health reasons and sadly passed away during the summer.

Representative of employers

Chief Medical Adviser, Make UK, The Manufacturers' Organisation  
Fellow, Faculty of Occupational Medicine  
Fellow, Royal College of Physicians

**Dr Ian Lawson MB BS FFOM FRCP FRSPH**

Appointed 1 November 2018, reappointed for a second term of five years, beginning 1 November 2021

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  
Fellow, Royal Society for Public Health

**Professor Damien McElvenny BSc MSc CStat CSci**

Appointed 1 December 2021 for a five-year term

Independent member with specialist skills in biostatistics, epidemiology

Principal Epidemiologist, Institute of Occupational Medicine and Senior Research Fellow, Centre for Occupational and Environmental Health, University of Manchester  
Member of the Royal Statistical Society  
Member of the International Commission on Occupational Health and Secretary of Epidemiology Scientific Committee (EPICOH)  
Secretary UK/Ireland Occupational and Environmental Epidemiology Society  
Associate Editor, Occupational and Environmental Medicine  
Assistant Editor, Occupational Medicine

**Ms Karen Mitchell LLB**

Appointed on 1 December 2014, reappointed for a second term of five years from 1 December 2017

Representative of employed earners

Retired Legal Officer and Solicitor, National Union of Rail, Maritime and Transport

**Professor Neil Pearce BSc DipSci DipORS PhD DSc FMedSci FFPH**

Completed his appointment with the Council in September 2021 having served 10 years with the Council, the last four as Chair of the Research Working Group.

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 Douglas Russell BSc (Hons) MSc CMIOSH**

Appointed 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, Union of Shop, Distributive and Allied Workers  
Chartered Member, Institute of Occupational Safety and Health

**Mr Daniel Shears**

Appointed 1 September 2018 for a five-year term

Representative of employed earners

National Health, Safety and Environment Director, GMB Trade Union

Member, Health and Safety Executive Industry Advisory Committees including Construction Industry Advisory Committee and Paper and Board Industry Advisory Committee  
Member, TUC Union Health and Safety Specialists Committee

**Dr Chris Stenton BSc MB BCh BAO FRCP FFOM**

Appointed 1 December 2018 for a five-year term

Independent member with expertise in respiratory medicine

Locum Consultant Physician, Royal Victoria Infirmary Fellow, Royal College of Physicians  
Fellow, Faculty of Occupational Medicine

**Professor Karen Walker-Bone BM FRCP PhD Hon FFOM**

Appointed on 1 May 2013, reappointed for a final four-year term from 1 May 2019. Stepped down from the Council in November 2021 for personal reasons.

Independent member with expertise in the epidemiology of rheumatic diseases

Professor and Honorary Consultant in Occupational Rheumatology  
Director, MRC Versus Arthritis 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 Gareth Walters MD FRCP FHEA**

Appointed on 1 December 2021 for a five-year term

Independent member with expertise in occupational respiratory medicine and interstitial lung diseases

Honorary Senior Clinical Research Fellow in Occupational Respiratory Medicine at the Institute of Applied Health Research at Birmingham University and NHS consultant at Birmingham Chest Clinic  
NIHR research scholar  
Member, British Thoracic Society (BTS) Clinical Statement Group on occupational asthma  
Member, Group of Occupational Respiratory Disease Specialists (GORDS) UK

**Dr Andrew White BSc (Hons) PhD CMIOSH AIEMA**

Appointed 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  
Chartered Member, Institute of Occupational Safety and Health

## **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, Caxton House, Tothill Street, London SW1H 9NA

Email: [caxtonhouse.iiac@dwp.gov.uk](mailto:caxtonhouse.iiac@dwp.gov.uk) Website: [www.gov.uk/iiac](http://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 Defense attend as observers.

#### **From the DWP:**

Dr Emily Pikett	Disability Employment and Support Directorate
Dr Mark Allerton	Disability Employment and Support Directorate
Ms Elenor Styles	Disability Employment and Support Directorate
Ms Mandeep Kooner	Disability Employment and Support Directorate
Ms Jo Pears	Disability Employment and Support Directorate
Ms Catriona Hepburn	DWP Legal Services
Mr Lee Pendleton	Benefit Services Directorate

#### **From the HSE:**

Ms Lucy Darnton - Science, Engineering and Analysis Division

#### **From the MoD:**

Dr Anne Braidwood - Medical Adviser, Armed Forces Compensation Schemes

## Appendix E: Expenditure

The Council does not have a budget of its own. However, DWP provide a small administrative budget of £55,000 to allow the Council to function. This includes:

The IIAC Chair fee of £15,000 per annum, in place from April 2018, and

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

<b>Full Council meetings:</b>	IIAC member	£142
<b>Sub-Committee meetings:</b>	RWG Chair	£182
	RWG member	£142

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

The full Council met five times in 2021/22 and its RWG sub-committee met three times during the year. To take forward the Council's work on COVID-19 occupational impacts, the February RWG was reconvened as a full Council meeting and smaller working groups met during the year.

Meetings continued to be conducted online, moving to hybrid meetings when it was possible with some members attending in person and others remaining online. Expenses were only claimed by those attending in person.

A virtual public meeting was held in November 2021. The Chair and some members presenting, attended Caxton House Hub in person, meaning there was no outlay for a venue.

An overview of expenditure for 2021/22 was as follows:

Professional fees	£33,398
Expenses	£1,056
Printing	£0
Public Meeting	£0
Research Material	£0

Catering	£0
<b>Total</b>	<b>£34,454</b>



