

FOREWORD

IIAC Annual Report 2004/5

The Industrial Injuries Advisory Council (IIAC) has had another productive year. We have completed three reports: Hand-Arm Vibration Syndrome, Asbestos-related diseases and a Commissioned Review of Chronic Bronchitis and Emphysema. We intend to complete our review of the prescribed diseases within the next reporting year as well as publishing our recommendations regarding Work-Related Upper Limb Disorders and Silica-related Renal Disease. We also undertook a request to consider the prescription of dementia in footballers. We have extended the review to consider sports injuries in general and our recommendations will be submitted at the end of 2005. Occupational Voice Loss and Whole Body Vibration have been added to our programme for review in the future.

In June we held a meeting at the Royal Society of Medicine, inviting experts from the UK and Europe to meet IIAC to give us their advice on Work Related Upper Limb Disorders. This enabled IIAC to hear the available evidence and to discuss this with the experts. The meeting greatly accelerated the evidence gathering process in what is a very complicated field, emphasising our wish both to minimise the time taken to obtain evidence and to publish our reports as quickly as possible.

We were pleased to welcome Minister of State (Work), Jane Kennedy, to our meeting in July. We were asked to respond to the Department for Work and Pensions (DWP) consultation document, 'Developing a Framework for Vocational Rehabilitation', which we discussed with the Minister, and presented our response to the DWP in September.

The Council held its third public meeting in Cardiff in March 2005. Until now they have been annual events, but we have arranged the fourth public meeting, to be in Newcastle in October. This is in response to a Ministerial request to increase the frequency of such meetings so as to raise the public awareness of IIAC. It is part of our engagement in the Government's initiative for openness.

We have continued liaison with the Health and Safety Commission (HSC) during the year, both organisations recognising the need for closer working relationships, especially in areas of shared interest. The Chairman of HSC attended an IIAC meeting in January 2005 and it is planned that I attend a meeting of the Commission in April 2005.

IIAC has been represented at DWP Diversity and Equality events over the past twelve months and recognises the issues and difficulties in promoting equal opportunities within Non-Departmental Public Bodies (NDPBs). IIAC is committed to the principles of fairness, openness and merit in appointing new members.

The quality of the work of the Council is made possible by the commitment of its members and of the Secretariat. I wish to take this opportunity to thank all the members of Council – in particular Keith Palmer, Chairman of IIAC Research Working Group (RWG) – who willingly undertake the often considerable amount of work needed both to ensure the scientific validity of our reports, and to bring them to completion. I also wish to thank the Secretariat, without whose commitment to our work we could not fulfil our role.

Professor Anthony Newman Taylor

Chairman

INTRODUCTION

The Industrial Injuries Advisory Council (IIAC) is a statutory body established under the National Insurance (Industrial Injuries) Act 1946, which came into effect on 5 July 1948. We provide independent advice to the Secretary of State for Work and Pensions on matters relating to the Industrial Injuries Disablement Benefit (IIDB) Scheme.

THE COUNCIL'S REMIT

The statutory provisions governing the Council's work are set out in Section 171 of the Social Security Administration Act 1992. We have three roles:

- To advise on the prescription of diseases.
- To advise on matters referred to us by the Secretary of State. Draft regulations or proposals concerning the IIDB scheme must be referred to the Council for consideration and advice, unless they are exempted by law from such reference.
- To advise on any other matter relating to the IIDB Scheme or its administration.

IIAC is non-departmental public body and we have no power or authority to become involved in individual cases or in the decision-making process.

COMPOSITION OF THE COUNCIL

IIAC usually has sixteen members, including the chairman, although there is no statutory figure. Its membership consists of medical specialists, epidemiologists, occupational psychologist, legal experts and representatives of employees and employers.

Legislation requires an equal number of representatives of employees and employers (Social Security Administration Act 1992, Schedule 6, Industrial Injuries Advisory Council 1.2 states: "The members other than the Chairman shall include an equal number of persons appointed by the Secretary of State, after consultation with such organisations as he thinks fit, to represent employers and employed earners respectively"). There are currently four of each.

CONDITIONS FOR PRESCRIBING DISEASES

The conditions which must be satisfied before a disease may be prescribed in relation to any employed earners are set out in section 108(2) of the Contributions and Benefits Act 1992. This requires that the Secretary of State for Work and Pensions should be satisfied that the disease:

- (a) ought to be treated, having regard to its causes and incidence and any other relevant considerations, as a risk of occupations and not as a risk common to all persons; and
- (b) is such that, in the absence of special circumstances, the attribution of particular cases to the nature of the employment can be established or presumed with reasonable certainty.

In other words, a disease can only be prescribed if the risk to workers in a certain occupation is substantially greater than the risk to the general population and the link between the disease and the occupation can be established in each individual case or presumed with reasonable certainty.

In diseases which occur in the general population (e.g. chronic bronchitis and emphysema) there may be no difference in the pathology or clinical features to distinguish an occupational from a non-occupational cause. In these circumstances, in order to recommend prescription, IIAC looks for consistent evidence that the risk of developing the disease is more than doubled in a given occupation.

RESEARCH

The Government and IIAC rely on research carried out independently and published in the medical and scientific literature. IIAC does not have a research budget to fund scientific studies although it can bid for research funds from the DWP. When IIAC decides to investigate a particular area its usual practice is to ask other bodies and interested parties to submit any relevant research in that field. IIAC has a scientific sub-committee, the RWG, which meets independently of the full Council, and the Secretariat has facilities to research and monitor the scientific literature in order to keep IIAC up to date with developments in relevant research.

PROGRAMME OF WORK 2004/5

Review of asbestos-related diseases

We completed our review of the asbestos-related diseases in January 2005. We reviewed the prescribed diseases asbestosis, mesothelioma, asbestos-related lung cancer and diffuse pleural thickening and considered prescription for pleural plaques.

We recommended that the diagnosis of asbestosis should be based on clinical evidence of interstitial pulmonary fibrosis. Clarification was given that the presence of asbestos fibres or bodies could be used to substantiate a diagnosis of asbestosis, but their absence should not be used to exclude a diagnosis.

One of the main changes we have recommended was asbestos-related lung cancer should be prescribed in certain occupations in the absence of asbestosis. The occupational coverage for Prescribed Disease (PD) D8 in the presence of asbestosis is to remain unchanged. In lung cancer in the absence of asbestosis, we have recommended prescription of lung cancer in occupations which have substantial asbestos exposure, such as asbestos textile manufacturers and asbestos insulation workers. Because the evidence we received indicated that diffuse pleural thickening is not a sufficiently discriminating indicator of substantial asbestos exposure, we recommended that diffuse pleural thickening be removed from the terms of prescription for PD D8.

In PD D9 we recommended changes to the terms of prescription for diffuse pleural thickening, such that diagnosis of the prescribed disease will require involvement of the costophrenic angle.

There was a lack of evidence of associated disability to justify adding pleural plaques to the list of prescribed diseases. We provided guidance about the use of computed tomography scans. We recommended that the Department consider a review to address the inequity of payments within the IIDB Scheme in relation to the terminally ill.

Review of occupational coverage for chronic bronchitis and emphysema

Following discussions with representatives of the public at the IAC Public Meeting in March 2003, IAC decided to commission a review of the occupational coverage for chronic bronchitis and emphysema.

This review was undertaken by the Institute of Environmental Health at the University of Leicester, and was completed in January 2005. This review specifically considered prescription for surface coal workers and other non-mining occupations, but excluded silica and quartz workers. A number of occupations were highlighted as at risk from chronic bronchitis and emphysema, and these will be considered for prescription in an IAC review in 2005.

The commissioned review was published on the IAC website in February 2005 and the consultation period will last until April. Comments received will be considered in IAC's review of occupational coverage for chronic bronchitis and emphysema, which we anticipate will be published at the beginning of 2006.

Review of Work-Related Upper Limb Disorders

We held an Expert Meeting on Work-Related Upper Limb Disorders (WRULD) in June 2004. This meeting brought together experts from the UK and Europe to discuss the complex issues of attribution, diagnosis and exposure for WRULD. This was a very interesting and lively meeting, which helped focus our review to specific areas of concern. We have chosen to review the WRULD which are already prescribed, and those highlighted as likely candidates for prescription by the participants at the Expert Meeting – lateral and medial epicondylitis of the elbow, tenosynovitis, carpal tunnel syndrome and beat hand.

We have commissioned the Medical Research Council Environmental Epidemiology Unit at the University of Southampton to assist us in the analysis of the research literature. Publication of our report is anticipated in Summer 2005.

Review of Hand-Arm Vibration Syndrome

We published our review of Hand-Arm Vibration Syndrome (HAVS) in July 2004. We recommended that the terms of prescription for PD A11 be extended to recognise that exposure to Hand-Transmitted Vibration can cause sensorineural damage. Following extensive review of the available scientific evidence, we recommended standardised tests to confirm the diagnosis of sensorineural HAVS. The application of these tests was recommended only in those with a history of sensorineural symptoms.

We also recommended changes to improve the clarity of the terms of prescription for the vascular symptoms of HAVS, otherwise known as Vibration White Finger.

Review of silica-related renal and connective tissue diseases

We have considered representations that silica-related renal disease be added to the list of prescribed diseases. The RWG has undertaken literature reviews and consulted with a variety of experts from the fields of renal medicine, toxicology and epidemiology.

Because of evidence of increased risk of scleroderma, sclerosis, systemic lupus erythemosa and rheumatoid arthritis in certain occupational groups we have also extended our review to include silica-related connective tissue diseases.

It is anticipated our report will be published in Summer 2005.

Review of sports injuries

Following representations to consider prescription for dementia in soccer players due to heading footballs we have commenced a review of sports injuries. The RWG has conducted literature reviews and consulted a variety of experts. The RWG has focused on specific sports injuries based on which disorders are most likely to be candidates for prescription or for consideration under the accident provisions, namely dementia in footballers and boxers and osteoarthritis of the hip and knee in footballers.

We anticipate this review will be completed by Winter 2005.

PD C24b

It was brought to our attention that several claims for PD C24b (acro-osteolysis due to exposure to vinyl chloride monomer) have come before Appeal Tribunals and the Commissioners. The query during these appeals was whether acro-osteolysis, Raynaud's phenomenon and scleroderma must occur together or whether these diseases can occur independently in workers exposed to vinyl chloride monomer.

We undertook a review of the relevant scientific and medical literature which included new evidence published since the Council's last review in 2002 and the evidence on which the current prescription was based. We have concluded that in the light of current evidence acro-osteolysis, Raynaud's phenomenon and scleroderma can occur independently in vinyl chloride monomer-exposed workers.

We have advised the Department of the findings of our latest review.

IIAC Work programme

We have placed the following items on the IIAC work programme for imminent review.

Occupational voice loss

We have received representations that IIAC should consider vocal dystonia in teachers in a future review.

We have undertaken a literature review and have decided to review the subject of occupational voice loss.

Whole Body Vibration and Cervical Spondylosis

We received requests to consider cervical spondylosis for prescription. This will be considered as part of a review of whole body vibration at a future date. The RWG has undertaken a preliminary literature review of this subject.

OPEN GOVERNMENT INITIATIVES

- We remain keen to work within the principles of open Government and will adopt as far as practicable any initiatives in this area.
- IIAC will continue to operate within the guidance from the Cabinet Office, Office of the Commissioner for Public Appointments (OCPA) and the Office of Science and Technology.
- We will publish all relevant information on our website.
- Appointments, re-appointments and other membership details will be made public.
- Appointments and re-appointments will be made in line with the Code of Practice of Office of the Commissioner for Public Appointments.
- IIAC complies with the requirements of the Freedom of Information Act 2000. Its publication scheme can be found on its website.
- IIAC is committed to Diversity and Equality.

EXPENDITURE

- a) The budget for IIAC in 2004/5 was £95,341.
- b) Meetings normally take place in London.
- c) Daily fees, in accordance with general DWP rates were set from April 2004 as follows:

Full Council meetings:	IIAC Chairman	£246
	IIAC member	£133
Sub Committee meetings:	RWG Chairman	£170
	RWG member	£133

- d) Travel expenses are also payable in accordance with DWP Headquarters rates and conditions.
- e) IIAC met four times in 2004/5. IIAC's sub-committee, the RWG, also met four times in the year.
- f) Members also attended the third IIAC Public Meeting in Cardiff in March 2004 and an Expert Meeting in June 2004.

THE INDUSTRIAL INJURIES ADVISORY COUNCIL SECRETARIAT

We have a full-time secretariat dedicated to our requirements. It consists of a Medical and Scientific Secretary, Scientific Advisor and three administrative staff.

Members of the Secretariat:

Dr Paul Stidolph	Medical and Scientific Secretary
Dr Marianne Shelton	Scientific Advisor
Mr Neil Davidson	Administrative Secretary
Mr Peter Cullen-Voss	Assistant Administrative Secretary
Mrs Zarina Hajee	Administrative Officer

Contact:

The Industrial Injuries Advisory Council
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1-11 John Adam Street,
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WC2N 6BT
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THE DEPARTMENT OF WORK AND PENSIONS (DWP) AND THE HEALTH AND SAFETY EXECUTIVE (HSE)

Departmental Officials attend all IIAC meetings. They give advice and guidance to IIAC on policy and scientific matters and implementation of the IIDB scheme.

Dr Susan Reed	Corporate Medical Group
Dr Anne Braidwood	Corporate Medical Group
Dr Peter Wright	Corporate Medical Group (for respiratory diseases)
Mr Rob Ward	Industrial Injuries Unit
Dr John Osman	HSE (Corporate Science and Analytical Services Directorate)

MEMBERSHIP

Under the Social Security Administration Act 1992 (Schedule 6) the Secretary of State appoints a Chairman and such other number of members as he may determine.

Members shall include an equal number of persons to represent employers and employed earners.

Members of IIAC are not salaried. For each meeting they attend they receive a fee, travelling expenses and subsistence.

IIAC members, excluding the Chairman, receive less than £5,000 a year in fees (excluding travel, subsistence and other expenses such as child care or loss of earnings) and the Council receives less than £10 million per annum in government funding so IIAC is a lower tier body under OCPA Code of Practice.

During 2004/5 three new appointments to IIAC were made by the Secretary of State for Work and Pensions.

The new appointments were:

- Ms Claire Sullivan
- Mr Andrew Turner
- Mr James Preston-Hood

Members of the Council in 2004/5 were:



1. **Professor Anthony Newman Taylor CBE**
Chairman IIAC.
Reappointed 19/07/2002.
Head of Occupational & Environmental Medicine, Imperial College School of Medicine at National Heart and Lung Institute.
Consultant Physician, Acting Chief Executive, Medical Director, and Director of Research, Royal Brompton and Harefield NHS Trust.
- Civilian Consultant in chest medicine to the Royal Air Force.
Adviser in asthma and allergy to Proctor and Gamble (primarily related to advice on allergy to enzymes).
Chairman of CODA, the heart charity.
Member of the Board of Governors Royal Brompton and Harefield NHS Trust.
Member of the Board for the Capper Pass Claims Review Scheme.
Trustee: The Colt Foundation.
Medical Vice Chairman London NW ACCEA Committee.



2. **Dr Keith Palmer**
Chairman of the Research Working Group.
Reappointed 01/10/2004.
Consultant Medical Research Council,
Environmental Epidemiology Unit, University of Southampton.
- Member of Faculty of Medicine Working Party on Evidence Based Review HAVS.
HSC Occupational Health Advisory Committee.
BMJ Publishing Group-Editor-in-Chief, Occupational and Environmental Medicine.



3. **Dr Anne Cockcroft**
Reappointed 01/10/2004.
Visiting Professor for the Department of Public Health Sciences, St George's Hospital Medical School.
- Consultant – Imerys Ltd (Previously English China Clay) advice on dust-related lung diseases.
Director – CIETeurope (community research in developing countries).



4. **Dr Mark Britton**
Appointed 01/05/2003.
Consultant Physician with an interest in Respiratory Medicine, Ashford and St Peter's Hospitals NHS Trust.
Honorary Senior Lecturer St George's Hospital, London.
Honorary Senior Lecturer Imperial College, London.
- Member of Medical Panel (Coal Miners) Department of Trade and Industry.
Chairman of the British Lung Foundation.
Appointed Doctor – Employment Medical Advisory Service.



5. **Dr Anne Spurgeon**
Appointed 01/03/2004.
Senior Lecturer in Occupational Health Psychology, Institute of Occupational and Environmental Medicine, University Birmingham.
- Member of the Medical and Scientific Panel of the Veterinary Products Committee of the Veterinary Medicines Directorate.
Independent Expert on the Government Working Group on Standard setting for hydrocarbons.
Independent Expert on the EU Working group on Methodology for the derivation of exposure limits. Independent Expert on the Research review panel of VMD.
Member of the Health and Safety Executive WATCH Committee.

6. **Dr Ian Brown**
(Term of office ended 30/09/2004).
Director of Occupational Health and Safety Service.
Consultant Physician in Occupational Medicine and Toxicology to Southampton University Hospitals NHS Trust.
- Advisory Committee on Animal Feeding stuffs.
Chairman of the Pesticide Residues Committee – DEFRA.
Advisory Committee on Toxic Substances – HSE.



7. **Mrs Diana Kloss**
 Appointed 01/05/2003.
 Barrister and part-time Chairman, Employment Tribunals.

Member of the Expert Advisory Group on Aids.
 Member of the U.K. Panel for Healthcare Workers with Bloodborne Viruses.
 Member of the CJD Incidents Committee.
 Independent Arbitrator for ACAS.
 School Governor – Manchester High School for Girls.
 Honorary Senior Lecturer in Occupational Health Law, Faculty of Medicine, University of Manchester.



8. **Mr Simon Levene**
 Appointed 01/05/2003.
 Lawyer.

Committee Member Professional Negligence Bar Association.
 Committee Member Personal Injury Bar Association.
 Committee Member Ogden Committee.



9. **Mr Hugh Robertson**
 Reappointed 12/05/2002.
 Representative of employed earners.
 Senior Policy Officer at the TUC.
 Commissioner – Health and Safety Commission.



10. **Ms Jenny Thurston**
 Reappointed 01/10/2004.
 Representative of employed earners.
 Deputy General Secretary for Prospect.

Elected member to the TUC General Council and Executive Committee.
 Elected member to the European Public Services Union.
 Member of the TUC's Women's Committee.



11. **Ms Claire Sullivan**
 Appointed 01/12/2004.
 Representative of employed earners.
 National Health and Safety Officer-Chartered Society of Physiotherapy.

Member of the Health and Services Advisory Committee (HSC).
 Member of the Occupational Health and Advisory Committee (HSC).
 Member of the Board 'Worker Safety Advisor Challenge Fund'.



12. **Mr Andrew Turner**
 Appointed 01/12/2004.
 Representative of employed earners.
 Occupational Health Advisor – Sheffield Occupational Health Advisory Service.

Branch Secretary-Union of Construction, Allied Trades and Technicians.
 Occupational Health Advisor-Upperthorpe Healthy Living Centre.
 Member-Upperthorpe Strategic Advisory Board.

13. **Mr Gordon Ifill**
 (Term of office ended 07/11/2004).
 Representative of employed earners.
 AMICUS Legal Department.

GMB Union: Member of National Joint Committee.



14. **Dr Lucille Wright**
 Reappointed 01/10/2004.
 Representative of employers.
 Regional Medical Advisor for BP.



15. **Dr Ian Lawson**
Appointed 30/10/2002.
Representative of employers.
Chief Medical Officer for Rolls Royce.

Occupational Advisory Group – Engineering Employers Federation.
Independent Medical Advisory Group on Hand Arm Vibration Syndrome (HAVS) – DTI.
Member of Faculty of Medicine Working Party on Evidence Based Review HAVS.



16. **Mr Mark Platt**
Appointed 30/10/2002.
Representative of employers.
Senior Policy Advisor – CBI.



17. **Mr James-Preston-Hood**
Appointed 01/12/2004.
Representative of employers.
Group Health and Safety Consultant – Grosvenor Group LTD.
Board Member – Construction Clients Group (CCG).

18. **Dr Derek White**
(Term of office ended 10/05/2004).
Representative of employers.
Chief Medical Officer, British Telecommunications plc.

Members who left the Council in 2004/5 were:

1. Dr Ian Brown
2. Mr Gordon Ifill
3. Dr Derek White

Appendix

HISTORY OF THE COUNCIL

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, arsenic, 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 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.

The Industrial Injuries Advisory Council 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 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 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 Industrial Injuries Advisory Council.

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 scheme or its administration.

