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THE INDUSTRIAL INJURIES ADVISORY COUNCIL

**ANNUAL REPORT**  
**2023/24**

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# Industrial Injuries Advisory Council

## Annual Report 2023/2024

### **Foreword**

IIAC has continued to hold regular Council and Research Working Group meetings this year and in addition held a public meeting in Cardiff with members of the Council and the public attending in person and others joining the meeting online. Short talks on several topics which IIAC has been considering this year were given by IIAC members which lead to interesting and lively discussions.

This year the Council has continued its evaluation of the impact of COVID-19 on several occupations, particularly the transport and education sectors. This has resulted in the preparation of a command paper which is expected to be published in autumn 2024. The risk of SARS-CoV-2 infection among education workers was found to vary between studies and time of study and that there was no evidence of any marked increase in death rates. IIAC thus concluded that the overall evidence did not meet IIAC's requirement for prescription for these workers. Although evidence relating to SARS-CoV-2 infection in transport workers was sparse, the mortality data consistently showed increased risks, particularly for public-facing transport workers such as coach/bus and taxi/cab drivers. IIAC therefore recommends prescription for transport workers who have been working in proximity to the general public and develop one or more of five serious pathological complications following COVID-19.

Another command paper reports revision of an older prescription, pneumoconiosis, with the aim of ensuring that it is clearer and more accessible to both claimants and administrators. In addition, the revision now allows the inclusion of a wider and more up-to-date range of relevant exposure scenarios. The Commissioned Review of occupation and COPD, lung cancer and other respiratory diseases which began last year has produced some important and detailed reports, including on silica, cleaning, and agriculture in relation to COPD and on silica and lung cancer. These are expected to form the basis of further evaluations by the Council. The Council has also now commissioned a scoping review on the important issue of women's occupation and ill-health, a topic which has not been specifically addressed before. Another area of evaluation underway by IIAC concerns neurodegenerative disease and sport. A preliminary review of the literature suggested that the evidence of an association was strongest for amyotrophic lateral sclerosis (ALS) and the Council has been carrying out an in-depth review of this topic.

I would like to thank all the Council members for the considerable amount of work they have carried out this year. In addition, IIAC has benefited from input from the HSE, MOD and other observers who attend our meetings. I would particularly like to thank 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 a lawyer. Membership of the Council during 2023/24 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. However, the Council has recently obtained annual funding from the DWP to commission reviews on specific topics and provide support for other IAC work such as the preparation of IAC reports, for example command papers. 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 2023/2024

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

- Review and update of the prescription for prescribed disease PD D1, pneumoconiosis, published November 2023.
- Occupational impacts of COVID-19 in transport and education workers, due to be published in autumn 2024
- Some of these are described below in the section on work undertaken in 2023/24

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

No position papers were published 2023/2024.

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

No information notes were published 2023/24

### 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. There were no regulations put to the Council for consideration in 2023/2024.

### Internal DWP Review of the Industrial Injuries Advisory Council 2023

The Department for Work and Pensions (DWP) completed an [internal review of the Industrial Injuries Advisory Council](#) in 2023 as part of the Government's Public Bodies Review Programme. This included a Self-Assessment and a small number of interviews with key officials and Council members.

The feedback DWP received during the review was overwhelmingly positive and the Department expressed its thanks to the Chair and Council members for their enthusiasm, dedication and commitment to their roles. The findings and recommendations set out in the review are intended to enhance and support the effective organisational arrangements already in place. There was no indication a full independent review was required at that stage.

The review made seven, relatively small, recommendations. These were set out in the report with brief paragraph giving the context behind each recommendation. The vast majority of the recommendations have been implemented or are close to being completed.

### Stakeholder Engagement

The Council held a hybrid public meeting on 6 July 2023 in Cardiff and online.

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<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> 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.

Proceedings of the event were [published](#) in November 2023.

Topics discussed included:

- COVID-19 and occupation.
- Vibration related disorders within the scheme.
- IIAC commissioned review into respiratory diseases.
- IIAC's proposed revision of PD D1 (Pneumoconiosis, silicosis, asbestosis).
- Neurodegenerative diseases in professional sportspeople.

There are several projects underway which will aim to raise the profile of the Council and to raise awareness of its work.

### **Appointments**

Dr Chris Stenton, Professor John Cherrie and Professor Max Henderson were reappointed to the Industrial Injuries Advisory Council from 1 November 2023.

Professor Raymond Agius stepped down from the Council in April 2024.

### **IIAC Meetings**

Meetings of the full Council and its RWG have taken place using a hybrid approach where some members have attended in person with others joining the meetings online, facilitated by the secretariat.

## **Summary of work undertaken in 2023/2024**

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 once again taken up by evaluation of the occupational impact of COVID-19.

### **COVID-19 and occupation – ongoing monitoring of the emerging data for other occupations.**

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.

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. Two papers have been published: an interim Position Paper (COVID-19 and occupation: IIAC position paper 48) published in February 2021 based on information available in 2020; a Command Paper published in November 2022 which recommended prescription for Health and Social Care Workers of five serious pathological complications following COVID-19 that have been shown to cause persistent impairment and loss of function in some people (COVID-19 and Occupational Impacts - GOV.UK). Although associations between several other occupations and death and infection related to COVID-19 were also found, the evidence available at that time for any increased risk was much weaker, with inconsistent results over different time periods.

Since the publication of the 2022 Command paper, more evidence has become available for transport workers and those working in the education sector. The majority of the data for the education sector relates to schools and colleges and there is very little information for work in the early years sector such as nursery schools and childminding. There is no evidence of any marked increase in death rates in workers in the education sector associated with SARS-CoV-2 infection. The risk of SARS-CoV-2 infection among education workers in schools varies depending on when and where the studies were carried out but there are a few results where the confidence intervals around risk estimates extend to doubled. Thus, taking the infection and mortality data as a whole, IAC is unable to conclude that there is sufficient evidence to recommend prescription.

There is limited evidence relating to SARS-CoV-2 infection in transport workers especially in the early stages of the pandemic and in subgroups of transport workers. However, the mortality data for the transport sector relating to COVID-19 consistently shows increased risks, particularly for public-facing transport workers such as coach/bus and taxi/cab (including private hire) drivers. IAC considers that mention of COVID-19 on death certificates gives a good indication of the occurrence of infection. From the mortality data, IAC takes the view that the risks of infection are likely to be more than doubled in transport workers who have been working in proximity to the general public. Based on the available scientific evidence, IAC therefore is proposing to recommend prescription of the same five serious pathological complications (as observed for health and social care workers) following COVID-19 which have been shown to cause persistent impairment and loss of function in some people.

The Council recognises that there are other occupational sectors where COVID-19 infection may be acquired in work settings. However, the evidence for an increased risk is weaker with inconsistent results over different time periods. The Council has concluded, therefore, that at this stage the evidence is of insufficient quantity and quality to recommend prescription for these occupations.

### **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.



The Council appointed the Institute of Occupational Medicine (IOM) to carry out the review and work has progressed.

Following discussions with the Council, 6 priority exposure/disease combinations were agreed for further consideration:

- Silica & COPD
- Silica & lung cancer
- Cleaners & nurses and COPD
- Farming/pesticide spraying & COPD
- Hexavalent chromium and lung cancer
- Asbestos and lung cancer.

This review is now largely complete so the Council will consider the outcomes and develop a strategy for translating these into recommendations or advice for the industrial injuries scheme.

### **Neurodegenerative brain disease in professional sportspeople**

There has been considerable public debate regarding neurodegenerative diseases in sportspersons and requests to consider this have been made to IIAC on behalf of professional footballers and others. IIAC last considered the issue in 2016 and noted *“the evidence in relation to dementia and Parkinson’s disease is sparse and insufficient to support prescription. More evidence exists for an increased risk of ALS [but] given the various limitations in the evidence base, the Council is unable to recommend prescription.”*

Since the time of the last IIAC information note in 2016, a number of additional papers have been published and there have been several systematic reviews and meta-analyses dealing with amyotrophic lateral sclerosis (ALS) and other neurodegenerative diseases. IIAC has received representations from the Professional Footballers Association, met with experts on neurodegenerative disease in sportspersons, reviewed a number of press reports, and noted Parliamentary discussions on the topic.

A preliminary review of the updated literature on neurodegenerative disease and sport reinforced IIAC’s earlier view that the evidence of an association was strongest for ALS and the Council therefore undertook an in-depth review of that topic. Following a review of NDD in rugby players, this also prompted the Council to expand the investigation to include other sports.

This is particularly complex topic to investigate as it is not always possible to determine the exposure. Also, published literature often refers to neurodegenerative disease, whereas in reality there are different disease conditions with differing morphology. There is clear evidence that both genetic and lifestyle/environmental factors are important in the development of ALS. The two that are most likely to be relevant to professional sportspersons are exercise and head trauma. Professional sportspersons are likely to exercise more vigorously and in some sports are at high risk of head trauma and so might be at greater risk than amateur sportspersons. Following an extensive review of the literature, the Council is currently evaluating the evidence to establish if it is sufficiently robust to recommend prescription.

## Other work carried out in 2023/2024

### Cancer in firefighters

The Fire Brigades Union (FBU) contacted the Council following the publication of a study in Scottish firefighters which indicated higher than expected risks of cancers. Members of the Council evaluated the methodology used in the paper to determine the risks in firefighters and corresponded with the author about certain points. There has been a recent thorough review of the literature, including epidemiological studies, and the toxicological and mechanistic evidence by the International Agency for Research on Cancer (IARC). IARC classified firefighting as a definite human carcinogen. However, overall, the risk estimates for the various cancer sites in the IARC report are less than double. IAC noted that, although the level of risk identified in the Scottish study was much higher than those found in most other studies, this one study would not substantially reduce the overall risk values. It is therefore unlikely that the Council will deviate from its comprehensive review published in [position paper 47 – firefighters and cancer](#) but will keep a watching brief on emerging evidence.

### Women's occupational health

Discussions were held to establish the priorities for the ongoing programme of work. A major question considered was women's occupational health, which has never been specifically considered by the Council as a stand-alone topic. It was suggested to give priority first to non-malignant diseases in women including relevant reproductive conditions occurring due to occupational circumstances.

In order to understand the topic better, it was decided that a scoping review should be carried out and a short paper summarising the proposed approach was circulated to members. The IOM were appointed in April 2024 to carry out the work, which is likely to commence in the autumn of 2024.

IAC also discussed reviewing cancers in women. It was suggested, that due to a full work programme, breast cancer would not be considered at this stage due to its complexity and potential involvement of non-occupational causes. However, the relationship between asbestos and risk of ovarian cancer may be evaluated if time allows.

### Correspondence

- The Council received correspondence asking that the prescription for organophosphate poisoning (PD C3) be reviewed in relation to air quality in aircraft cabins. The Committee on Toxicity were consulted as it had also been looking at this topic. It was established that no new evidence had emerged and, as this topic was not on the work programme, it was decided that this topic would not be progressed.
- Stakeholders informed the Council that claimants who presented with progressive massive fibrosis (PMF) for claims to PD D1 (pneumoconiosis) were being turned down. PMF is a late-stage chronic pneumoconiosis form that is pathologically defined by clustering of silicotic nodules fused with connective tissue in silicosis and coal macules surrounded by fibrous tissue in coal workers pneumoconiosis. Consequently, the Council engaged with DWP to ask that guidance be changed to allow claims which specify PMF.
- The Council received correspondence from a stakeholder asking if the

prescription for unilateral or bilateral diffuse pleural thickening (PD D9) could be reviewed with respect to occupations. This is still being considered by the Council which will report on its views in due course.

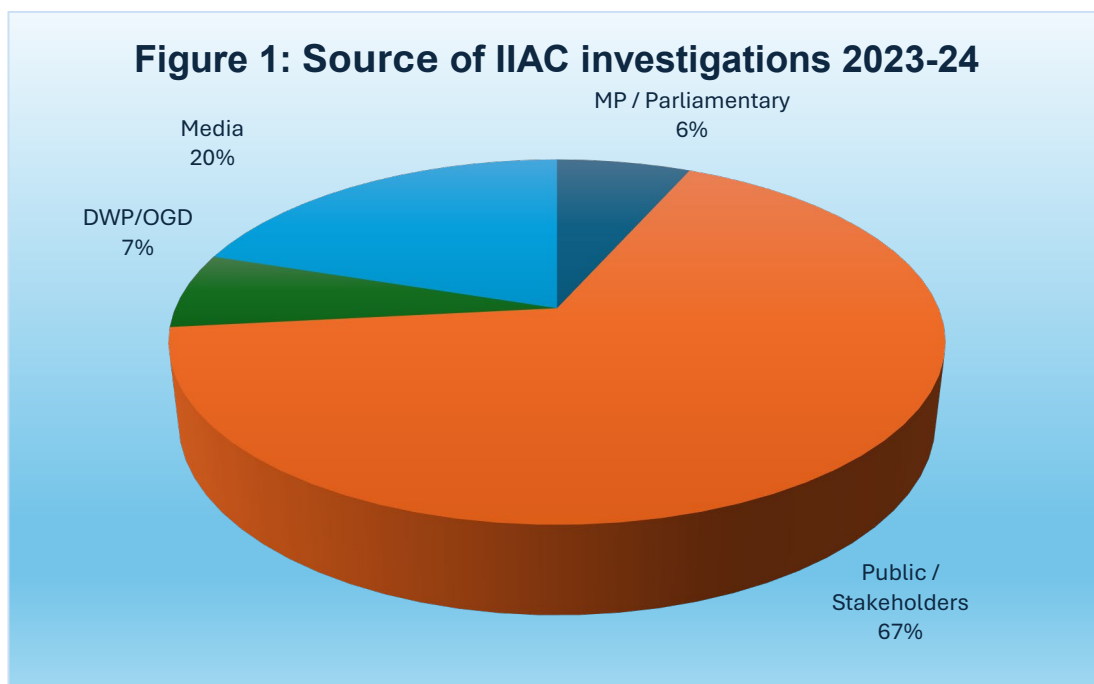
### Future Work of the Council

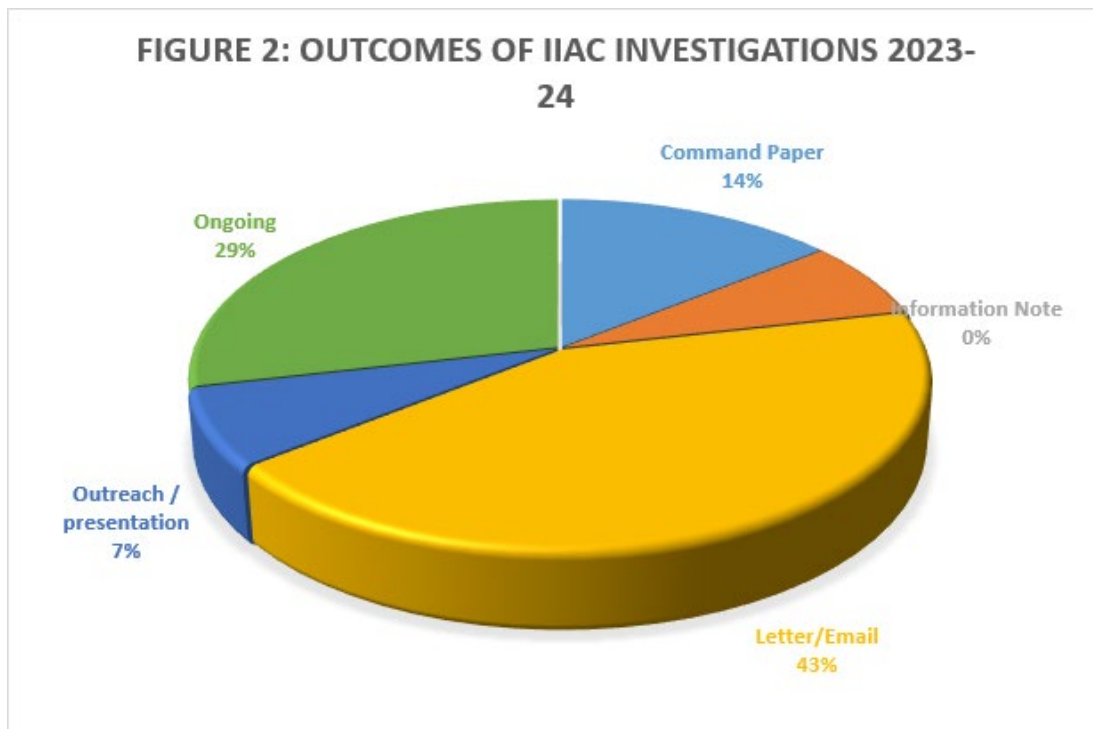
In addition to maintaining its reactive brief, the Council will continue with its horizon scanning of the recently published scientific research literature which will help inform its work programme for 2024/2025. In September 2023, it was announced that funding had been secured to assist the Council in its work and to provide additional scientific support. Discussions are ongoing to develop a network of suppliers whom the Council can call on to help progress its work.

### 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.





## Stakeholder Engagement

### Networking activities

There are several projects underway which will aim to raise the profile of the Council and to promote awareness of its work.

### External experts

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

### External engagement /Public meeting

A public meeting was held in Cardiff on 6 July 2023, where some stakeholders joined online.

Lesley Rushton provided the BBC World Service with advice on occupational ill health and exposure in the oil industry.

Lesley Rushton attended online a meeting of the Social Justice and Social Security Committee of the Scottish Parliament at which she described the nature of IIDB and the work of IIAC and answered many detailed questions from MPs.

### 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 will make 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 when required.

## **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 a register of members' interests is updated biannually, and both are published on [gov.uk/iiac](http://gov.uk/iiac).

## **Appointments and reappointments**

No new appointments were made during the 2023/24 period.

Dr Chris Stenton, Professor John Cherrie and Professor Max Henderson were reappointed to the Industrial Injuries Advisory Council from 1 November 2023 for a final five years.

Professor Raymond Agius's appointment came to an end following five years' service on 30 April 2024. Keith Corkan completed 10 years' service on 30 April 2023, the maximum term members may serve.

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**

*To note: An action from DWP's [internal review of the Industrial Injuries Advisory Council in 2023](#) was “to set up a Framework Agreement for IIAC to strengthen its governance, bringing it into line with DWP’s other NDPBs”. This is being prepared and will replace the terms of reference below. A copy of the document will be made available to members of the public on the IIAC website on Gov.uk and will apply from the date of signature and reviewed as required.*

### **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 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 2023/2024**

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

Appointed 1 April 2018, reappointed for a final 2 years from 1 April 2023

Independent scientist

Emeritus Reader in Occupational Epidemiology, Department of Epidemiology and Biostatistics, Imperial College London  
Member, UK Committee on Carcinogenicity  
Honorary Fellow, Faculty of Occupational Medicine

### **Professor Raymond Agius MD DM FRCP FRCPE FFOM**

Appointed on 1 May 2019 for five years, stepped down 30 April 2024.

Independent member with expertise in occupational and environmental medicine and epidemiology

Emeritus Professor of Occupational and Environmental Medicine, University of Manchester  
Member, Council of the British Medical Association, representing the Occupational Medicine 'Branch of Practice'  
Co-Chair of the Occupational Medicine Committee (OMC) of the BMA  
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, stepped down 31 October 2023

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, reappointed for a final 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

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

Appointed 1 September 2019, reappointed for a final five-year term

Independent member with legal expertise

Magistrate, Ministry of Justice  
Justice of the Peace, Family Panel  
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 Richard Heron MB ChB FRCP FFOM SFFMLM**

Appointed 3 January 2023 for a five-year term

Representative of employers

Independent Chief Medical Officer  
Managing Director, Heron Health Consulting Ltd.  
Honorary Professorial Fellow, International Business and Health, Department of Medicine, University of Nottingham  
Expert Advisor, NHSE/NHSI Health and wellbeing expert advisory group  
Co-chair, International Occupational Medicine Society Collaborative

**Dr Sally Hemming PhD BSc Sociology MICPD**

Appointed 3 January 2023 for a five-year term

Representative of employers

Health & Wellbeing Lead, EY, UKI  
Associate wellbeing services, JP Hemming Ltd

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

Appointed 1 November 2018, reappointed for a final five-year term

Independent member with expertise in psychiatry

Professor, Psychological Medicine & Occupational Psychiatry, University of Leeds  
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 Ian Lawson MB BS FFOM FRCP FRSPH**

Appointed 1 November 2018, reappointed for a final five year term

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 and 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

**Steve Mitchell LLB**

Appointed 3 January 2023 for a five-year term

Representative of employed earners

Deputy Head of Legal Services, Union of Shop, Distributive and Allied Workers

**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, reappointed for a final 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

**Dr Sharon Stevelink BSc PhD MSc**

Appointed 3 January 2023 for a five-year term

Independent member with expertise in epidemiology and psychological medicine

NIHR Advanced Fellow, Department of Psychological Medicine, King's College, London

Senior Lecturer in Epidemiology, Department of Psychological Medicine and King's Centre for Military Health Research, King's College, London  
Academic member of the Psychological Medicine PhD Sub-Committee, King's College, London  
Chair of the assessment sub-board for MSc in War & Psychiatry, King's College, London  
Associate editorial board member, BMC Psychiatry

**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, Occupational Respiratory Medicine, Institute of Applied Health Research, Birmingham University  
NHS consultant, Birmingham Chest Clinic  
Member, British Thoracic Society (BTS) Clinical Statement Group on occupational asthma  
Member, Group of Occupational Respiratory Disease Specialists (GORDS) UK

## 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 Charmian Moeller-Olsen	Disability Employment and Support Directorate
Ms Parisa Rezai-Tabrizi	Disability Employment and Support Directorate
Mr Lewis Dixon	Disability Employment and Support Directorate
Ms Georgina Wood	Disability Employment and Support Directorate
Mr Garyth Hawkins	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 was set at £15,000 per annum for up to 60 hours per year and was put in place from April 2018. This has now been reviewed and increased to £22,000 from 1 April 2024.

Fees for members attending IIAC meetings originally set in April 2007, were reviewed and increased from February 2024 as follows:

<b>Full Council meetings:</b>	IIAC member	£142
		£257
<b>Sub-Committee meetings:</b>	RWG Chair	£182
		£329
	RWG member	£142
		£257

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

The full Council met five times in 2023/24. This included an additional meeting towards the end of January 2024 to take forward the Council's continued review on the occupational impacts of COVID-19. Its RWG sub-committee met four times during the year.

Meetings continue to be conducted in a hybrid manner, with some members meeting in person and others remaining online. Expenses are only claimed by those attending in person.

A public meeting was held in July 2023, in Cardiff, the first face to face meeting since before the pandemic. It was a hybrid meeting where those that were unable to travel could attend online for some or all the meeting, this worked well.

An overview of expenditure for 2023/24 was as follows:

Professional fees	£31,962.00
Expenses	£6,111.73
Printing	£1,027.77
Public Meeting	£5,550.03
Research Material	£10.00
<b>Total</b>	<b>£44,661.53</b>

### Additional Funding

The Council's review of the relationship between occupational exposures and selected malignant and non-malignant respiratory diseases required additional funding. The secretariat secured funding from department budgets, and following a tender process, the Institute of Occupational Medicine (IOM) was appointed. Payments totaling £61,992 have been made to the IOM.