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THE INDUSTRIAL INJURIES ADVISORY COUNCIL

ANNUAL REPORT

2005/6

www.iiac.org.uk

FOREWORD

IIAC Annual Report 2005/6

2005/6 has been another productive year for IIAC. We have published two Command Papers: on Asbestos-related Prescribed Diseases and on Vinyl Chloride Monomers. Both were part of our review of the list of Prescribed Diseases. We have also published three Position Papers: on Sports Injuries, on Silica-related Diseases and on Occupational Voice Loss.

We have held two Public Meetings during the year: the first in Newcastle during October 2005, the second in Canterbury during March 2006. These were the fourth and fifth in our series of public meetings which are intended to cover all the countries and regions of the United Kingdom.

We were pleased to welcome Margaret Hodge MP, Minister of State (Employment and Welfare Reform) to our meeting in June 2005.

IIAC usually holds four meetings of the full Council and four meetings of its Research Working Group (RWG) each year. In addition, the full Council attended the RWG meeting on 9 February 2006 in order to discuss reform of the Industrial Injuries Disablement Benefit scheme.

We commissioned two literature reviews from experts: on Work-related Upper Limb Disorders and on Silica-related Chronic Obstructive Pulmonary Disease (COPD). Such expert reviews, which we place for a three-month consultation period on our website, provide the Council with an evaluation of the current published research in a specialised field, allowing a more rapid analysis of the evidence by the Council relevant to prescription. The Chairman, with some members of the Council, met experts between regular meetings to discuss their and others' research and to inform the RWG of the discussion. This practice has considerably speeded our ability to gather information. We have also been able to persuade the experts to re-analyse their findings, to seek additional information relevant to our consideration of prescription. I am very grateful for the cooperation of these distinguished experts, which has considerably helped our work.

I wish to take this opportunity to thank the members of the Council for their commitment and contribution to our work. In addition to attending the meetings of the Council, and for many also the RWG, they give their time between meetings to develop our draft reports and scrutinise secondary legislation in draft. I would especially like to thank Dr Keith Palmer for his leadership of the RWG, the engine room of the Council.

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. IIAC provides 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. IIAC has three roles:

- To advise on the prescription of diseases.
- To advise on matters referred by the Secretary of State. Draft regulations or proposals concerning the Industrial Injuries Disablement Benefit 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 Industrial Injuries Disablement Benefit or its administration.

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

COMPOSITION OF THE COUNCIL

IIAC usually consists of sixteen members, including the Chairman, although there is no statutory figure. It is a tripartite body with independent members, representatives of employees and representatives of employers. The independent members include doctors, scientists and barristers.

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").

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:

- i.** 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
- ii.** 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 are common 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 usually looks for evidence from more than one independent report that the risk of developing the disease is more than doubled in a given occupational group.

RESEARCH

The government and IIAC rely on research carried out independently which is published in the learned medical and scientific literature. IIAC does not have a research budget to fund scientific studies although it can bid for research funds from the Department for Work and Pensions (DWP) to commission reviews of the literature by academic experts. 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 committee, the Research Working Group (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 updated with developments in scientific research which are directly relevant to the Council's work programme.

PROGRAMME OF WORK 2005/6

Completion of the review of the list of prescribed diseases

We began our review of the entire scheduled list of over 70 prescribed diseases in February 1997. The terms of reference for the review were to examine the diseases currently prescribed in the Social Security (Industrial Injuries) (Prescribed Diseases) Regulations 1985 and to confirm that the statutory requirements for prescription continue to be satisfied in respect of each of the diseases considered. In particular, we have considered the necessary amendments required to the wording, layout and grouping of the diseases prescribed to ensure they reflect current scientific knowledge and clearly express our intention.

Since 2003 we have published 10 scientific reports reflecting our commitment, not only to review the current list of prescribed diseases, but also to recommending, where there is scientific evidence to support this, widening the terms of prescription for other diseases and occupations. These reports can be found in **Appendix A**.

We will publish our final report on the review of the prescribed diseases to mark the end of the process in 2006. The report will also include summaries of the recommendations of the Council from the reviews already published as Command Papers since 1997.

We will continue to monitor the scientific and medical evidence to ensure that the terms of prescription for these prescribed diseases remain appropriate and will continue to investigate new opportunities for prescription.

The report will be published in June 2006.

Review of the occupational coverage for chronic bronchitis and emphysema

We commissioned a scientific review of the occupational coverage for chronic bronchitis and emphysema in 2004/05 from the Institute of Environmental Health at the University of Leicester. The review analysed the evidence relating to the incidence of the disease in different occupations and highlighted some workforces that may be at increased risk of chronic bronchitis and emphysema. Subsequently, we have analysed the scientific evidence and consulted with a number of experts in relation to surface coal workers, textile workers, welders and grain workers. We have also commissioned two analyses of scientific data: one of coal dust exposures in surface coal workers from the Institute of Occupational Medicine in Edinburgh; the other of the incidence of chronic bronchitis and emphysema in cotton workers from the University of Manchester.

We intend to publish our review of the occupational coverage for chronic bronchitis and emphysema and the recommendations for prescription will be published in autumn 2006.

Review of work-related upper limb disorders

To address the large volume of scientific evidence available on this subject which includes a number of musculo-skeletal conditions common to several occupational groups and the general population, we convened a meeting of experts in the field in 2004. This meeting enabled us to focus our review on specific areas of concern. We have chosen to review the work-related upper limb disorders (WRULDs) which are already prescribed, and those highlighted as potential candidates for prescription by the participants at the expert meeting – lateral and medial epicondylitis of the elbow, tenosynovitis, carpal tunnel syndrome and beat hand. To this end we commissioned an independent review of these conditions by the Medical Research Council Environmental Epidemiology Unit at the University of Southampton to assist in the analysis of research literature in conjunction with IIAC.

We are now considering the commissioned review and expects to announce our recommendations on the prescription of the WRULDs in a report which we intend to published in June 2006.

Vinyl chloride monomer-related diseases

It was brought to our attention in 2004/05 that the prescription for one of the vinyl chloride monomer-related diseases, PD C24b (acro-osteolysis due to exposure to vinyl chloride monomer) was the subject of several appeals to the 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 those people who have been exposed to vinyl chloride monomer in the course of their employment.

We reviewed the scientific and medical literature which included further evidence published since the Council's last review in 2002 and the evidence on which the current prescription was based. We 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 published our report in November 2005, have advised the Department for Work and Pensions of the findings of our latest review so that it may make the appropriate amendments to the regulations.

Review of silica-related renal and connective tissue diseases

We were asked to consider representations that silica-related renal disease should be added to the list of prescribed diseases. The RWG undertook literature reviews and consulted with a number of experts from the fields of renal medicine, toxicology and epidemiology. The review was widened to include connective tissue disease because of further evidence about scleroderma, sclerosis, systemic lupus erythemosa and rheumatoid arthritis in those occupationally exposed to silica.

We considered the current evidence base although suggesting an association was not sufficient strength to recommend prescription for either renal disease or of connective tissue diseases in silica-exposed workers. However, this is an active area of research and the Council will continue to monitor emerging evidence.

The Position Paper was published in November 2005.

Review of sporting injuries

We have investigated and published a review of sporting injuries following representations to consider prescription for dementia in soccer players due to heading footballs. The RWG conducted literature reviews and consulted a number of independent academic experts. The review was subsequently widened to include consideration of injuries sustained by boxers and jockeys in the course of their employment.

We concluded that there is at present insufficient evidence to allow us to recommend prescription of dementia in jockeys, boxers or footballers. The Council found clear evidence that traumatic joint injury increases the later risk of osteoarthritis. Where osteoarthritis follows an identifiable accident a claim for benefit may be considered under the scheme's existing accident provisions. In contrast, in the absence of identifiable accidental injury, the evidence for an increased risk of osteoarthritis of the hip or knee in footballers is less clear, and we were not able to recommend prescription in these circumstances.

The Position Paper was published in November 2005.

Occupational voice loss

Following representations to consider prescription for occupational voice loss and vocal problems in the teaching profession and other occupations that may be at risk, we have conducted a review of the scientific evidence on the subject. The RWG undertook a broad literature review which included consideration of the data about teachers, singers, musicians and military staff.

We concluded that while occupational voice loss is of concern, there is insufficient evidence at present, on which to base a new prescription. This arises from the fact that voice loss and vocal problems may arise from non-occupational causes and that there is a lack of good quality epidemiological data of increased risk in these occupational groups. We consulted academic experts in the field to ensure that the conclusions made in the report are a fair reflection of the current scientific evidence. We recommend that further research into this subject would be of value and we intend keeping the matter under review.

The Position Paper was published in March 2006.

IIAC work programme

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

- i.** Industrial Injuries Disablement Benefit Reform
- ii.** Extrinsic Allergic Alveolitis

We received representations that IIAC should consider the terms of prescription for extrinsic allergic alveolitis. We have undertaken a literature review, consulted with independent experts and have decided to review the subject in 2006/07.

- iii.** Occupational Back Pain and Cervical Spondylosis

We received requests to consider occupational back pain and cervical spondylosis for prescription. We intend to commission an independent literature review of the available scientific evidence on this matter in 2006/07.

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.
- We will continue to operate within the codes of practice that reflect guidance from the Cabinet Office, the Office of the Commissioner for Public Appointments, 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 the Office of the Commissioner for Public Appointments.
- We comply with the requirements of the Freedom of Information Act 2000. Its publication scheme can be found on its website.
- We are committed to diversity and equality.

EXPENDITURE

- i. The budget for IIAC in 2005/6 was £92,681.
- ii. Daily fees were set from April 2005 as follows:

Full Council meetings:	IIAC Chairman	£253
	IIAC member	£137
Sub-committee meetings:	RWG Chairman	£175
	RWG member	£137
- iii. Travel expenses are also payable in accordance with DWP headquarters rates and conditions.
- iv. We met five times in 2005/6. Our sub-committee, the RWG, met four times in the year.
- v. Members also attended two Public Meetings, one in Newcastle in October 2005, the other in Canterbury in March 2006.

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 Advisors and three administrative staff.

Members of the Secretariat

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

Contact

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THE DEPARTMENT FOR WORK AND PENSIONS AND THE HEALTH AND SAFETY EXECUTIVE

Officials from the DWP and the Health and Safety Executive attend all IIAC meetings. They give advice and guidance to IIAC on policy matters and implementation of the IIDB Scheme.

From the DWP

Dr Susan Reed	Corporate Medical Group
Mr Malcolm Connell	Industrial Injuries Unit

From the HSE

Dr John Osman	Corporate Science and Analytical Services Division
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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, including 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 2005/6 two new appointments to IIAC were made by the Secretary of State for Work and Pensions. Mr Fergus Whitty joined on 8 April 2005 as a representative of employees and Professor Mansel Aylward was appointed on 20 June 2005 as an independent member. Both were appointed for three years.

MEMBERS OF THE COUNCIL IN 2005/6



1. Professor Anthony Newman Taylor CBE

Chairman since 19/07/1996.

Reappointed 19/07/2005 for one year.

Head of Department of Occupational & Environmental Medicine, Imperial College School of Medicine at National Heart and Lung Institute.

Consultant Physician and Director of Research, Royal Brompton and Harefield NHS Trust.

Civilian Consultant in chest medicine to the Royal Air Force.

Chairman of the charity CORDA, preventing heart disease and strokes.

Member of the Board for the Capper Pass Claims Review scheme.

Trustee: The Colt Foundation.

Member Health Honours Committee.

Medical Vice Chairman London NW Advisory Committee on Clinical Excellence Awards Committee.



2. Dr Keith Palmer

Reappointed 01/10/2004.

Consultant Medical Research Council.

Environmental Epidemiology Unit, University of Southampton.

Member of Faculty of Occupational 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 Veterinary Medicines Directorate.

Member of the Health and Safety Executive WATCH Committee.



6. Professor Mansel Aylward

Appointed 20/06/2005.

Director, UnumProvident Centre for Psychosocial and Disability Research, Cardiff University.

Chairman of Wales Centre for Health.

Chairman of the Standards Committee, Merthyr Tydfil County Borough Council.



7. Mrs Diana Kloss

Appointed 01/05/2003.

Barrister and part-time Chairman, Employment Tribunals.

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 12/05/2005.

Representative of employed earners.

Senior Policy Officer at the TUC.

Commissioner – Health and Safety Commission.

Member of the Board of the Faculty of Occupational Medicine.

Trustee of the British Occupational Health Research Foundation.



10. Ms Claire Sullivan

Appointed 01/12/04.

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'.



11. Mr Fergus Whitty

Appointed 8 April 2005.

Representative of employed earners.

Legal Director at the Transport and General Workers Union.



12. Mr Andrew Turner

Appointed 01/12/04.

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. Dr Lucille Wright

Reappointed 01/10/2004.

Representative of employers.

Regional Occupational Physician – Atos Origin.



14. Dr Ian Lawson

Reappointed 30/10/2005.

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) – Department of Trade and Industry.

Member of Faculty of Medicine Working Party on Evidence Based Review HAVS.



15. Mr Mark Platt

Term expired 30/10/2005.
Representative of employers.
Senior Policy Advisor – CBI.



16. 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).
Membership of the Construction Industry Advisory Committee –
Clients Representative.

Members who left the Council in 2005/6

Mr Mark Platt

APPENDIX A

List of reports published by IIAC since 1 November 2003

Conditions due to biological agents – November 2003 – Cm 5997

Osteoarthritis of the hip – November 2003 – Cm 5977

The neurobehavioural effects of chronic exposure to organic solvents – December 2003 (Position Paper)

Stress at work as a prescribed disease – March 2004 (Position Paper)

Hand-arm vibration syndrome – July 2004 – Cm 6098

Asbestos-related diseases – July 2005 – Cm 6553

Vinyl chloride monomer-related diseases – November 2005 – Cm 6645

Silica-related renal and connective tissue diseases – November 2005 (Position Paper)

Sporting injuries – November 2005 (Position Paper)

Occupational voice loss – March 2006 (Position Paper)

Command Papers are available from The Stationery Office.

Position Papers are available on request from the IIAC Secretariat.

APPENDIX B

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.

