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THE INDUSTRIAL INJURIES ADVISORY COUNCIL

ANNUAL REPORT
2008/9

www.iiac.org.uk

Annual Report 2008/2009

Foreword

This has been a challenging and productive year for the Council - one in which the Council's staple task of considering changes to the list of prescribed diseases has been joined by major review of the future of the Industrial Injuries Scheme. I am very pleased and privileged to lead the Council forward in its role of providing independent advice to the Secretary of State on the Scheme, to ensure its provisions are evidence-based and provide a fair and efficient basis for compensating sick and injured workers.

The most important issue has been consideration of the Government's welfare reform proposals and potential fundamental revision of the Scheme. The Council has played its part in the review throughout the year, in discussion with officials and Ministers and in its written response to questions put by the Government in its July 2008 Green paper 'No one written off, reforming welfare to reward responsibility.' In December 2008, the Government announced, in its White paper 'Raising expectations and increasing support: reforming welfare for the future', a view which the Council fully endorses, that there remains a strong case for the State continuing to provide particular support for people whose disability arises from work. The Government also concluded that the current framework in which the Industrial Injuries Disablement Scheme operates is the most appropriate way to achieve such support – thus underpinning the Council's important current and future work programmes.

In June 2008 the Secretary of State asked the Council to consider again whether compensation through the Industrial Injuries Scheme was appropriate for people with pleural plaques. Against a tight deadline, the Council and Secretariat instituted a major review, which considered some 200 pages of research abstracts and 75 key research papers, and incorporated consultation with leading international experts in the field of respiratory medicine and asbestos-related diseases, and calls for evidence through the IIAC website and a medical newsletter. Our report was delivered to the Secretary of State on 2nd October 2008, and at the time of writing we await a response.

The Research Working Group (RWG) – ably chaired by Dr Anne Spurgeon – has continued its energetic work as the scientific engine of the Council. The RWG produced two draft Command papers for the Council recommending the addition to the list of prescribed diseases of osteoarthritis of the knee in coal miners and bronchiolitis obliterans where there has been exposure to the food flavouring chemical diacetyl. The RWG also produced four position papers reviewing diverse areas of potential prescription, but concluded that current evidence did not support these specific additions to the list.

To inform our deliberations about IIDB Scheme reform, we had commissioned a report in conjunction with the Vocational Rehabilitation Task Force about the effectiveness of vocational rehabilitation. Professor Gordon Waddell reported back on his findings at the January meeting of the Council.

As usual, we held four full meetings of the Council and four meetings of the RWG through this year. We also staged a successful and well attended Public Meeting in Birmingham in June 2008 with a good deal of audience participation. The Council remains committed in the spirit of open government to holding further Public Meetings at locations across the country in the future: the 2009 meeting will be in Bristol and we extend a warm invitation to anyone who would like to attend.

During the year, the Chairman and Chair of RWG visited the Jobcentre plus site in Broadstairs, where claims are processed, and the Leeds offices, where officials oversee the Scheme's operations.

Early in 2009 we were pleased to welcome Kitty Ussher MP, the Parliamentary Under-Secretary for the Commons who now has Ministerial responsibility for the Industrial Injuries Scheme, to our January meeting to discuss the Council's work programme.

And at that meeting we said farewell to Dr. John Osman, who has been a Health and Safety Executive representative and observer to the Council for the past 20 years, but has stood down to assume a new appointment as HSE's Chief Medical Adviser. We thank him for his invaluable support, wish him well for the future, and welcome Dr. Andrew Darnton as his replacement.

Our work programme for 2009 promises to be a busy one – encompassing such diverse topics as beryllium and lung cancer; sulphuric acid and laryngeal cancer; chromium and sino-nasal cancer; and the relation between ionising radiation and cardiovascular disease.

In all, this has been a full and successful year, and I would like to thank the members of the Council and Secretariat, and also HSE observers, past and present, and members of the Department, for their help and enthusiasm in accomplishing our goals and in helping me to negotiate my first full year as Chairman of the Council.

Professor Keith Palmer
Chairman

Introduction

The Industrial Injuries Advisory Council (IIAC) is a non departmental public body 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 Social Development in Northern Ireland on matters relating to industrial injuries benefit and its administration. The historical background to the Council's work is described in an appendix.

The Council's Role

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 roles:

- To consider and advise on matters relating to industrial injuries benefit or its administration referred to it by the Secretary of State for Work and Pensions or the Department for Social Development in Northern Ireland.
- To advise on any other matter relating to Industrial Injuries benefit or its administration.
- To consider and provide advice on any draft regulations the Secretary of State proposes to make on industrial injuries benefit or its administration.

IIAC is a scientific advisory body and has no power or authority to become involved in individual cases or in the decision-making process for benefit claims.

Composition of the Council

IIAC usually consists of sixteen members, including the Chairman, although it is up to the Secretary of State to decide how many members there should be. 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 that IIAC includes an equal number of representatives of employees and employers (Social Security Administration Act 1992, Schedule 6)

Conditions for 'Prescribing' Diseases

In practice, much of the Council's time is spent considering which diseases, and the jobs that cause them, should be included in the list of diseases ('prescribed diseases') for which people can claim industrial injuries disablement benefit.

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. However, in some instances, recommendation of prescription of a disease can be made on the basis of specific clinical features (i.e. clinical features that specifically arise due to the occupational activity/agent in question).

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 Council relies on research carried out independently, which is published in the specialist 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, or to undertake selected analysis of pre-existing datasets relevant to prescription. 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 sub committee, the Research Working Group (RWG), which meets separately from the full Council to consider the evidence in detail. The Council's secretariat includes a scientific officer who researches and monitors the scientific literature in order to keep

IIAC updated with developments in scientific research, and to gather evidence for any specific topics the Council decides to review.

Programme of work 2008/2009

Key achievements in the 2008/2009 programme of work

- The Council published two reports recommending additions to the list of prescribed diseases. These were Bronchiolitis Obliterans and Food Flavouring Agents (Cm 7439 July 2008), and Osteoarthritis of the Knee in Miners (Cm 7440 August 2008)
- The Council published four reports, which considered potential additions to the list of prescribed diseases, but in which insufficient evidence was found to recommend prescription. These were Asbestos Exposure and Retroperitoneal Fibrosis (June 2008), Testicular Cancer in Fire Fighters (June 2008), Laryngeal Cancer and Asbestos Exposure (July 2008), and Cadmium and Genito-urinary Cancers (March 2009)
- The Council was closely involved in Departmental and Ministerial discussions on possible reform of the Industrial Injuries Benefit Scheme
- The Council held a public meeting in Birmingham in June 2008
- The Council responded to a request from the Secretary of State to review whether pleural plaques should be included in the list of prescribed diseases.

Asbestos exposure and Retroperitoneal Fibrosis

The Council's report titled Asbestos Exposure and Retroperitoneal Fibrosis was published on 12 June 2008 (Position paper 20). Retroperitoneal fibrosis (RPF) 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. IIAC received a representation from the Greater Manchester Asbestos Victims Support Group in April 2007 to consider asbestos and retroperitoneal fibrosis for prescription. This followed a civil litigation decision court decision that a claimant's retroperitoneal fibrosis was caused, on the balance of probabilities, by exposure to asbestos.

In the event, only one high quality research study was identified. This did suggest a heightened risk; but the case for prescription is normally based on a larger body of evidence (such that future research is unlikely to overturn a recommendation). Retroperitoneal fibrosis is a rare disease, and rarely studied. However, prescription may prove possible with more evidence, and the Council continues to monitor the research literature in case of this eventuality.

Laryngeal Cancer and Asbestos Exposure

The Council published a Position Paper - Laryngeal Cancer and Asbestos Exposure (Position Paper 22) - on 17 July 2008. The possible association between laryngeal cancer and asbestos exposure had been considered by the Council in 1989 when it was concluded that the evidence was insufficient to support prescription. The matter was brought to the Council's attention again by the Manchester Asbestos Victims' Support Group. It was noted that a number of new studies on the subject had been published since 1989, and it was decided that the position should be reviewed. Laryngeal cancer is a relatively uncommon disease. Alcohol and smoking are important risk factors for disease occurrence, particularly in combination. This makes it difficult to establish the independent effect of occupational factors and allowance for the effects of alcohol and smoking was important in the interpretation of studies on this topic.

A large number of epidemiological studies were identified. Most of these indicated an increased risk in asbestos-exposed workers. However, in general, the risks were not more than doubled, and so appeared to fall short of the normal threshold for attributing to occupation on the balance of probabilities. In light of these findings, the Council concluded that the data did not sufficiently support prescription for laryngeal cancer due to asbestos exposure.

Testicular Cancer in Fire Fighters

On 12 June 2008, the Council published its Position Paper on Testicular Cancer in Fire Fighters (Position Paper number 21). In 2007, the Council's attention was drawn to a review undertaken by a Working Group of the International Agency for Research on Cancer (IARC), indicating that risks of testicular cancer were doubled among male fire fighters. Fire fighters are potentially exposed to many toxic combustion products, including several probable or possible carcinogens. Testicular cancer is a comparatively rare disease. Around 2,000 cases are diagnosed in the United Kingdom each year. However, it is the commonest cancer affecting men aged 20 to 39 years.

The IARC report was based on only 4 reports. Further review by the RWG identified several studies from different countries in which risks were more than doubled; but also evidence that estimates of risk varied by time period, several studies of mortality with no evidence of increased risk, and two large studies post-dating the IARC report in which risks, although increased, fell well short of the threshold of doubling normally required for prescription.

Having considered the matter, the Council has concluded that while there is evidence of an increased risk of testicular cancer in fire fighters, at present there is insufficient evidence that risks are clearly doubled and at present insufficient evidence on which to recommend prescription. The forward work plan, however, will commission a review of health risks in this occupation.

Bronchiolitis Obliterans and Food Flavouring Agents

On the 17th of July 2008, the Council published a Command Paper on Bronchiolitis Obliterans and Food Flavouring Agents (Cm. 7439). This issue first came to the Council's attention in November 2007, when Health and Safety Executive officials highlighted emerging research literature about workers in North America with bronchiolitis obliterans exposed to flavouring agents (such as diacetyl) used in the food processing industry. Bronchiolitis obliterans, (originally called 'popcorn worker's lung', because of the clusters of cases reported in North America were first described in workers in microwave popcorn processing plants), is a rare respiratory disease characterised by obstruction of the small airways of the lung.

The collective evidence reviewed by the Council was sufficient to attribute to occupation on the basis of the clinical features of individual cases. Therefore, the Council recommended that bronchiolitis obliterans due to exposure to the presence of diacetyl in food flavouring agents should be added to the list of prescribed diseases.

The Council has not yet received a response from Ministers to its recommendation.

Osteoarthritis of the Knee in Miners

On the 21st of August, 2008 the Council published its Command Paper Osteoarthritis of the Knee in Miners (Cm. 7440). The Council started a review of osteoarthritis of the knee in miners in March 2006. Knee osteoarthritis had been reviewed in 1995 in the Command paper 'Disorders of the Knee' (Cm. 2842). Osteoarthritis of the knee is a common disease in the general population, especially at older ages. The disease is characterised by destruction of the cartilage surrounding the knee joints and various alterations to the bone and the joint space between bones, and the main symptoms include knee pain, knee swelling, stiffness, and reduced mobility. Osteoarthritis of the knee can be a significant cause of disability, sufficient in advanced cases to require surgical knee joint replacement

The Council recommended that osteoarthritis of the knee should be prescribed in relation to work as an underground coal miner for ten years or more in aggregate before 1986; and that to be reckonable, any work after 1986 must be in certain job categories where kneeling and squatting under load continued until a much later period despite the increased mechanisation of the mines.

The Government has accepted the Council's recommendation.

Pleural Plaques Review

On the 11th June 2008, the Secretary of State asked the Council to consider whether compensation through the industrial injuries scheme was appropriate for people with pleural plaques. In addition the Secretary of State asked the Council to consider the current prevalence of pleural plaques, the occupational causation of pleural plaques currently found in the population, the likelihood of disability arising from pleural plaques and the likelihood of other more severe complications of asbestos exposure arising amongst those currently having plaques.

Against a tight deadline, the Council and Secretariat instituted an extensive review, covering some 200 pages of research abstracts and 75 key research papers, and including consultation with leading international experts in the field and calls for evidence through various avenues. The Council completed its review in September 2008, and submitted a report to the Secretary of State. The Council is awaiting a response.

Reform of the Industrial Injuries Scheme

The Chairman and representatives from the Council had meetings in the early part of the year with Lord McKenzie of Luton, the Parliamentary Under-Secretary for the Lords, and Stephen Timms MP, the Minister of State for Employment and Welfare Reform to discuss issues relating to possible reform of the Scheme.

In July 2008 a Government green paper – *No one written off: reforming welfare to reward responsibility* - asked how industrial injuries disablement benefit might be reformed and whether more use could be made of lump sum payments.

The Council responded to this consultation exercise, concluding that a single system of lump sum payments has the merits of simplicity and cost effectiveness, and notable advantages for many categories of client – in particular, a more equitable deal for the terminally ill and the potential to aid the recovery of, or at least to offer early practical assistance to, those with accidental injuries and non-life threatening non-progressive illness. Together these represent the major part of the caseload.

For those with non-life threatening but progressive illness, and those with low assessed disability who are potentially eligible for benefit by aggregation, the Council recommended that the option should be preserved to claim a worsening of circumstances; but thought should be given to using the lump sum payment creatively, through a new Retraining Allowance, to encourage and assist a change of vocation in circumstances where continuing occupational exposure causes health deterioration. The Council offered to advise on those conditions that would benefit most from retraining assistance; and also on the evidence base underpinning any medical assumptions used to set the value of lump sum payments for non-life threatening but progressive prescribed diseases.

The Government responded subsequently, in December 2008, confirming the Council's shared perception that there remains a strong case for continuing to provide particular support for people whose disability arises from work. The Government, while noting the various arguments advanced, concluded that the current Industrial Injuries Disablement Scheme is seen as the best and most effective way to deliver such support.

Cadmium and Genito-urinary Cancers

On the 3rd of March, 2009, the Council published its Position Paper (Position Paper number 24) on Cadmium and Genito-urinary Cancers. The Council's attention was drawn by a Council member to a recent research report which suggested an association between cadmium exposure and bladder cancer. Although this paper concerned non-occupational exposure, the Council decided, in view of its positive findings, to review the occupational literature on this subject and to consider the case for prescription. A literature search identified a number of papers concerning the relationship between occupational cadmium exposure and bladder cancer and, in addition, a body of evidence relating to the association between cadmium exposure and cancers of the kidney and prostate. The Council therefore extended its review to incorporate various cancers of the genito-urinary system (specifically, the bladder, kidney and prostate).

Cadmium is often present in foods, particularly in areas of high industrial activity. However, smoking represents the single most important source of cadmium intake in the general population. Genito-urinary cancers are fairly common in the general population and are not clinically or histologically different in cadmium-exposed workers than in other patients. The Council's review identified over 40 relevant research studies, but these did not provide strong support for an association between occupational exposure to cadmium and the genito-urinary cancers of inquiry. The Council, therefore, could not recommend that genito-urinary cancers due to occupational exposure to cadmium be added to the list of prescribed diseases. However, the position remains under review in case any new research evidence emerges.

Regulations proposed by the Secretary of State

The law requires that draft regulations proposed by the Secretary of State that concern the Industrial Injuries Scheme are referred to the Council for their advice and consideration.

In May 2008 draft regulations proposing an extension of prescribed disease D12 (chronic bronchitis and emphysema in respect of underground coal workers) to certain surface workers were referred to the Council who agreed the regulations. The regulations came into effect from 21st July 2008.

Public Meeting – Birmingham

In June 2008, the Council held its annual Public Meeting in Birmingham. The meeting provided a successful opportunity for the Council to hear the views of members of the public and to explain how the Council carries out its work. The proceedings from the 2008 Meeting are available on the IIAC website.

Council Members gave presentations on the following subjects:

- IIAC's approach to scientific decision-making (Dr Anne Spurgeon and Professor Keith Palmer)
- Industrial Injuries Disablement Benefit and its relation to other benefits (Fergus Whitty)
- Extrinsic allergic alveolitis (Professor Mark Britton)
- Hand-Arm Vibration Syndrome (Dr Ian Lawson)
- Stress (Dr Anne Spurgeon)
- Take-up of Industrial Injuries Disablement Benefit and links with rehabilitation – Open forum (Hugh Robertson – facilitator)

Future Work of the Council

The Council has placed the following items on its forward work programme for review:

- Beryllium and Lung Cancer
- Sulphuric acid and Laryngeal Cancer
- Chromium and Sino-nasal Cancer
- Ionising Radiation and Cardiovascular Disease

Commissioned Review

The Council 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 was completed in November 2008.

For 2009/2010, it is hoped, research budget allowing, to commission a review on the occupational hazards of fire fighting and a second on cancer in commercial painters.

Appointments and re-appointments to the Council

The Council appointed Professor Paul Cullinan and Professor Damien McElvenny as independent members to the Council in September 2008. The appointment process was carried out in accordance with the Office of the Commissioner for public Appointments (OCPA) guidelines.

The following IIAC members were re-appointed to the Council for a period of three years during 2008/2009: Mr Fergus Whitty (from April 2008), Prof Mansel Aylward CB (from June 2008) and Dr Ian Lawson (from October 2008). Mr Hugh Robertson was also re-appointed in 2008/2009 for a final year (from May 2008).

Dr Janet Asherson resigned from the Council with effect from October 2008 after serving a period of two and a half years. This was her second appointment to the Council, having served the Council for two years, and having served an earlier period as a Council member.

Expenditure

a) The budget for IIAC in 2008/2009 was £70,923

b) Daily fees were set from April 2008 as follows:

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

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

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

d) The full Council met 4 times in 2008/9. Our sub-committee, the RWG, also met 4 times in the year.

e) Members also attended a public meeting in Birmingham in June 2008.

The Industrial Injuries Advisory Council Secretariat

IIAC has a full-time secretariat dedicated to the Council's requirements. It consists of the Secretary, a Scientific Advisor and administrative staff.

Members of the Secretariat:

Mr Gareth Roach	Secretary
Dr Marianne Shelton	Scientific Adviser (to June 2008)
Dr Suchita Nadkarni	Scientific Adviser (from September 2008)
Ms Catherine Hegarty	Administrative Secretary
Mrs Zarina Hajee	Assistant Administrative Secretary

Contact Details

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The Department for Work and Pensions and the Health and Safety Executive

Officials from the DWP attend all the Council's meetings to give advice and guidance to IIAC on policy matters and the operation of the IIDB Scheme. A Health and Safety Executive representative attends as an observer.

From the DWP:

Dr Susan Reed Health Work and Wellbeing Directorate

Mr Rob Ward Jobcentre Plus Products - Benefits Division

From the HSE:

Dr John Osman Corporate Science and Analytical Services Division
John Osman served the Council as an HSE observer for 20 years. In January 2009, John left the Council to become Chief Medical Officer of the HSE

Mr Andrew Darnton Corporate Science and Analytical Services Division
Andrew Darnton replaced John Osman as HSE observer in January 2009.

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/she 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.

Current Members of the Council

Professor Keith Palmer DM MA MSc FRCP FFOM (Chairperson of IIAC)

First appointed to the Council on 1st October 2001, reappointed on 1st October 2004 and 1st October 2007; appointed Chair on 18 January 2008

Independent member with skills and experience in occupational epidemiology and occupational medicine

Honorary Professor of Occupational Medicine, University of Southampton
Clinical Scientist, Environmental Epidemiology Resource Centre, Medical Research Council, Southampton
Honorary Consultant Occupational Physician, Southampton University NHS Trust
Academic Dean and Deputy President, Faculty of Occupational Medicine

Dr Anne Spurgeon BSc PhD C Psychol (Chairperson of RWG)

First appointed on 1st March 2004, reappointed on 1st March 2007; appointed Chair of Research Working Group on 19 January 2008

Independent member with skills and experience in psychology and occupational and environmental medicine

Retired - formerly, Chartered Psychologist and senior lecturer and researcher, occupational health psychology, University of Birmingham
Member of the Medical and Scientific panel for the Veterinary Products Committee of the Veterinary Medicines Directorate

Dr Anne Cockcroft MB BS MD FRCP FFOM

First appointed to the Council on 1 October 2001, reappointed on 1st October 2004 and 1st October 2007

Independent member with skills and experience in occupational and environmental epidemiology

Visiting Professor for the Department of Public Health Sciences, St Georges Hospital medical school
Senior Research Fellow and Director, CIETeurope (community research in developing countries)

Professor Mark Britton MD MSc FRCP DIH

First appointed to the Council on 1st May 2003, reappointed 1 May 2006 and 1st May 2009

Independent member with specialist medical skills and experience in Respiratory Medicine

Consultant Physician, Ashford and St Peter's Hospitals NHS Trust

Visiting Professor and chairman of Advisory Council, Faculty of Health and Medical Sciences, University of Surrey
Honorary Consultant and Senior Lecturer at St George's Hospital, London
Honorary Senior Lecturer at Imperial College, London
Vice president of the British Lung Foundation

Professor Mansel Aylward CB FFPM FFOM FFPH FRCP

First appointed to the Council on 20th June 2005, reappointed on 20 June 2008
Independent member with specialist medical, disability and occupational and research health skills

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

Chairman of Wales Centre for Health
Chair: All Wales Mental Health Promotion Network

Mrs Diana Kloss MBE LL B (London) LL M (Tulane) Hon FFOM

First appointed to the Council on 1 May 2003, reappointed on 1st May 2006

Independent member with legal skills and experience

Employment judge
Barrister and part-time judge, Employment Tribunal; Independent arbitrator for ACAS
Honorary Senior Lecturer in Occupational Health Law, University of Manchester
Member of the CJD Incidents Committee

Mr Simon Levene MA

First appointed to the Council on 1 May 2003, reappointed on 1st May 2006

Independent member with legal skills and experience

Barrister - Recorder of the Crown Court
Committee member of Professional Negligence Bar Association, Personal Injury Bar Association and Ogden Committee

Mr Hugh Robertson

First appointed to the Council on 12th May 1999, reappointed on 12th May 2002, 12th May 2005 and for one final year on 12th May 2008.

Representative of employed earners

Senior Policy Officer, The Trade Union Congress, London
Non executive member of the Health and Safety Executive Board
Member of the Board of the Faculty for Occupational Medicine
Trustee for the British Occupational Health Research Foundation

Ms Claire Sullivan

First appointed to the Council on 1st December 2004, reappointed on 1st December 2007

Representative of employed earners

Assistant Director - Employment Relations and Union Services, Chartered Society of Physiotherapy, London

Mr Fergus Whitty

First appointed to the Council on 8th April 2005, reappointed on 8th April 2008

Representative of employed earners

Retired - formerly Legal Director at the Transport and General Workers Union

Mr Andrew Turner

First appointed to the Council on 1st December 2004, reappointed on 1st December 2007

Representative of employed earners

Workplace Health Advisor to Rotherham Occupational Health Advisory Service (ROHAS) NHS Rotherham and Trade Union Official

Dr Lucille Wright BMed Sci BMBS FFOM

First appointed to the Council on 1st October 2001, reappointed on 1st October 2004 and 1st October 2007

Representative of employers

Consultant Occupational Physician – Atos Healthcare

Dr Ian Lawson MB BS, CMIOSH, FFOM, FACOEM

First appointed to the Council on 30th October 2002, reappointed on 30th October 2005 and 30th October 2008

Representative of employers

Chief Medical Officer for Rolls-Royce plc

Member, Occupational Health Advisory Group, Engineering Employers Federation
Formerly: Member, Independent Medical Advisory Group on Hand Arm Vibration Syndrome, DTI (1997-1999) and DTI Medical Reference Panel on ex-miners' compensation cases (1999-2008)

Prof Damien McElvenny BSc, MSc, CStat

First appointed to the Council on 1st September 2008

Independent member with skills and experience in statistics and epidemiology

Professor of Epidemiology, University of Central Lancashire

Executive Director of Epidemiology and Genetics, Westlakes Scientific Consulting

Member, Association for Radiation Research and Society for Radiological Protection

Member, International Epidemiology Association and International Commission on Occupational Health

Prof Paul Cullinan MD,MSc,FRCP,FFOM

First appointed to the Council on 1st September 2008

Independent member with specialist medical and research skills in respiratory medicine

Professor in Occupational and Environmental Medicine, National Heart & Lung Institute (Imperial College) and Royal Brompton Hospital, London

Member of the British Thoracic Society and the Society of Social Medicine

Appendix

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 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.

