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THE INDUSTRIAL INJURIES ADVISORY COUNCIL

# ANNUAL REPORT

## 2007/8

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

# Foreword

This year has marked a period of change for the Industrial Injuries Advisory Council (IIAC), with the start of my tenure as Chairman in January 2008, following the end of term for Professor Anthony Newman Taylor. I would like to thank Professor Newman Taylor on behalf of the Council for his dedicated and effective leadership over the past 12 years, and for his important contributions to IIAC, first as an IIAC member, and then as Chairman of the Research Working Group, since 1983. I am very pleased and privileged to be leading the Council forward in its remit of ensuring the Industrial Injuries Disablement Benefit (IIDB) remains a fair and efficient scheme for sick and injured workers.

Dr Anne Spurgeon has taken over the role of Chairman of the Council's permanent sub-committee, the Research Working Group. Dr Spurgeon has made many important contributions helping to progress the Council's scientific reviews since she joined IIAC and I welcome her appointment as Research Working Group Chairman.

The Council has had a highly productive year during 2007-2008, publishing five reports: two Command papers on 'Chronic Obstructive Pulmonary Disease – Chronic Bronchitis and Emphysema' and 'Nasopharyngeal cancer due to exposure to wood dust', two position papers on 'Back and neck disorders' and 'Pesticides and Parkinson's disease' and a commissioned review entitled 'An International Comparison of Occupational Disease and Injury Compensation Schemes'.

We were pleased to welcome Lord McKenzie of Luton, the Parliamentary Under-Secretary for the Lords, to our meeting in October 2007 to discuss the IIDB scheme and its reform. The Council has also had additional meetings with Ministers and Departmental officials during the past year and is continuing to work with the Department for Work and Pensions (DWP) in matters relating to reforms to the scheme. To inform our deliberations about IIDB scheme reforms, we have commissioned a report in conjunction with the Vocational Rehabilitation Task Force about the effectiveness of vocational rehabilitation and commissioned a data analysis into the effectiveness of workplace interventions in return to work for those with occupational respiratory disease, in addition to the publication of our review comparing the IIDB scheme with similar schemes internationally.

As usual, we held four full meetings of the Council and four meetings of the Research Working Group. We have a busy and interesting work programme which includes such broad topics as osteoarthritis of the knee in miners, relating to more traditional, historical exposures, through to 'popcorn worker's lung', affecting the modern day workforce and arising from a newly emerging chemical risk. We held a successful Public Meeting in Belfast in March 2007, and remain committed to the spirit of open government in holding further Public Meetings at locations across the country in the future.

In all, this has been a very busy and successful year, achieved during a period of change, and I would like to thank all the members of the Council and the Secretariat for their help and enthusiasm in accomplishing these goals.

Professor Keith Palmer  
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 in Great Britain and the Department for Social Development in Northern Ireland on matters relating to the Industrial Injuries Disablement Benefit (IIDB) Scheme. The history of the scheme is described in the Appendix.

## The Council's remit

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. We have three roles:

- To advise on the prescription of diseases.
- To advise on matters referred to us by the Secretary of State or the Department for Social Development. 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 IIDB 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 consists of sixteen members, including the Chairman, although there is no statutory figure. It is formed of independent members with relevant specialist skills, representatives of employees and representatives of employers. The independent members currently include doctors, scientists and lawyers.

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:

- (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 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 2007/8

## Key achievements in the 2007/8 programme of work

- Published two Command Papers on 'Chronic Obstructive Pulmonary Disease (COPD) – Chronic Bronchitis and Emphysema' (November 2007) and 'Nasopharyngeal cancer due to exposure to wood dust' (July 2007).
- Published two position papers on 'Pesticides and Parkinson's disease' (February 2008) and 'Back and neck pain' (July 2007).
- Published one Commissioned Review entitled 'An International Comparison of Occupational Disease and Injury Compensation Schemes' (April 2007).
- Involved in Departmental discussions on the reform of the IIDB scheme.
- Held a Public Meeting in Belfast in March 2007.

## Review of occupational coverage for Chronic Obstructive Pulmonary Disease

The Council's comprehensive review of occupational coverage for Chronic Obstructive Pulmonary Disease (Chronic Bronchitis and Emphysema), consisting of two commissioned reviews, two commissioned data analyses together with consultations with experts and a call for evidence, concluded with the publication of a Command paper (Cm. 7253) on 21 November 2007.

We recommended that the terms of prescription remain appropriate for chronic bronchitis and emphysema in underground coal workers employed for 20 years (PD D12), for byssinosis in cotton workers (PD D2) and emphysema in workers exposed to cadmium fumes (PD C13). Furthermore, we recommended extending the prescription for PD D12 to include exposure to coal dust in screen workers employed at the surface of a coal mine. To be eligible, we recommended workers should have been employed for the equivalent of 40 years and qualifying exposures should have occurred before 1983. The Council recognised that many workers will have spent some time both underground and in surface work and recommended that time spent underground could be aggregated with time spent at the surface as a screen worker, such that 2 years of surface work as a screen worker before 1983 was equivalent to 1 year underground in a coal mine.

The Secretary of State accepted the Council's recommendations and it is anticipated that Regulations will take effect in 2008.

## Popcorn worker's lung

In November 2007, Health and Safety Executive officials brought to the Council's attention emerging research literature about bronchiolitis obliterans. The term 'popcorn worker's lung' was coined to describe the disease as cases were first identified in workers in popcorn processing plants. Bronchiolitis obliterans is a rare and frequently severe respiratory disease where inflammation and fibrosis of the small airways leads to reduced lung function. We have undertaken a review of the literature and consultation with respiratory experts. We anticipate completion of this review by Summer 2008.

## **Back and neck disorders**

We commenced a review of back and neck pain in March 2006 following requests to consider the related topics, cervical spondylitis and whole body vibration. After appraising key research papers and information received from a call for evidence, we concluded that while back and neck pain are important problems affecting many workers there were significant barriers to prescription. Objective diagnosis and verification of back and neck symptoms would be difficult in many cases. We concluded that, based on current evidence, prescription could not be recommended, but that such problems might be targets for rehabilitation should such an element be introduced into a reformed scheme. The position paper 'Back and neck pain' (position paper 18) was published on 19 July 2007.

## **Wood dust and nasopharyngeal cancer**

In March 2006, we began a review of nasopharyngeal cancer and wood dust following a report from an ex-Council member highlighting an association. Wood dust was already prescribed in relation to cancer of the nasal cavity and associated air sinuses, related, but distinct, anatomical sites from the nasopharynx. Following a review of the literature and a call for evidence, we concluded our review with the publication of the Command paper 'Nasopharyngeal cancer due to exposure to wood dust' (Cm. 7162) on 21 November 2007.

We recommended that nasopharyngeal cancer due to exposure to wood dust be prescribed in those who have been in occupations involved in the processing, manufacture or repair of wood or wooden goods for a period of at least 10 years in aggregate (PD D13). The Secretary of State accepted these recommendations and the Regulations making the change came into force on 7<sup>th</sup> April 2008.

## **Osteoarthritis of the knee in miners**

Our review of osteoarthritis of the knee in miners started in March 2006 following a report from an ex-Council member highlighting an excess risk. Knee osteoarthritis was last reviewed in 1995 in the Command paper 'Disorders of the Knee' (Cm. 2842). We have undertaken literature searches and analysed key research reports and consulted with independent experts, the mining industry and the public. We are nearing completion of this review and anticipate a report will be published in Summer 2008.

## **Pesticides and Parkinson's disease**

Reports in the media and scientific literature of a link between pesticides and Parkinson's disease led to a request from one of our Council members that we conduct a review to appraise the risk of Parkinson's disease due to exposure to pesticides.

Our report, 'Pesticides and Parkinson's disease' (position paper 19), was published on 14 February 2008, following consultation with experts and consideration of key relevant research reports and a comprehensive literature review. We did not find consistent evidence of a doubling of risk of Parkinson's disease due to exposure to pesticides. There was only limited information about the duration or level of exposure to pesticides which was associated with an increased risk of Parkinson's disease. Furthermore, we questioned the biological plausibility that the diverse range of chemicals of different structure and different modes of action comprising 'pesticides' act through a similar toxicological pathway in the development of Parkinson's disease. Little evidence was found that any one class of pesticide was more hazardous than any other.

On balance we concluded that whilst there did appear to be an association between Parkinson's disease and pesticides in general, there was insufficient evidence to recommend prescription. We will continue to monitor emerging evidence in this active field of research.

## **Asbestos and retroperitoneal fibrosis**

Retroperitoneal fibrosis is a relatively uncommon disease in which scar tissue in the retroperitoneum (the compartment of the body containing the kidneys, aorta and renal tract) builds up and blocks the renal tract, potentially leading to kidney failure. We received a representation from the Greater Manchester Asbestos Victims Support Group (GMAVSG) in April 2007 to consider asbestos and retroperitoneal fibrosis for prescription. This followed a court's decision in civil litigation to accept that a claimant's retroperitoneal fibrosis was caused, on the balance of probabilities, by exposure to asbestos.

We have undertaken literature reviews, analysed key research papers, and taken oral evidence from an expert epidemiologist and anticipate publication of our findings in Summer 2008.

## **Asbestos and laryngeal cancer**

In Spring 2007, the Council received a request from the GMAVSG to consider asbestos and laryngeal cancer for prescription as this is recognised as an occupational disease for state benefits in Germany. A link between asbestos and laryngeal cancer was last considered for prescription in 1989 (Cm. 779), since when a number of new studies have been published. We have considered a review of the literature and are currently drafting our report. We expect to publish our findings in Summer 2008.

## **Benzene and myelofibrosis**

In the Summer of 2007, we received a representation to consider benzene and myelofibrosis for prescription. Myelofibrosis is a disease in which the bone marrow becomes replaced by fibrous connective tissue through a process of abnormal cell growth. We have analysed key research papers and consulted with several experts in the field. Completion of our review is anticipated in 2008.

## **Cadmium and bladder cancer**

In Autumn 2007, we received representations from the Sheffield Occupational Health Advisory Service to consider cadmium and bladder cancer following publication of novel research suggesting an association in the environmental setting. We are currently considering the results of an occupational literature search and are still in the early stages of a review that is likely to consider the broader context of cadmium exposure and cancers of the urogenital system.

## **Testicular cancer in fire fighters**

In 2007, our attention was drawn to evidence which suggested an increased risk of testicular cancer in fire fighters. Fire fighters are potentially exposed to many toxic combustion products, including several probable or possible carcinogens. The Council has undertaken a literature search and reviewed key research studies and is currently preparing a report which is due to be published in June 2008.

## **Other topics considered – cardiovascular disease in shift workers, pelvic cancers in nurses, toxic cockpit fumes**

We have considered a range of other occupational health issues, including cardiovascular disease in shift workers, pelvic cancer in nurses and toxic cockpit fumes. These topics were investigated in direct response to representations made by individuals, Council members, or Departmental officials. In each case, the results of searches of the available research literature suggested that there was currently insufficient evidence to recommend prescription. We will continue to monitor the evidence relating to these topics of occupational health concern.

## **Regulations**

In conjunction with the DWP, we have been involved in translating our recommendations into Regulations for the prescribed work-related upper limb disorders (April 2007), extrinsic allergic alveolitis due to exposure to mists from metalworking fluids (April 2007) and nasopharyngeal cancer due to wood dust (April 2008).

## **IAC future work programme**

We have placed the following items on the IAC work programme for imminent review or for a repeat review (based on emerging evidence):

- Organophosphates
- Biannual scanning exercise of systematic research reviews
- Beryllium and lung cancer
- Acid mist and cancer of the larynx

We also propose to consider in much closer detail the operation of the accident provisions, which represent an important component of the Scheme's total activity and expenditure.

## **Review of the IIDB scheme**

A review of the IIDB scheme was first announced in October 2006. The Department ran a consultation exercise in January 2007, to which IAC provided input and liaised closely with Departmental officials. The Council commissioned a review of comparisons between the IIDB scheme and other international occupational disease and injury compensation schemes and published this report on 22 April 2007. Lord McKenzie of Luton, the Parliamentary Under-Secretary for the Lords, attended a Council meeting in October 2007 where reform was discussed. The Chairman of the Council has had additional meetings with Lord McKenzie and subsequently with The Rt Hon Stephen Timms MP, the Minister of State for Employment and Welfare Reform to further discuss issues relating to reform of the scheme. The Council is continuing to work with the DWP in matters relating to reform.

## **Commissioned reviews**

To inform our contribution to discussions about scheme reforms we published a commissioned review from the University of Cardiff which compared the IIDB scheme with other occupational disease and injury compensation schemes internationally in March 2007. In conjunction with the Vocational Rehabilitation Task Group we also commissioned a review of the effectiveness and cost-effectiveness of vocational rehabilitation, which is due for completion in Summer 2008. Finally, we have commissioned a data analysis from researchers at Birmingham Heartlands Hospital to investigate the effectiveness of return to work measures for workers with respiratory disease. This commissioned data analysis is due for completion in April 2008. We have also taken expert evidence from senior company medical officers running successful rehabilitation schemes and taken evidence from Dame Carol Black, National Director for Health and Work.

## **PD D3 (Mesothelioma) consultation exercise**

In 2006 we contributed to the consultation exercise concerning improving conditions for mesothelioma claimants following a request from the Secretary of State. The results of the consultation exercise were published in a report 'Improving claims handling for mesothelioma cases' on 23 November 2006. In March 2007, the Secretary of State announced new provisions, in a stand-alone scheme separate from IIDB, which would provide quick compensation for mesothelioma sufferers who were currently not eligible to claim IIDB, such as those with non-occupational exposures to asbestos. These measures are being introduced in the Child Maintenance and Other Payments Bill 2008, which had its second reading in February 2008. We remain committed to ensuring that the IIDB Scheme provides fast and effective compensation for mesothelioma where the cause of the disease is occupational.

## **Public Meeting 2007 – Belfast**

This year saw another successful event in our series of Public Meeting held at venues across the United Kingdom. The sixth Public Meeting was held in Belfast in March 2007. This meeting provided an opportunity for the Council to hear the views of members of the public and to discuss several important issues, including IIDB reform, stress, occupational lung disease and back and neck disorders. The proceedings from the 2007 Meeting are available on the IIAC website. Our seventh Public Meeting will be held in June 2008 in Birmingham.

## **Chairman's retirement event**

In January 2008, Professor Anthony Newman Taylor retired from the post of Chairman of IIAC. He served as IIAC Chairman for 12 years, and was Chairman of the Research Working Group from 1984 to 1996 and a member of the Council since 1983. To mark this occasion, we held a retirement event at the Royal Society of Medicine in February 2008 where Professor Newman Taylor and Professor David Coggon (an ex-IIAC member) gave enlightening presentations entitled 'The origins of the Industrial Injuries scheme' and 'Causation and Attribution of Disease for the Purposes of Compensation', followed by a reception for invited guests.

## Appointments and re-appointments to the Council

Professor Keith Palmer was appointed as Chairman of the Council in January 2008 following an open recruitment exercise according to the Office of the Commissioner for Public Appointments (OCPA) guidelines. He has been a Council member since 2001 and Chairman of the Research Working Group since 2003. Dr Anne Spurgeon took over Chairmanship of the Council's Research Working Group from Professor Palmer in February 2008.

The following IIAC members were re-appointed to the Council for a period of three years during 2007/2008: Dr Lucy Wright (from October 2007), Dr Anne Cockcroft (from October 2007), Ms Clare Sullivan (from December 2007) and Mr Andrew Turner (from December 2007).

Mr James Preston-Hood retired from the Council in November 2007 after serving for a period of three years.

## 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 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 the OCPA.
- We comply with the requirements of the Freedom of Information Act 2000. It's publication scheme can be found on the Ministry of Justice website.
- We are committed to diversity and equality.

## Expenditure

a) The budget for IIAC in 2007/8 was £67,402

b) Daily fees were set from April 2007 as follows:

Full Council meetings:	IIAC Chairman	£262
	IIAC member	£142

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

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

d) We met 4 times in 2007/8. Our sub-committee, the RWG, met 4 times in the year.

e) Members also attended a Public Meeting in Belfast, March 2007.



# 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 £5000 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.

## Members of the Council in 2007/8 were:

### 1. **Professor Anthony Newman Taylor CBE**

Chairman since 19 July 1996

Reappointed 19 July 2006 for one year

Term extended to 17 January 2008

Retired 17 January 2008

Head, National Heart and Lung Institute, Imperial College, London

Consultant Physician, Royal Brompton and Harefield NHS Trust, London

Civilian Consultant in chest medicine to the Royal Air Force

Chairman of the charity CORDA; Preventing Heart Disease and Strokes

Non-executive director, Royal Brompton and Harefield NHS Trust

Member of the Board for the Capper Pass Claims Review Scheme

Trustee: The Colt Foundation

Trustee: National Heart and Lung Foundation

Trustee: Rayne Foundation

Member Health Honours Committee

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

### 2. **Professor Keith Palmer**

Chairman since 18 January 2008

Reappointed 1 October 2004

Clinical Scientist, Medical Research Council, Environmental Epidemiology Resource  
Centre, University of Southampton

Honorary Reader in occupational epidemiology, University of Southampton

Honorary Consultant Occupational Physician, Southampton University NHS Trust

Editor-in-Chief, BMJ Publishing Group journal, Occupational and Environmental Medicine

**3. Dr Anne Cockcroft**

Reappointed 1 October 2007

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. Professor Mark Britton**

Reappointed 1 May 2006

Consultant Physician with an interest in Respiratory Medicine, Ashford and St Peter's Hospitals NHS Trust

Visiting Professor- Faculty of Health and Medical Sciences, University of Surrey

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 Board of Trustees for the British Lung Foundation

Member of council – British Lung Foundation

Appointed Doctor - Employment Medical Advisory Service

Trustee for National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

**5. Dr Anne Spurgeon**

Chair of RWG since 18 January 2008

Reappointed 1 March 2007

Chartered Psychologist

Formerly Senior Lecturer in Occupational Health Psychology, Institute of Occupational and Environmental Medicine, University Birmingham

Senior Research Fellow, Centre for the History of Medicine, University of Birmingham

Member of the Medical and Scientific Panel of the Veterinary Products Committee of the Veterinary Medicines Directorate

**6. Professor Mansel Aylward CB**

Appointed 20 June 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

Director/Trustee for Royal Society of Medicine

**7. Mrs Diana Kloss**

Reappointed 1 May 2006

Barrister and part-time Chairman, Employment Tribunals

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

Honorary Fellow of the Faculty of Occupational Medicine

**8. Mr Simon Levene**

Reappointed 1 May 2006

Barrister

Recorder of the Crown Court

Committee Member Professional Negligence Bar Association

Committee Member Personal Injury Bar Association

Committee Member Ogden Committee

**9. Mr Hugh Robertson**

Reappointed 12 May 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**

Reappointed 1 December 2007

Representative of employed earners

National Health and Safety Officer, Chartered Society of Physiotherapy

Assistant Director of Employment Relations and Union Services

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

Formerly Legal Director at the Transport and General Workers Union

**12. Mr Andrew Turner**

Reappointed 1 December 2007

Representative of employed earners

Occupational Health Advisor - Rotherham Occupational Health Advisory Service

Branch Secretary - Union of Construction, Allied Trades and Technicians

**13. Dr Lucille Wright**

Reappointed 1 October 2007

Representative of employers

Regional Occupational Physician – Atos Healthcare

**14. Dr Ian Lawson**

Reappointed 30 October 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) - DTI

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

**15. Mr James-Preston-Hood**

Appointed 1 December 2004

Retired 30 November 2007

Representative of employers

Grosvenor Health and Safety Director

Board Director – Construction Clients Group (CCG)

Membership of the Construction Industry Advisory Committee – Clients Representative

**16. Dr Janet Asherson**

Appointed 1 April 2006

Representative of employers

Head of Policy – Confederation of British Industry (CBI)

Associate consultant to Organisation Resource Counsellors Washington, USA

# 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, 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 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 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 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.

